

Levels of Obesity in Female: An Indian Context

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Abstract

Physical activity is defined as any bodily movement produced by skeletal muscles that require energy expenditure. Physical inactivity, (a lack of physical activity) is an independent risk factor for chronic diseases, and overall is estimated to cause 1.9 million deaths globally. Regular physical activity – such as walking, cycling, or dancing – has significant benefits for health. For instance, it can reduce the risk of cardiovascular disease, diabetes and osteoporosis, it also control weight and promote psychological well-being. Everyone should engage in at least 30 minutes of moderate physical activity every day. More activity may be required for weight control.

Objective: To compare the level of Obesity in females of selected states of India according to NFS-2(1998-99) & NFS-3 (2005-06).

Methodology : Andhra Pradesh, Assam, Bihar, Gujarat, Haryana, Karnataka, Kerala, Mp, Maharashtra, Orissa, Punjab, Rajasthan, Tamil Nadu, Up and West Bengal was selected for the present study . The data for obesity was collected from the final report of the 1998-99 & 2005-06 National Family Health Survey (NFHS-3) which was released by the Ministry of Health and Family Welfare, India.

Results and conclusions: Kerala is the state where prevalence of females obesity is more though it has better literacy rate and Human development Condition. Tamil Nadu, being at 6th place in Human Development its female obesity rank is second. Whereas, Punjab being at the 2nd place in Human Development, its rank in female's obesity is third. Obesity is more in those states where per individual Net State Domestic Product is high.

KEYWORDS: Obesity, secondary data etc.

Introduction

A healthy lifestyle is a valuable resource for reducing the incidence and impact of health problems, for recovery, for coping with life stressors, and for improving quality of life. However, convincing Canadians that health is a good investment, and providing guidance and incentives to create a culture that fosters health, are complex processes. How do we direct efforts to engage people in becoming and staying healthy? Lyons (2000)¹

Obesity in Urban area can be attributed to different factors. Factor like under exercise, idle social classes , sweets & drinks , stress , lack of sleep , bad eating habits and one the most important factor is genetics. Obesity may be the cause of high blood pressure and high blood cholesterol (**Kavanagh Terence, 1981**). Obesity and overweight are key triggers for type 2 diabetes, heart disease, stroke, sleep apnea,

¹ Lyons , Renne Lyons and Lynn Langille, "Healthy Life Style: Strengthening the Effectness of Life Style Approaches to Improve Health", unpublished Research Work, The Canadian Consortium of health promotion Research Centres , April 2000.

arthritis, cancer and etc. The incidence of cardiovascular disease is statistically and physiologically related to obesity (**Fox, 1978**).

WHO's latest projections indicate that globally in 2005: approximately 1.6 billion adults (age 15+) were overweight; at least 400 million adults were obese. WHO further projects that by 2015, approximately 2.3 billion adults will be overweight and more than 700 million will be obese. At least 20 million children under the age of 5 years are overweight globally in 2005.

Further, according to NFS-3 overweight and obesity are emerging problems in India. 13% of women are overweight or obese. Only 52% of women are at a normal weight for their height. More than one-quarter of women in Punjab, Kerala, and Delhi are overweight or obese. Tamil Nadu and Goa also have a high prevalence of overweight and obesity (more than 20 percent). Less than 10% of women in 12 states are overweight or obese, including most states in the Central, East, and Northeast regions of the country. Obesity ($BMI \geq 30$) is highest in Punjab (9%) and Delhi (8%).

Several individualistic causes of obesity has been mentioned by different physiological, psychological, psycho-physiological studies but studies related to obesity with Human Development, Literacy, Net State Domestic Product, economic conditions are very rare.

Objective:

1. To compare the level of Obesity in females of selected states of India according to NFS-2(1998-99) & NFS-3 (2005-06).
2. To compare the level of Human development Index of selected states of India according to **Guha, 1998**

Methodology

States of India

Andhra Pradesh, Assam, Bihar, Gujarat, Haryana, Karnataka, Kerala, Mp, Maharashtra, Orissa, Punjab, Rajasthan, Tamil Nadu, Up and West Bengal was selected for the present study

Obesity

The data for obesity was collected from the final report of the 1998-99 & 2005-06 National Family Health Survey (NFHS-3) which was released by the Ministry of Health and Family Welfare, India.

Statistical Method:

- a. Females Obesity Level & Human development was compared by determining the top five rank of selected states of India.

Result:**Table-1: Comparison of Females Obesity Level & Human development in selected states of India.**

STATES	Obesity					Rank	HDR-4(2007-)	Rank
	NFS-2 (A)	Obesity Rank (NFS-2)	NFS-3 (B)	Obesity Rank (NFS-3)	Diff. B-A			
Andhra Pradesh	12		17.7		5.7	4	58.07	
Assam	4.2		9		4.8		54.49	
Bihar	3.9		5.3		1.4		44.61	
Gujarat	15.8	4	20.3	5	4.5		62.47	4
Haryana	16.6	3	21	4	4.4		65.11	3
Karnataka	13.3		18.1		4.8		54.64	
Kerala	20.6	2	34	2	13.4	1	73.54	1
Mp	6.8		8.6		1.8		45.81	
Maharashtra	11.7		17.1		5.4	5	60.02	5
Orissa	4.4		7.6		3.2		42.77	
Punjab	30.2	1	37.5	1	7.3	3	69.26	2
Rajasthan	7.1		10.2		3.1		53.64	
Tamil Nadu	14.7	5	24.4	3	9.7	2	59.99	6
Up	7.3		11.1		3.8		45.08	
West Bengal	8.6		12.5		3.9		55.84	

Third column of table-1 reveals that according to National Family Health Survey-2 Punjab was the state where the level of obesity was higher in Punjab followed by Kerala, Gujarat and Tamil Nadu. Further, according to National Family Health Survey-3, again in Punjab the level of obesity was highest followed by Kerala, Tamil Nadu, Haryana and Gujarat. The rank of obesity which was 5th in Tamil Nadu increased to 3rd in NFS-3. When the difference of obesity from NFS-2 to NFS-3 was taken into consideration, it was found that again Kerala was at the top most level followed by Tamil Nadu, Punjab, Andhra Pradesh and Maharashtra.

Ninth column of table no. 1 reveals that in relation to Human Development, Kerala is the state which was at the top most followed by Punjab, Haryana Gujarat and Maharashtra.

Inferences

Following inferences may be drawn on the basis of above discussion:

1. Kerala is the state where prevalence of females obesity is more though it has better literacy rate and Human development Condition.
2. Tamil Nadu, being at 6th place in Human Development it female obesity rank is second. Whereas, Punjab being at the 2nd place in Human Development, its rank in female's obesity is third.
3. Obesity is more in those states where per individual Net State Domestic Product is high.

Policy Implications:

1. Government, both Central and the State, need to design and implement more pragmatic and intensive programme to aware females regarding the causes and severe problems of obesity in the states of Kerala, Punjab, Gujarat, Tamil Nadu and Maharashtra.

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