

"A STUDY ON PROBLEMS FACED BY PERSONS WITH OBESITY"**Mrs.N.Hemalatha, MA.,MSW.,M.Phil., (Ph.D.,)****Assistant professor****Shrimati Iindira Gandhi College, Trichy, Tamil Nadu****ABSTRACT.**

Obesity is a serious, chronic disease that can inflict substantial harm to a person's health. Overweight and obesity are not the same; rather, they are different points on a continuum of weight ranging from being underweight to being morbidly obese. The percentage of people who fit into these two categories, overweight and obese, is determined by body mass index. Obesity leads to many physical, social and psychological problems. The problems faced by the obesity among adolescents create problems not only for themselves but also for their members. There is also dramatic change in their family life style and it leads to various health hazards. To study about the socio demographical character of the respondents. To study about the physical problem faced by the respondents. To study about the psycho-social problem faced by respondents There is a significant association between age of the respondents and their diabetic problem. The researcher collected 30 Respondents available in Ramakrishna nursing home by frequency visit in two weeks. So the researcher selected all the respondents by using census method was adopted. The research design of this study descriptive in nature

What is obesity?

Overweight and obesity together represent the second leading preventable cause of death in the United States. Obesity is a serious, chronic disease that can inflict substantial harm to a person's health. Overweight and obesity are not the same; rather, they are different points on a continuum of weight ranging from being underweight to being morbidly obese. The percentage of people who fit into these two categories, overweight and obese, is determined by body mass index.

Public health professionals agree that overweight and obesity have reached epidemic proportions in this country. Public health officials say physical inactivity and poor diet are catching up to tobacco as a significant threat to health. According to the most recent data from the 2003-2006 National Health and Nutrition Examination Survey, one out of five or 17 percent of U.S. children, ages 6 to 19, are overweight or obese. In addition, more than two-thirds of the U.S. population is overweight or obese—over 64 percent of women and 72 percent of men. However, for the first time in decades, the prevalence of U.S. adult obesity is not rising.

BMI is a measure of weight proportionate to height. BMI is considered a useful measurement of the amount of body fat. Occasionally, some very muscular people may have a BMI in the overweight range. However, these people are not considered overweight because muscle tissue weighs more than fat tissue. Generally, BMI can be considered an effective way to evaluate whether a person is overweight or obese.

Causes of obesity

In many ways, obesity is a puzzling disease. How the body regulates weight and body fat is not well understood. On one hand, the cause appears to be simple in that if a person consumes more calories than he or she expends as energy, then he or she will gain weight.

However, the risk factors that determine obesity can be a complex combination of genetics, socioeconomic factors, metabolic factors, and lifestyle choices, as well as other factors. Some endocrine disorders, diseases, and medications may also exert a powerful influence on an individual's weight. Factors which may influence the occurrence of obesity include, but are not limited to, the following:

- **Genetics**—Studies have shown that a predisposition toward obesity can be inherited. Although researchers have identified several genes that appear to be associated with majority of current and future research aims to better understand the interaction between these gene variations and our ever-changing environment in the development of obesity.
- **Metabolic factors**—How a particular person expends energy is different from how someone else's body uses energy. Both metabolic and hormonal factors are not the same for everyone, but these factors play a role in determining weight gain. Recent studies show that levels of ghrelin, a peptide hormone known to regulate appetite, and other peptides in the stomach, play a role in triggering hunger and producing a feeling of fullness (satiety).
- **Socioeconomic factors**—there is a strong relationship between economic status and obesity, especially among women. Women who are poor and of lower social status are more likely to be obese than women of higher socioeconomic status. The occurrence of obesity is also highest among minority groups, especially among women.

- **Lifestyle choices**—overeating, along with a sedentary lifestyle, contribute to obesity. These are lifestyle choices that can be affected by behavior change.

Eating a diet in which a high percentage of calories come from sugary, high-fat high-calorie foods and beverages are often selected.

Lack of regular exercise contributes to obesity in adults and makes it difficult to maintain weight loss. In children, inactivity, such as watching television or sitting at a computer, contributes to obesity.

PHYSICAL AND MENTAL HEALTH RELATED PROBLEMS ASSOCIATED WITH OBESITY

Some of medical conditions associated with obesity include: type 2 diabetes high blood pressure, high cholesterol and triglycerides, coronary artery disease (CAD), stroke, arthritis, cancer, sleep apnea, reproductive problems in women and varicose veins. In addition, medical science research indicates that excess weight impairs brain function.

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According to the mayo clinic some of the symptoms associated with obesity can include:

Difficulty sleeping

Snoring

Sleep apnea

Pain in your back or joints

Excessive sweating

Always feeling hot

Rashes or infection in folds of your skin

Feeling out of breath with minor exertion

Daytime sleepiness or fatigue

Depression

Other problems associated with obesity include:

Increased suicide risk- concerning the issue of depression, atheists do have higher rates of suicide than the general population. For more information please see: atheism and atheism and suicide.

