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**S Renilton Breeze**  
MPhil scholar SRM IST  
Chennai, Tamil Nadu, India

**M Senthil Kumar**  
Assistant Professor SRM IST  
Chennai, Tamil Nadu, India

**Ahamed Faiz PA**  
MPhil Scholar SRM IST  
Chennai, Tamil Nadu, India

## Obesity and over weight

**S Renilton Breeze, M Senthil Kumar and Ahamed Faiz PA**

### Abstract

This study says that overweight and obesity prevalence would be significantly related to demographic, lifestyle and parental factors. The results revealed that only health insurance plan, birth weight and parental BMI were significant in the weight classification of the preschool children. Year, type of preschool and year by ethnicity interaction also were significantly related to weight classification.

With more research, new variables could emerge as having effects on overweight and obesity are defined as abnormal or excessive fat accumulation that may impair health.

Body mass index (BMI) is a simple index of weight-for-height that is commonly used to classify overweight and obesity in adults. It is defined as a person's weight in kilograms divided by the square of his height in meters (kg/m<sup>2</sup>).

**Keywords:** overweight, obesity, defined as abnormal, excessive fat

### Introduction

Overweight and obesity are defined as abnormal or excessive fat accumulation that may impair health.

Body mass index (BMI) is a simple index of weight-for-height that is commonly used to classify overweight and obesity in adults. It is defined as a person's weight in kilograms divided by the square of his height in meters (kg/m<sup>2</sup>).

### WHO- Obesity and Over weight

- overweight is a BMI greater than or equal to 25; and
- Obesity is a BMI greater than or equal to 30.

BMI provides the most useful population-level measure of overweight and obesity as it is the same for both sexes and for all ages of adults. However, it should be considered a rough guide because it may not correspond to the same degree of fatness in different individuals.

For children, age needs to be considered when defining overweight and obesity.

Children under 5 years of age

### For children under 5 years of age:

- overweight is weight-for-height greater than 2 standard deviations above WHO Child Growth Standards median; and
- Obesity is weight-for-height greater than 3 standard deviations above the WHO Child Growth Standards median.
- Charts and tables: WHO child growth standards for children aged under 5 years Children aged between 5–19 years

### Overweight and obesity are defined as follows for children aged between 5–19 years

- overweight is BMI-for-age greater than 1 standard deviation above the WHO Growth Reference median; and
- Obesity is greater than 2 standard deviations above the WHO Growth Reference median.
- Charts and tables: WHO growth reference for children aged between 5–19 years Facts about overweight and obesity

**Correspondence**  
**S Renilton Breeze**  
MPhil scholar SRM IST  
Chennai, Tamil Nadu, India

**Some recent WHO global estimates follow.**

- In 2016, more than 1.9 billion adults aged 18 years and older were overweight. Of these over 650 million adults were obese.
- In 2016, 39% of adults aged 18 years and over (39% of men and 40% of women) were overweight.
- Overall, about 13% of the world’s adult population (11% of men and 15% of women) were obese in 2016.
- The worldwide prevalence of obesity nearly tripled between 1975 and 2016.

In 2016, an estimated 41 million children under the age of 5 years were overweight or obese. Once considered a high-income country problem, overweight and obesity are now on the rise in low- and middle-income countries, particularly in urban settings. In Africa, the number of overweight children under 5 has increased by nearly 50 per cent since 2000. Nearly half of the children under 5 who were overweight or obese in 2016 lived in Asia.

Over 340 million children and adolescents aged 5-19 were overweight or obese in 2016.

The prevalence of overweight and obesity among children and adolescents aged 5-19 has risen dramatically from just 4% in 1975 to just over 18% in 2016. The rise has occurred similarly among both boys and girls: in 2016 18% of girls and 19% of boys were overweight.

While just under 1% of children and adolescents aged 5-19 were obese in 1975, more 124 million children and adolescents (6% of girls and 8% of boys) were obese in 2016. Overweight and obesity are linked to more deaths worldwide than underweight. Globally there are more people who are obese than underweight – this occurs in every region except parts of sub-Saharan Africa and Asia.

**Overweight & Obesity Statistics**

This content describes the prevalence of overweight and obesity in the United States.

**Defining Overweight and Obesity**

A person whose weight is higher than what is considered as a normal weight adjusted for height is described as being overweight or having obesity.<sup>1</sup>

**Fast Facts**

According to data from the National Health and Nutrition Examination Survey (NHANES), 2013–2014

- More than 1 in 3 adults were considered to be overweight.
- More than 2 in 3 adults were considered to be overweight or have obesity.
- More than 1 in 3 adults were considered to have obesity.
- About 1 in 13 adults were considered to have extreme obesity.
- About 1 in 6 children and adolescents ages 2 to 19 were considered to have obesity.

**Using Body Mass Index (BMI) to Estimate Overweight and Obesity**

BMI is the tool most commonly used to estimate and screen for overweight and obesity in adults and children. BMI is defined as weight in kilograms divided by height in meters squared. For most people, BMI is related to the amount of fat in their bodies, which can raise the risk of many health problems. A health care professional can determine if a person’s health may be at risk because of his or her weight.

The tables below show BMI ranges for overweight and

obesity.

