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A study to identify the prevalence of obesity among housewives in Mappedu

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Abstract

Introduction: Obesity is a major public health problem in developed countries especially in the United states, with one third to one half of house wives affected. Nowadays, it also occurs in the developing countries. Obesity is associated with five out of ten leading causes of death and disability such as heart disease, diabetes, cancer, hypertension and stroke. Obesity is now among the leading factor for global morbidity and mortality. In Tamil Nadu 2.5million housewives mostly caused by obesity. In rural area 75% of the housewives caused by the obesity due to decrease physical activity.

Aim: The present study aims to identify the prevalence and obesity among housewives in Mappedu.

Methodology: A cross sectional descriptive research design was conducted among 50 obese Housewife by using convenience sampling technique. The samples were gathered and demographic data was assessed using structured interview questionnaire. Weight was measured using weighing machine and BMI calculated and noted in BMI chart.

Result: Among 50 House wives, 20% were underweight, 24% in the normal category, 44% were come under over weight, 8% were obese class I, 4% were obese class II.

Conclusion: Households does not have adequate knowledge in maintaining their health. Most of the households belong to underweight category and under nutrition.

Keywords: Obesity, prevalence, house wife

Introduction

Obesity is a condition in which the natural energy reserve, stored in the fatty tissue of humans, it is increased to a point where it is associated with certain health conditions or increased mortality. Obesity is a state in which there is generalized accumulation of excess fat in the body leading to a body weight of more than 20% of the required weight. Obesity causes more disability, disease it will be causes death also and premature death ^[1].

Obesity is a major public health problem in developed countries especially in the United states, with one third to one half of house wives affected. Nowadays, it also occurs in the developing countries. Obesity is associated with five out of ten leading causes of death and disability such as heart disease, diabetes, cancer, hypertension and stroke. An estimated 300,000 people die each year of illnesses related to obesity, more than the number killed by pneumonia, motor vehicle accidents and airlines crashes combined. Since 2010, the percentage of obese Americans has increased by 75%. More than 22 million and over 23 million obese ^[2].

The most comprehensive data on the prevalence and quality of life of an obese person worldwide are those WHO project. The main conclusion drawn from the project was that obesity prevalence is increasing worldwide at an alarming rate in both developed and developing countries. In many developing countries, obesity coexists with under nutrition. Although still relatively uncommon in African and Asian countries, obesity is more prevalent in urban than rural population. In economically advanced regions, prevalence rate may be as high as in developed countries. Another significant finding from the WHO project is that women generally have higher rates of obesity than men ^[3].

Obesity prevalence rate have increased worldwide in the last three decades from 1980 – 2008. Reaching a prevalence of 10 –14% among the housewives population even the obesity rate are higher in upper middle income and higher income country. They are projected to increase rapidly in developing nations. Obesity is now among the leading factor for global morbidity and mortality. In Tamil Nadu 2.5million housewives mostly caused by obesity. In rural area 75% of the housewives caused by the obesity due to decrease physical activity ^[4, 5]. Research also shows that South Asian must watch their weight as their genes increase their risk of heart disease and diabetes – both of which are a deadly offshoot of obesity if most

Indians have ample waistline, it is a predictable part of their Indian genetic history and we must do much more than blame aware forefathers [6].

A study was conducted to assess an obesity among house wives of a developing country's (India). This cross sectional study was carried out in 2013 among house wives. The result showed that overall prevalence of obesity and overweight was 12.1% and 14.2% respectively. House wives from higher socio economic status were obese and overweight than those from lower socio-economic status [7].

A study was conducted on existing obesity. 100 sample will be collected and convenient sampling technique will be used. It estimated that 20-25% of house wives were overweight or obese and 4.9% of women are obese. Rates of obesity have increased significantly in Australia with the prevalence of overweight doubling and obesity trebling [8].

The purpose of the study is [1] To assess the prevalence of obesity among house wives [2]. To find the association of the prevalence of obesity with selected demographic variable.

Methods and Materials

A cross sectional descriptive research design was used to conduct the study in Mappedu among households. 50 samples were selected by using a convenience sampling technique. The criteria for sample selection are women who are House wives, those who are willing to participate in the study and those who are available during the data collection. The exclusion criteria for the samples are the women who were chronically ill and those who are not willing to participate in the study. The data collection period was done with prior permission from village officer. The purpose of the study was explained to the samples and written informed consent was obtained from them. The demographic data were collected using a semi structured interview questionnaire. Weight was measured using weighing machine and BMI calculated and noted in BMI chart. The data were analyzed using descriptive and inferential statistics. The sample characteristics and BMI classification were described using frequency and percentage. Chi square was used to associate the post-test level of pain and anxiety of the selected demographic variables.

Results and Discussion

Section A: Sample characteristics

The frequency and percentage distribution of selected demographic variable Among House wives women in the descriptive study. With regard in the age in years 48% were 35-45 years, Educational status shows that 50% were higher secondary. Regarding Religion 90% women are Hindu, regarding occupational status 48% were un employed. Regarding marital status 90% of women were married. As far as dietary pattern concerned 80% were vegetarians and monthly income 46% were in the group of rupees above 10,000. Regarding family history of obesity 90% were there is no significant of family history of obesity.

Section B: Frequency and Percentage distribution of Body Mass Index

Among 50 House wives, 20% were underweight, 24% in the normal category, 44% were come under over weight, 8% were obese class I, 4% were obese class II. (Table 1)

Table 1: Frequency and percentage distribution of Body Mass Index among Women.

S.no	Characteristics	Frequency	Percentage
1.	Under weight	10	20
2.	Normal	12	24
3.	Over weight	22	44
4.	Obese I	4	8
5.	Obese II	2	4
	Total	50	100

The present study is supported by A study was conducted to assess an obesity among house wives of a developing country's (India). This cross sectional study was carried out in 2013 among house wives. The result showed that overall prevalence of obesity and overweight was 12.1% and 14.2% respectively. House wives from higher socio economic status were obese and overweight than those from lower socio – economic status [9].

Section C: Association between prevalence of obesity and socio- demographic variable Among House wives.

The present study states that there is no significant association between the demographic variable such as age, educational status, religion, marital status, dietary pattern, monthly income, history of obesity among house wives women in Mappedu.

Conclusion

Households does not have adequate knowledge in maintaining their health. Most of the households belong to underweight category and under nutrition.

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Authors contribution

All the authors actively participated in the work of the study. All authors read and approved the final manuscript.

Conflicts of interest: The authors declare no conflicts of Interest.

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