



TO STUDY ON THE CAUSES OF OBESITY IN SCHOOL GOING CHILDREN IN GORAKHPUR DISTRICT (U.P.)

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INTRODUCTION :

Obesity is a state in which there is a generalized accumulation of excess adipose tissue in the body leading to more than 20 percent of the desirable weight over weight is a condition where the body weight is 10-20 percent greater than the mean standard weight for age, height and sex, obesity invites disability, disease and premature death. Excess body weight is a hindrance, leading to breathlessness on moderate exertion and predisposes a person to disease like atherosclerosis, high blood pressure, stroke and diabetes, gall bladder diseases and osteoarthritis of weight bearing joints and varicose veins obesity is a chronic disease.

The problem of childhood obesity is now sweeping our nation. Studies among school children in different parts of the country have demonstrated increasing prevalence of overweight and obesity, with great display between rural and urban part of country. The prevalence of overweight was 37.5% in urban Delhi and 8% in rural Haryana.

Over the past few decades, the food and home environments have changed tremendously. The change in diet, a decrease in physical activity and too much time spent in front of computer or television screen have been blamed for the growing number of overweight children the world over. Overweight children the world over increasing energy intake with decreased physical activity.

Our modern eating environment has had

an effect on the way children eat. The changing environment by making fast food outlets conveniently available has promoted consumption of energy dense foods high fat and Sugar. The traditional energy dense foods are being replaced by energy dense processed micronutrients poor foods (snacks) like bargar, pizza, chowmein and cold drinks and fruit drinks in greatly increased portions.

Common problem encountered in children eating habit are irregular meals and snacking, Excessive dependence on fast food for meals or snacks, obesity, secondary to sexual developments eating disorders like restricted dieting, over eating or other harmful weight control behaviors.

Genetic inheritance probably

influences 50-70% chance of becoming fat more than any other factor. Within families the chance is 80% if both parents are obese and 50% if one parent is obese. It can occur at any age in either sex as long as the person is under positive energy balance studies conducted at Nutrition foundation of India have shown more females than males are found to be over weight in all age groups.

Loss physical activity and indoor games increasing weight. Self gratification, self punishment, depression, anxiety and stress may lead to excess caloric intake recent studies have shown that school children take to more fatty foods as their lives grow stressful.

Intervention - Role of school, family, Government authorities, pediatricians. Adopting healthy life style such as healthy eating pattern, Increased physical activity and decreasing sedentary activities are helpful for normal weight. It is important for us to think of, prevention of obesity, at all visits and incorporate relevant health education. The report on childhood obesity, called for a global strategy to stem the rising number of obese children everywhere.

Objective :-

1. To study about causes of obesity in children.
2. Study the modern trends of play

and its effect on obesity.

3. To study the role of genetic factors in obesity.

Methodology- Selection Area and Respondents :

The present study was carried out in urban area in Gorakhpur U.P. these area are Gorakhnath (20 resp.), Basharatpur (25 resp.) and Rajendra Nagar (30 resp.) A purposive sampling techniques was used for the selection of respondent with the help of the baseline survey 75 obese children were selected purposively from the families living in the Gorakhpur area. The respondent of obesity in school going children. We selected the two school Name - G.N. National public school and Pillars Junior High School.

Tolls :- An appropriate interviews schedule technique was used for the data collection. The schedule included a set of questions based in the objectives.

A pre-coded set of questionnaire was develop for the present study. Statistical tools used an analysis and interpretation of collected data of the present study, are following -

Percentage, Coefficient of correlation, Validity of the test and chi-square test.

Result and Discussion :

Table - 1 Distribution of Responding to Socio economic Status (SES)

Socio economic Status	Respondent Age group (Year)						Total	%
	6-8	%	8-10	%	10-12	%		
Lower (3-11)	0	0.00	0	0.00	0	0.00	0	0.00
Lower middle (12-18)	0	0.00	2	9.09	0	0.0	2	8.67
Middle (19-25)	5	27.73	5	22.73	10	28.57	20	26.67
Middle upper (26-32)	10	55.56	13	59.09	10	28.57	33	40.00
Upper (33-40)	3	16.67	2	9.09	15	42.86	20	26.67
Total	18	100	22	100	35	100	75	100

cal = 14.75 > tab = 9.5

The data reveals that maximum percentage (44.00%) respondent belongs to middle upper 'SES' and minimum percentage (2.67%) respondent belong lower middle 'SES' The second highest percentage (26.67%) belongs middle and

upper 'SES' group and more of them are in lower SES.