Infertility problems in men and men.

Feet/ankles problem: according to Stuart D.Miller, M.D.: "it is important for the public to know that obesity isn't just an aesthetic issue, but a contributing cause of musculoskeletal health problems, specifically with the feet and ankles. "Lower levels of balance recovery and increased risk of falls: in her

thesis submitted to the faculty of the Virginia polytechnic institute and state university, entitled a modeling investigation of obesity and balance recovery, Sara Louise Martingale writes in the abstract: "obesity is associated with an increased risk of falls and subsequent injury. Previous studies have shown weight loss and strength training to be beneficial to balance, but knowing is more beneficial will allow researchers to design intervention to maximize the benefits in terms of balance and reducing risk of falls.

PSYCHOLOGICAL CHALLENGES FACED BY OBESE

Read on to know the socio-psychological problems surrounding obesity and how to combat them.

By Zoha Tapia

Obesity is a growing epidemic and is looked down upon by society. Hence, besides being a physical problem, obesity has many psychological effects. Children and adults who are overweight are often ridiculed or made fun of by others and nagged by family members to lose weight. A lot of times this leads to low self-esteem, depression or at times leads to eating disorders, like emotional eating.

It is important as obese individuals and a family member to that obesity is no longer just a physical ailment but a psychological one too, and teasing and taunting would just accelerate the emotional problems faced. Thereby not really helping one shed off the extra weight.

PSYCHOLOGICAL ISSUES

It is important to recognize the sign and know when the excess fat has started affecting ones mental health. Dr Anjali chabria, psychologist, lists out the problems faced.

Low self-esteem

Low self confidence

Withdrawal

Anger

Interpersonal conflicts

Anxiety

Depression

Social isolation

Loss of interest

Social problems

Obese children and adults, tend to keep to themselves and feel a sense of loneliness. Obese children confide to their homes and may not have friends or family who understand their plight. Dr Abhay Agrawal, obesity specialist and bariatric surgeon, Asian Heart Institute and Agrawal hospital says,

“Grossly overweight children are subjected to public ridicule due to their size and hence may suffer from depression. These kids usually are loners as they seldom have friends who understand them”.

They are subject to prejudice and discrimination rather than treated with concern to help alleviate their feeling of rejection and guilt. He further adds, “Self-esteem is lower and negative emotions are higher. Due to their size, there is a greater feeling of rejection and shame. They lead a poor quality of life because of impaired physical and psychological functioning. Adolescents are likely to suffer social stigma and discrimination, largely the result of culture-bound values, which view, which view grossly obese individuals as unhealthy.”

Garfinhel et al (1980)

In study of a history of obesity is observed in 48% of the mothers of bulimic anorectics and in 28% of the mother of the restrict counter parts significant difference at the 0.5 level.

Thought Sttober (1981)

Reported similar finding the difference of 40% versus 18% was not significant paternal obesity is also more common in the bulimic than in the restricting anorectics, although the difference did not health significant in the study of sttober (1981) nor in the of gelafinkel et al., (1980).

Obesity to leads many physical, social and psychological problems. The problems faced by the obesity among adolescents create problems not only for themselves but also for their members. There is also dramatic change in their family life style and it leads to various health hazards.

- To study about the socio demographical character of the respondents.
- To study about the physical problem faced by the respondents.
- To study about the psycho-social problem faced by respondents.
- To study about the life style and dietary pattern of the respondents.

TITLE OF THE STUDY

“A study on problems faced by persons with obesity at Ramakrishna nursing home”, at worraiur, trichy district.

RESEARCH HYPOTHESIS

Hypothesis is the tentative statement or assumption

- There is a significant association between age of the respondents and their difficult in sleeping.
- There is a significant association between age of the respondents and their diabetic problem.

- There is a significant association between occupation of the respondents and their psychological problem.
- **UNIVERSE AND SAMPLING**
- The researcher collected 30 Respondents available in Ramakrishna nursing home by frequency visit in two weeks. So the researcher selected all the respondents by using census method was adopted.
- The research design of this study descriptive in nature. It attempts to describe the personal data, physical problem, emotional problems and social problem aspects of respondents affected with obesity.

DISTRIBUTION OF RESPONDENTS BY THEIR PROBLEM OF DIFFICULTY IN SLEEPING

S.NO	DIFFICULTY IN SLEEPING	RESPONDENTS	PERCENTAGE
1	Yes	13	43.3
2	No	17	56.6
	Total	30	100

The above table shows that more than half of the respondents **56.6(per cent)** have not problem in sleeping. Less than half of the respondents **43.3(per cent)** having problem in sleeping.

