

THE LIFESTYLE AND HEALTH EFFECTS OF OBESE PEOPLE

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Abstract

Obesity is a complex disease involving an excessive amount of body fat and excessive overweight. In this context, this study aimed to identify the lifestyle and health effects of obese people in Kawasoti Nawalpur. Using a convenient survey method, the researcher examined the association between lifestyle and effects in a sample of 170 respondents. Out of the total 170 respondents, 38 respondents (22.35%) were overweight or obese. After analyzing the data, the researcher found the main cause of obesity in obese people are; eating too much food (71.05%), do not do physical exercises (86.84%), eating junk, and fast food regularly (57.89%), and living a sedentary lifestyle (92.1%). The effects of obesity on obese people are; multiple joint pains (44.73%), having trouble working (63.16%), and high blood pressure (39.48%). The researcher concluded that- there is a major problem of obesity and its effects in the community because of the sedentary lifestyle and lack of physical exercise among people. It is recommended to change the lifestyle (eating habits and exercise patterns) and lose weight gradually.

Keywords: *Cardiovascular disease, morbidity and mortality, sedentary lifestyle, body mass index.*

Introduction

Obesity is a complex disease involving an excessive amount of body fat. Obesity is defined as the condition of excessive fat accumulation to such an extent that affects the individual's health (WHO, 2000). It is a major public health problem that is not only confined to developed countries but has now become an important public health problem in developing countries (P.M.&S.E., 2009, p.3) like Nepal also. The main problem of obesity is related to lifestyle issues like high-calorie intake in diet due to increased high-calorie

consumption of refined sugars, sweetened beverages, vegetable oils, junk, and fast food and lack of physical activity, sedentary lifestyle, etc. all play a role in the lifestyle development of obesity. If these behaviours cannot stop in time, the problem of obesity will be increased day by day and appear as a major problem in the world including in Nepal. So, the study is based on the problem of obesity in the community and its health effects as well as to understand the problem of obesity in Nepal. Therefore, this study has been carried out on obese people in Kawasoti, Nawalpur as obesity

happens unintentionally and it causes massive problems in public health.

Obesity or excess body weight is associated with increased association with different types of diseases like type 2 diabetes, dyslipidemias, cardiovascular diseases, hypertension, and cancers (WHO, 2000).

Obesity is unlikely to be a cosmetic concern. It is a medical problem that increases our risk of other diseases and health problems, like heart disease, diabetes, high blood pressure, and certain cancers. Exogenous obesity arises from a sustained energy imbalance and a variety of other factors involved in its development: genetic, behavioural, cultural, environmental, and economic. Endogenous obesity is in some cases regarded as a risk factor and in others as a disease in itself (Jose, 2014, p. 661).

Using the standard International Obesity Task Force definition of pediatric obesity, the prevalence of obesity in children and young people aged 5–17 years worldwide is approximately 2–3 %. Its impact on morbidity, mortality, and quality of life has made childhood obesity the epidemic of the 21st century and a major public health problem (Lobstein et al., 2004).

Childhood obesity is the commonest cause of such cardiovascular risk factors as hypertension, dyslipidemia, and insulin resistance (Steinberger, 2003, p. 1448), the principal components of metabolic syndrome in children and adolescents

(Weiss et al., 2004, p. 2362). It is also an independent risk factor for obesity and increased health risks in adult life (Bibbins et al., 2007, p. 2371). The prevalence of childhood obesity has been rising rapidly in recent years and is seen as a cause for alarm by public health agencies, healthcare clinicians, healthcare researchers, and the general public (Barlow, 2007, p. 164).

Theoretical Perspectives and existing literature

Obesity is a chronic disease, with an ever-increasing impact on the health of Americans. Metabolic and genetic studies prove that obesity arises from an excess of energy intake compared with expenditure. Individuals inherit a set of genes controlling appetite and metabolism that are then acted upon by a wide variety of environmental factors such as food availability, level of physical activity, and psychological, and cultural factors (Louis, 2014).

