



DETERMINATION OF PSYCHOSOCIAL PROBLEMS ASSOCIATED WITH OBESE ADOLESCENTS IN SELECTED GOVERNMENT SCHOOLS AT CHENNAI, INDIA

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AUTHOR'S CONTRIBUTION

The sole author designed, analysed, interpreted and prepared the manuscript.

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ABSTRACT

Obesity is the result of a modernized lifestyle and its prevalence is magnified by the excessive eating, sleep deprivation, and genetic basis. People with obesity usually face many types of problems from social and psychological issues and are victimized for a lower level of self-esteem, self-confidence, and neuropsychological dysfunction. Despite that consequence, there is not much social awareness regarding the care of people with obesity in society. Hence, the present study aimed to analyze the physio- psychological problems faced by the obese people for creating awareness among the adolescents. The study showed a strong relationship between obesity and their demographic valuables. These results are useful in fountaining the lifestyle among the youths.

Keywords: Obesity; self-esteem; overeating; family support; depression.

1. INTRODUCTION

Obesity is defined as the state of excessive body fat far higher than the basal mass index (BMI). BMI is the ratio between the body eight (kg) and height (m²) [1]. Obesity is the prime result of a sedentary lifestyle and its modern modifications. Besides, it is being manipulated by excessive eating, sleep deprivation, and genetical reasons [2]. People with obesity tend to face many types of psychological and social problems

that eventually reduce their self-esteem, self-confidence lead to even neuropsychological dysfunction [2-5]. Such consequences are faced from their childhood [6-7].

Several studies analyzed the relationship between childhood obesity with depressive symptoms [8], hyperactivity disorder [9], and decreased self-esteem personality [10]. The high-calorie foods showed to alter the obese pathology [11]. The child's behavior is

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strongly influenced by the family background and as the rewards for their activities [3]. The responsibility of the parents is greatly dependent upon their feeding nature and selecting right food varieties for their children. If they fail in it, the children are influenced to choose fatty based complex foods and tend to accumulate excessive body fats and resulting in obesity [3]. The serotypes-related consequences usually passed from their parents' genetically and psychological inabilities lead to the creation of over stress and altered food habits. These factors end with obesity in them [12]. The stress level in students leads to overeating, sleeping and obesity. Normally, the optimal weight students tease, disgust and make fun of their over-weighted counterparts [13,14]. Kumar et al. showed that obese children tend to have higher psychological stress than non-obese children [15]. Stress may increase a variety of disorders such as anxiety, ADHD [16-19]. The repeated cycle of depression was also noted in such kinds of students at their adolescent ages [20 - 21].

2. METHODOLOGY

The present study used the qualitative approach that analyse the psycho-social problems in adolescents with obesity among the selected government higher secondary schools in Chennai and used a non-experimental descriptive design. The study was conducted in the department of mental health Nursing and assessed the psychosocial problems of obese adolescents based on a structural questionnaire.

Statistical methods such as chi-square test were done in the study.

3. RESULTS AND DISCUSSION

50 children (50%) were of 12-14 years age and the other 50 were at 15-17 years. The male children (43%) were lower in population than the females (57%). Most of the children belonged to the nuclear family type (58%) than the joint family (42%). The participated children were from the united family environment. 22% of them had three members in their family and 19% of them with 4 members. 54% of them had 6 members or higher family persons (Table. 1).

The mean BMI analysis in the participated students was calculated as 35.9 and strongly indicated that the presence of obesity in those children. The study showed that the factors such as demographic and social oriented had not affected the children with obesity. Meanwhile, the children face many psychological stress due to obese from their family, living area, and friends. Moreover, physical activity also may be low in urban children. These reasons may be attributed to the obesity related psychosocial problems they face. This result is in concordance with a study done by Ismailov et al. [22]. According to Agarwal et al. [23] vegetarians are said to have a lower BMI as seen in the present study. But further analysis of this is necessary.

Table 1. Relationship between adolescents with obesity and their demographic variables

Demographic variables	Level of Psychosocial problem		X ²	df	p value	Significance
	Moderate	High				
Age						
12-14 years	31	19	3.2517	1	.071349	Not significant
15-17 years	22	28				
Gender						
Male	22	21	3.2209	1	0.072702	Not significant
Female	19	38				
Family type						
Nuclear	32	26	0.8364		.36044	Not significant
Joint	27	15				
Family size						
3	18	4	1.3838	3	0.709332	Not significant
4	13	6				
5	4	1				
6 and above	38	16				
Religion						
Hindu	38	12	1.0716	2	0.585201	Not significant
Muslim	30	14				
Christian	5	1				
Educational Status						
8th	19	4	6.5351	4	0.16259	Not significant

Demographic variables	Level of Psychosocial problem		X ²	df	p value	Significance
	Moderate	High				
9th	21	4				
10th	14	8				
11th	8	7				
12th	11	4				
Father's educational status						
primary	31	17	0.522	2	0.770273	Not significant
middle	10	8				
secondary	22	12				
Mother's educational status						
Illiterate	2	13	8.8768	4	0.064254	Not significant
Primary	14	20				
Middle	5	16				
Secondary	8	13				
Graduate	6	3				
Father's occupation						
Self-employed	11	8	4.0115	3	0.260223	Not significant
Government	6	8				
Private	6	12				
Others	16	33				
Mother's Occupation						
Home Maker	24	32	0.0675	1	0.795064	Not significant
Working	20	24				
Family Income						
below 3000	15	16	0.6666	2	0.716556	Not significant
3000 to 7000	28	26				
7000 to 9000	6	9				
Food habits						
Vegetarian	5	9	16.9629	1	0.000038	Significant
Non-vegetarian	73	13				
Living Area						
Rural	16	20				
Urban	55	9	19.2654	1	0.000011	Significant

4. CONCLUSION

The current study explained the problems of the obese youngsters in detail.

CONSENT

As per international standard or university standard, Participants' written consent has been collected and preserved by the author(s).

COMPETING INTERESTS

Author has declared that no competing interests exist.

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