DISTRIBUTION OF RESPONDENTS BY THEIR MENSTRUAL CYCLE PROBLEM

S.NO	MENSTRUAL CYCLE PROBLEM	NO.OF RESPONDENTS N=30	PERCENTAGE
1	Yes	12	40
2	No	18	60
	TOTAL	30	100

The above table shows that majority of the respondents **60(per cent)** have not menstrual cycle problem. Less than half of the respondents **40(per cent)** were having menstrual cycle problem.

DISTRIBUTION OF RESPONDENTS BY THEIR DRIVE VEHICLES PROBLEM

S.NO	DRIVE VEHICLES	NO.OF RESPONDENTS N=30	PERCENTAGE
1	Yes	18	60
2	No	12	40
	TOTAL	30	100

The above table shows that more than half of the respondents **60(per cent)** having in driving vehicles. Less than half of the respondents **40(per cent)** having not in driving vehicles.

DISTRIBUTION OF RESPONDENTS BY THEIR STRESS DUE TO OBESITY

S.NO	STRESS	NO. OF RESPONDENTS N=30	PERCENTAGE
1	Yes	16	53.3
2	No	14	46.6
	TOTAL	30	100

The above table shows that more than half of the respondents **53.3(per cent)** having stress due to obesity. Less than half of the respondents **46.6(per cent)** were have not stress due to obesity.

Chi-Square test based on age and difficult in sleeping

S.no	Age	Difficult in sleeping		Statistical Inference
		Respondents	Percentage	
1	16-25	18	60	$\chi^2=4.887$ Df=1 $p>0.27$
2	26-35	3	10	
3	36-45	4	13.33	
4	46-55	4	13.33	
5	Above 55	1	3.33	
	Total	30	100	Not significant

The result of chi-square test shows that there is not significant association between respondents present age and difficult in sleeping. Thus the research hypothesis is rejected and the null hypothesis accepted.

Chi-Square test based on age and diabetic problem

S.no	Age	diabetic problem		Statistical Inference
		Respondents	Percentage	
1	16-25	18	60	$\chi^2=0.536$ Df=1 $p>.464$
2	26-35	3	10	
3	36-45	4	13.33	
4	46-55	4	13.33	
5	Above 55	1	3.33	
	Total	30	100	Not significant

The result of chi-square test shows that there is not significant association between respondents present age and diabetic problem. Thus the research hypothesis is rejected and the null hypothesis accepted

1. More than half of the respondents **60(per cent)** were **16 to 25** age group.
2. Less than half of the respondents **33.33(per cent)** are married women.
3. More than half of the respondents **46.6(per cent)** are Hindu.
4. More than half of the respondents **56.6 (per cent)** live in urban area.
5. More than half of the respondents **36.6(per cent)** are students.
6. Equal of the respondents in types of family.
7. More than half of the respondents **46.6(per cent)** have four and above members in the family.
8. Majority of the respondents **63.3(per cent)** of watching TV.
9. Majority of the respondents **50(per cent)** of weight.
10. Majority of the respondents **40(per cent)** of height.
11. Less than half of the respondents **43.3(per cent)** were having the problem in sleeping.
12. More than half of the respondents **53.3(per cent)** were having diabetic problem

13. Less than half of the respondents **40(per cent)** were having the blood pressure.
14. Few of the respondents **26.6(per cent)** were having the thyroid problem.
15. More than half of the respondent **53.3(per cent)** were having the problem in wake up.
16. More than half of the respondents **53.3(per cent)** were having the feel uncomfortable due to overweight.
17. Majority of the respondents **66.6(per cent)** were having the problem to wear dress due to obesity.
18. Majority of the respondents **60.6(Per cent)** were having the menstrual cycle problem.
19. More than half of the respondents **60 (per cent)** were having the drive vehicles.
20. The respondents equal to the upstairs at home.
21. Majority of the respondents **70.0(per cent)** were having the exercise.
22. More than half of the respondents **56.6(per cent)** were having the problem in walk.
23. Less than half of the respondents **53.3(per cent)** were having inferiority complex.
24. The respondents equal to the problem in studies to overweight.
25. The more than half of the respondents **53.3(per cent)** were having stress due to obesity.
26. The majority of the respondents **53.3(per cent)** were having encouragement friends due to obesity.
27. The majority of the respondents **53.3(per cent)** were having the shyness among friends due to obesity.
28. The equal of respondents to the anxiety due to obesity.
29. The majority of the respondents **56.6(per cent)** were having the heredity problems because of obesity.
30. The majority of the respondents **56.6(per cent)** were taking step to reduce obesity.
31. The majority of the respondents **63.3(per cent)** were taking medical treatment to reduce obesity.
32. The majority of the respondents **56.6(per cent)** were having the husband the financial support.
33. The majority of the respondent **83.3(per cent)** were like to eat vegetarian food.
34. The majority of the respondent **80(per cent)** were like to take hot drinks.
35. The majority of the **76.6(per cent)** were like to eat snacks in free time.