Exercise improves insulin sensitivity (Kang et al., 2002) and blood lipid transport (Tolfrey et al., 2000), and can reverse the metabolic effect on the muscle of obese subjects (Tall, 2002). In this sense, there is evidence that physical activity and physical exercise programs during the years of growth may be protective against future cardiovascular disease (Rowland, 2001).

After the review of these articles, as no data is available for Nepal a true estimate

of the incidence of overweight or obesity cannot be made. However, it is assumed that the incidence not being low but high due to increasing urbanization, changes in food habits to junk and high-energy food, lack of physical activity, and a sedentary lifestyle (Steinberger and Daniels, 2003).

The researcher is unknown about the study of lifestyle and other behaviours of obese people in Kawasoti Nawalpur. People who are obese are unaware that lifestyle changes have increased their obesity and that it has had a direct effect on their health. Considering it is the main gap, the researcher has decided to focus on study in obese people and their lifestyle, other related behaviours, and the impact it has on their health. People are not aware of the fact that obesity can be reduced even if they adopt the scientific behaviour of daily diet, exercise and stress management. No study has shown the fact that reasons such as eating food, staying at rest and not doing physical work are responsible for obesity, and the fact that various physical problems appear from obesity and that the problem lasts for a long time. In addition to this, programs to inform people to reduce obesity have not been implemented, which is a gap seen in studies and programs on obesity. This study is necessary to fill this main gap. So, the main objectives of this study are:

1. To study the lifestyle adopted by obese people,

2. To study obesity and its effect on health and,

3. To explore the steps taken by the individual to minimize the effect.

Methodology

This study has been done in a qualitative way and inductive method or this study can be called an explanatory study as it has to be done in a descriptive way to describe different aspects of the social, cultural and lifestyle of obese people. So, the main objective of this study was to study the lifestyle of obese people, its health effect and activities done for preventive measures.

Sample size and sampling method

Population and sample size were selected by purposive sampling method only with suspected obese persons found during the survey period. Pregnant mothers or critically ill individuals were excluded from the study. The survey period was one week. The study population reached 170 suspected individuals and obesity was found in 38 of them.

Data collection procedures

The study was done in Kawasoti-8, Thakali chowk Nawalpur. This research was based on a theoretical model and a convenience survey. The information was

collected from primary data. The primary information was collected using a structured interview schedule as a research tool for the study. Sociodemographic information, medical history and lifestyle information were obtained from the interview schedule. For data collection, the researcher himself went door to door to find out the obese people, met them directly, discussed with them, calculate BMI, measured blood pressure and even examined the suspected obese people.

Research tools

In this study, the researcher constructed an interview schedule based on obesity and lifestyle topics. The schedule included open and closed questions about what kind of behaviour the respondents are responsible for their obesity. Various lifestyle changes can be caused by non-communicable diseases, including obesity, and a 10-question interview schedule has been self-constructed to study what those beliefs are in people in Kawasoti. The interview schedule was pre-tested on 10 people and the final schedule was prepared after correcting the shortcomings. During the study, a mercury sphygmomanometer and stethoscope were used to measure blood pressure, a bathroom scale weight machine was used to measure weight and inch tape was used to measure height.

Validity and reliability

The data obtained through face-

to-face meetings and examine the patients is highly reliable and valid because the researcher himself was a health personnel and directly measured the patient's blood pressure, weight and height and filled the pre-tested structured interview schedule, calculate the BMI with the standard formula, and claimed that the study was fully valid and reliable. The data obtained from it can be proved to be valid and reliable.

Data analysis tools

The researcher analyzed the raw numerical data with coding in a tally sheet and used the SPSS application as the data analysis tool. After analyzing the data, the result is shown in the table and figure.

Data analysis and interpretation

The data analyzed from the SPSS program is presented in the table and its details are also explained in language. Frequency and percentage were calculated under descriptive statistics. As the study was qualitative, the researcher also asked several informal questions using the interview schedule. The answers to these questions are presented in an explanatory manner as they are impossible to be shown in the table and picture.