**BMI Chart**

BMI of Adults Ages 20 and Older	
BMI	Classification
18.5 to 24.9	Normal weight
25 to 29.9	Overweight
30+	Obesity (including extreme obesity)
40+	Extreme obesity

BMI of Children and Adolescents Ages 2 to 19	
BMI	Classification
At or above the 85th percentile on the CDC growth charts	Overweight or obesity
At or above the 95th percentile on the CDC growth charts	Obesity (including extreme obesity)
At or above 120 percent of the 95th percentile on the CDC growth charts	Extreme obesity

**How to beat obesity**

**Control your appetite**

Oxygen, food, and water are the three principal things that we need to remain alive. We don't think much about oxygen until we hold our breath and experience an overwhelming desire to breathe again. Likewise, if we are deprived of food, the body has powerful mechanisms to keep us interested in food and seeking after nourishment. All of us eat when we sense an inner need for food. We tend to eat until we sense a feeling of fullness.

People of normal weight don't tend to experience frequent and unhealthy food cravings, and they usually feel hungry at appropriate times. They are also inclined to feel satisfied when they have eaten modest sized food portions that don't promote weight gain. Unfortunately, in overweight and obese individuals, controlling appetite is different. As a result, they possess an increased appetite drive along with frequent and excessive food cravings.

If you want to get your weight under control and remain at an ideal weight for life, you must get this unhealthy appetite control system restored to a healthy state where you are free from excessive food cravings and an appetite in overdrive.

**Get the blood sugar stable**

The symptoms and signs common for blood sugar changes are: difficult to lose weight; sweets craving; feeling better after eating food; irritable if missing a meal; feeling a bit spacey and disconnected; elevated blood sugar; get anxious for no apparent reason; waking up often during the night; feel hungry all of the time; often get sleepy in the afternoon.

Blood sugar instability is a major factor for the increased appetite and frequent food cravings so typical of individuals who are struggling with their weight.

Low carb and no carb diets can produce quick and dramatic results, but they most often lead to rebound weight gain. Rapid and deep drops in blood sugar are particularly associated with very strong and in some case irresistible urge to eat.

### **Transform your habits**

The primary factor that will determine whether you are successful at losing weight is how ready you are for change. In order to experience positive changes, you must adopt the following habits:

- Reduce portion sizes for higher calorie foods while increasing portion sizes of low-calorie foods. Portion control can take some time to master, but it is a skill that is completely necessary for long-term weight control.
- Take your time when eating. Most people with weight problems eat quicker and swallow significantly more food in the same period of time as people with normal weight. One of the simplest and most effective strategies for losing weight is to practice eating slowly.
- Plan what you are going to eat. Eating on the run and grabbing food on impulse promotes wrong food choices that can easily pack on extra calories. Well planned meals don't need to take a lot of time. If you plan properly, you will always have plenty of healthy foods that can be eaten in an instant and or prepared in seconds.

If you have a weight problem, you probably have certain habits that work against your desire to achieve and maintain an ideal body weight. Perhaps bad eating habits are the primary reason why you fail in your weight loss efforts or why you gain weight back after successfully losing weight. To overcome bad eating habits, you need to increase awareness of the bad habits.

### **Reduce the stress**

One of the consequences of the stress response is abdominal fat cell growth and loss of muscle mass, which leads to insulin resistance and obesity. The adrenal hormone cortisol released as a result of the stress response is ultimately responsible for the fact that stress promotes weight gain because it promotes insulin resistance and raises blood sugar levels.

Every day stress is a normal part of modern living. However, if stress is extreme, unusual, or long lasting, the stress response can be overwhelming and quite harmful.

Conditions linked to stress: angina, asthma, cancer, cardiovascular disease, colds, depression, diabetes, headaches, high blood pressure, lowered immunity, obesity, arthritis, etc.

To manage stress, calm the mind and the body; include physical exercise in your lifestyle; get a good night sleep.

If stress is extreme, unusual, or long lasting, the stress response can be overwhelming and harmful.

### **Tone your muscles**

Regular physical exercise is obviously a major key to good health. The ability to lose weight with exercise is a direct reflection of a person's muscle mass. The more muscle mass that you have, the more fat you burn. In both men and women, muscle mass increases throughout adolescence and peaks during the late teens through the mid to late 20s. After that, muscle mass declines slowly but quite relentlessly, in most people. Unless muscles are specifically exercised through weight training, we lose about one percent of our lean muscle mass every year until we are 50. The most important step to prevent muscle loss is to follow a regular strength

training program by lifting weights or engaging in resistance exercises. The benefits of strength training are amazing. In additions to helping burn more fat, a larger muscle mass is associated with a healthier heart, improved joint function, relief from arthritis pain, better antioxidant protection and higher self-esteem. Physical inactivity is a major reason why so many Americans are overweight. If you are trying to lose weight, you definitely need to exercise as well. When exercise is included in a weight-loss program, there is usually an improvement in body composition due to a gain in lean body weight because of an increase in muscle mass and an accompanying decrease in body fat. The more muscle mass you have, the more fat you burn. Moderate to intense exercise may have an appetite suppressant effect. Individuals who exercise during and after weight reduction are better able to maintain the weight loss than those who do not exercise. Exercise helps diminish anxiety and reduces depressions which are the two major factors that drive people to the refrigerator in their search to find a sense of comfort.

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