36. The majority of the respondent **80(per cent)** were like to eat fast food items.
37. The majority of the respondents **80(per cent)** were like to eat sweet items.
38. The majority of the respondent **66.6(per cent)** were like to watch television for long time.
39. More than half of the respondent **53.3(Per cent)** were work with a computer for long time.
40. More than half of the respondents **63.3(per cent)** parents are obese.
41. The majority of respondents **53.3(per cent)** were having the habit of sleeping in night time.

SUGGESTIONS:

- Obesity is the main cause for overweight. It is due to food patterns and heredity. So, the government can take necessary steps to give awareness about obesity and its related problems.
- The doctors can motivate the obesity person to change their food pattern.
- Counseling should be given to the public about the need and importance of healthy diet and also about the demerits of fast food and importance of physical exercise.
- The obesity measures ensure minimum level of family members & level of subsistence. Obesity is a growing problem of Youngers. Currently meet the number of suggested in the food guide pyramid. This poor dietary habit follows persons leading to overweight and obese. Encourage physical activities most day of the week may be promote weight loss and subsequent maintenance.

CONCLUSION

Over weight is a problem and not a disease. This problem can occur to anyone at any time, when there is some change in the body condition, life style and psychological conditions. This can be prevented if proper awareness and motivation is given to all risk groups about the ill effects of overweight.

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WEBSITES

www.overweight.com

www.lifestylepattern.com

www.healthhazards.co

ANNEXURE**“A STUDY ON PROBLEM FACED BY PERSONS WITH OBESITY QUESTIONNAIRE”****DEMOGRAPHIC DETAILS:**

1. AGE:

2. MARITAL STATUS:

3. RELIGION:

a) Married b) unmarried

4. RELIGION:

a) Hindu b) Christian c) Muslim

5. DOMICILE:

a) Rural b) urban

6. OCCUPATION:

a) Student b) private c) Government d) daily wages

7. TYPES OF FAMILY:

a) Nuclear family b) joint family

8. NUMBER OF FAMILY:

a) 1 to 3 b) 3 to 4 c) 4 and above

9. HOBBIES:

a) Watching TV b) Reading story

10. What is your weight?

a) Below 45 b) 45-55 c) 55-60 d) above 60

11. What is your height?

a) Below 150 b) 150-160 c) 165-167 d) above 170

PHYSICAL ASPECTS

12. DO you have difficult in sleeping because of obesity?

Yes/No

13. Do you have diabetic problem because of obesity?

Yes/No

14. Do you have blood pressure problems because of obesity?

Yes/No

15. Do you have thyroid problems because of obesity?

Yes/No

16. Do you have any problem to wake up?

Yes/No

17. Do you feel uncomfortable due to over weight?

Yes/No

18. Do you have any problem to wear dress due to problem?

Yes/No

19. Do you have obesity so any menstrual cycle problem?

Yes/No

20. Do you have any problem to drive vehicles?

Yes/No

21. Do you have upstairs at your home?

Yes/No

22. Do you do any exercise?

Yes/No

23. Do you have any problem to walk up?

Yes/No

PSYCHOLOGICAL ASPECTS

24. Do you have any inferiority complex to attend social function?

Yes/No

25. Do you feel any problem in your studies due to over weight?

Yes/No

26. Do you have stress due to obesity?

Yes/No

27. Do you get encouragement from your friends due to obesity?

Yes/No

28. Do you feel shyness among your friends due to obesity?

Yes/No

29. Do you have anxiety due to obesity?

Yes/No

SOCIO- ECONOMIC ASPECTS

30. Do you have heredity problems because of obesity?

Yes/No

31. Do you take any steps to reduce your weight?

Yes/No

32. Do you spend money for treatment?

Yes/No

33. How much do you spend?

Yes/No

34. Who is financial support for your treatment?

a) Father

b) Husband

c) Guardian

FOOD PATTERN AND OTHER CAUSES

35. Do you like to eat non-vegetarian food?

Yes/No

If yes meat/fish/crab/chicken

36. Do you like to drink hot drinks?

Yes/No

If yes coffee/tea/milk/black coffee

37. Do you to eat fast food items?

Yes/No

If yes noodles /fried rice/burger/pizza

38. Do you like to eat snacks in free time?

Yes/No

39. Do you like eat sweet items?

Yes/No

If yes chocolates/jam/milk sweet/other

40. Do you watch TV for a long time?

Yes/No

41. Do you work computer for long time?

Yes/No

42. Have got obese from your parents?

Yes/No

43. Do you like to sleep than eight hours in night time?

Yes/No