Ethical consideration

During the interview and examine the people, confidentiality was protected

and the information was kept secret. The researcher committed to the respondents that the data will be secret and not be published anywhere.

Limitations

The researcher was unable to cover include an increase in thyroid problem, the method which are applied in family planning, genetic factors etc. which are the main causes of obesity and needs to be studied. Similarly, the researcher was unable to include elderly and pregnant women in the study. Because of the limited time and budget source; the study could not be reached in different areas, large populations and different societies.

In the course of the study, the researcher even suggested to obese people do their necessary laboratory tests. Accordingly, some of the respondents tested their blood for sugar, thyroid, and cholesterol. After the necessary tests, the respondent re-visited the researcher and showed the report of the blood test.

The researcher justifies the research design, data collection methods and findings were most effective in this study; because the researcher himself met with suspected obese people, measured their weight, height and blood pressure, calculated their BMI, and found the causes of obesity, its effects, and how to get rid of it. These are presented here as findings respectively.

Results

The following results of the study represent the analysis of the study conducted by the researcher and the result drawn from it.

Age and sex of respondents

Table 1 shows that the total number of respondents was 170. The majority of respondents belong to the age group of 30-34 years i.e., 18.82 %. No respondents were found in the age group of 10-19 years. Even a male child (0.59 %) under the age of 10 was found to be obese and that child was exactly six years old. 1.77 % of female respondents were aged between 20-24 years. Similarly, there was 6.47 % of male respondents aged 25-29 years. The data revealed 8.82 % were 30-34 years male and 10.0 % of female, 7.64 % were male and 7.05 % were female of 35-39 years. 7.05 % male and 8.23 % female were 40-44 years, both sexes 7.05 % were 45-49 years, 7.05 % male and 6.47 % female were 50-54 years, 6.47 % were male and 5.29 % female were 55-59 years, and 2.35 % male and 0.59 % female of respondents who were aged 60 years (75 years over old male and 63 years old female) and above. Similarly, table 1 shows that the total number of male respondents was 91 (53.54 %) and females 79 (46.45 %).

Table 1

Distribution of respondents by age and sex

The condition of the respondent's BMI according to gender

The condition of the respondent's BMI is shown in Table 2 below. Out of a total of 170

Variables	Frequency			%age		
	Male	Female	Total	Male	Female	Total
Below 10	1	0	1	0.59	0	0.59
10-19	0	0	0	0	0	0
20-24	0	3	3	0	1.77	1.77
25-29	11	0	11	6.47	0	6.47
30-34	15	17	32	8.82	10.0	18.82
35-39	13	12	25	7.64	7.05	14.69
40-44	12	14	26	7.05	8.23	15.28
45-49	12	12	24	7.05	7.05	14.10
50-54	12	11	23	7.05	6.47	13.52
55-59	11	9	20	6.47	5.29	11.76
60+	4	1	5	2.35	0.59	2.94
Total	91	79	170	53.54	46.45	100

respondents, 38 people's (22.35 %) BMI was found to be abnormal, while the remaining 132 people's (77.65 %) BMI was found to be normal. Among 170 respondents, the % of extreme obesity i.e., 0.59 % of the male respondent. Moderate obesity or obesity II are male 1.17 % and female 0.59 %. Similarly, a mild type of obese or obesity in males is 2.94 %, and in females is 4.11 %. There is 5.88 % of males are overweight and females are 7.05 %.

Table 2

BMI of the respondent by gender

Variables	Frequency			%age		
	Male	Female	Total	Male	Female	Total
BMI						
Below 25 (Normal)	70	62	132	41.18	36.47	77.65
25-29.9 (Overweight)	10	12	22	5.88	7.05	12.93
30-34.9 (Obesity I)	5	7	12	2.94	4.11	7.05
35-39.9 (Obesity II)	2	1	3	1.17	0.59	1.76
40 + (Extreme obesity III)	1	0	1	0.59	0	0.59
Total	88	82	170	51.77	48.23	100

This result shows that numerous people are overweight and obese I type than more obese and extremely obese. The extremely obese male respondent in the study weighed 104 kg, stood 5.6 feet tall, and was 50 years old. The man was also found to be suffering from high blood pressure and diabetes. An interesting subject during the research was a six years old child who weighed 22 kg and had a height was three feet and was found to be overweight. The study shows that to prevent more obesity, the necessary information will give time for their lifestyle change.