Thus the data indicate mostly urban subject were live in middle upper statistical analysis of data reveals that there more significant, on the basis of 5% of level of significant.

Table - 2 Body mass Index of Different age of BMI

Age (Year)	Note obese <25	Obese Grade I 25-29.9	Obese Grade II 30-40	Obese Grade III <40	Total	Urban %
6-8	0	11	6	0	17	22.67
9-10	3	8	12	1	34	32.00
11-12	4	5	25	0	34	45.53
Total	7	24	43	1	75	100

Table 2 shows the data reveals that maximum percentage (48.66%) belonging Grade II obese and minimum percentage (22.66%) respondent 6-8 years belonging Grade I obese. The date

indicates, mostly urban subject belonging Grade II obese.

Table - 3 Distribution of subject According to meal in a day

Duration	Frequency	Percentage
2 times	10	3.33
3 times	40	53.33
4 times	25	33.33
Total	75	100

cal = 18 > tab = 7.91 (13.33%) to take meal 2 times in a day.
 The above table out of total Hence calculated value is more
 respondents major of (53.33%) to take significant than tabulated value.
 meal 3 times (33.33%) 4 times and

Table - 4 Distribution of Subject According like places to eating Food

Place	Frequency	Percentage
House	25	33.33
Hotel	35	46.67
Dhaba	10	13.33
Other	5	6.67
Total	75	100

cal = 29.02 > tab = 9.488 house and minimum (6.6) to like eat food
 others.
 Table 4 shows out of total Hence calculated value is highly
 respondents major are (46.67%) to like significant then tabulated value.
 eat food in hotel, (33.33%) like eat in

Table - 5 According Type of Tiffin for School

Tiffin	Frequency	Percentage
Chappatis veg.	25	33.33
Fast food	35	46.67
Bread	10	13.33
Other	5	6.67
Total	75	100

cal = 15.86 > tab = 9.488 tiffin and minimum (26.67%) in tiffin
 Chappati and veg.
 The above table out of total Hence calculated value is
 respondent are (40.00%) went in tiffin significant then tabulated value.
 fast food in school (26.67%) bread in

Table - 6 Showing the distribution of subject according eating habits to take meal

Duration	Frequency	Percentage
After small interval	24	32.00
Particular time	31	41.30
After large interval	15	20.00
Large meal of one time	5	6.67
Total	75	100

cal = 19.13 > tab = 9.488

The above table out of total respondent major are (41.33%) eating particular time, (32.00%) eating after

small interval, (20.00%) eating after large interval and minimum (6.67%) eating large meal in one time. Calculated value is more significant.

Table - 7 Distribution of subject According to Exercise or Yoga

Object	Frequency	Percentage
Yes	10	13.33
No	65	86.67
Total	75	100

cal = 40.33 > tab = 5.991

Table 7 shows out of total respondent major arc (86.67%) do not exercise or yoga and minimum (13.33%) do exercise or goya.

Calculated value highly significant.

CONCLUSION- The present study enticed the study on "The causes of obesity in school going children" in urban are in Gorakhpur city in (U.P.). The survey was carried out in Gorakhpur city multistage stratified sampling techniques

were use of for the selection 75 respondents in which 75 obese children and his parents categorized by there groups are school going children 6-8 age groups, 8-10 age group and 11-12 age groups.

For collection the data research has been used a questionnaire as a tool and alo SES scale of 'Venkat Ramaya' various objective and used to fulfilling to purpose of study.

To study causes, playing game, eating habited, modernization, heredity

and psychological effects in role of obesity in School going children.

The present study showed maximum respondent belonged in middle upper SES, majority of respondent take 3 times meal, maximum respondent to like food eat in hotel, maximum respondent went in school Tiffin in fast food etc.

Obesity in a complex multi factorial disease developing from interactive influences of numerous factors - eating outside, eating habit, social behavioral, psychological, metabolic and genetic obesity invites disability disease and premature death.

SUGGESTION- Children should be preference about outdoor games it should be much better than indoor games to play, it should be more preference to eat home food and nutritive food, children should not eat fast food, more oily food etc.

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