Details related to the cause of obesity expressed by the obese respondent

In this study, respondents were asked questions about the causes of obesity. Out of the total of 170 respondents, only 38 obese respondents were studied on their lifestyle and the reason for their opinion is found below. The answers to the four options (absolutely agree, agree, disagree, and disagree) given by the respondents are presented in Table 3 below.

Table 3

The causes of obesity in the opinion of the obese respondent

Causes	Variables							
	Absolutely agree		Agree		Disagree		Absolutely disagree	
	No.	%	No.	%	No.	%	No.	%
By eating a lot of food	21	55.26	6	15.79	2	5.26	9	23.68
By eating several times	14	36.84	2	5.26	6	15.79	16	42.10
By eating more non-vegetarian food	27	71.05	1	2.63	2	5.26	8	21.05
By eating junk, fast food, sweetie, oily and salty food, carbonated drinks, etc.	16	42.10	6	15.79	4	10.53	12	31.58
Having trouble sleeping	2	5.26	5	13.16	5	13.16	26	68.42
A habit of sleeping after eating	18	47.37	6	15.79	6	15.79	8	21.05
Medication for diabetes, hypertension, family planning, etc.	13	34.21	0	0	0	0	25	65.79
By eating fewer vegetables and fruits	21	55.26	6	15.79	1	2.63	10	26.31
By consuming alcohol	5	13.16	4	10.53	1	2.63	28	73.68
By not doing physical exercise or yoga	32	84.21	1	2.63	2	5.26	3	7.90
By sitting and doing work	28	73.68	6	15.79	0	0	4	10.53
Unhealthy, lazy, and sedentary life	29	76.31	6	15.79	1	2.63	2	5.26

The result of this study shows that the causes of obesity in the opinion of the obese respondent are found to be different. When asked what causes obesity, 55.26 % said they absolutely agree that eating a lot. Similarly, 15.79 % of respondents said to agree with the question, 5.26 % said disagree and 23.68 % said absolutely disagree. Another cause of obesity is the question of eating several times, 36.84 % said absolutely agree, 5.26 % agree, 15.79 % disagree and 42.10 % absolutely disagree. Similarly, 71.05 % of respondents absolutely agreed about obesity is increased by eating non-vegetarian food, 2.63 % agreed, 5.26 % disagreed and 21.05 % absolutely disagreed. Asked about another cause of obesity, 42.10 % of respondents absolutely agreed to eat junk food, fast food, sweet, oily, salty, spicy food, and carbonated drinks. In the same question, 15.79 % were said to agree, 10.53 % were said to disagree and 31.58 % said absolutely disagree.

In another question, 5.26 % of respondents said absolutely agree about the cause of obesity is having trouble sleeping, 13.16 % said agreed with it, 13.16 % said disagree and 68.42 % said absolutely disagree. Similarly, 47.37 % of respondents absolutely agreed with the cause of obesity by a habit of sleeping after eating, 15.79 % agreed with this cause, 15.79 % disagreed and 21.05 % absolutely disagreed. 34.21 % absolutely agreed on the cause of

obesity because of the medication for hypertension, diabetes, or family planning, and 65.79 % absolutely disagreed with the question. 55.26 % absolutely agreed with the cause of eating fewer vegetables and fruits, 15.79 % agreed, 2.63 % disagreed and 26.31 % absolutely disagreed. A total of 13.16 % of respondents said the cause of obesity is taking alcohol, 10.53 % agreed on this cause, 2.63 % disagreed and 73.68 % absolutely disagreed or were not alcohol drinkers.

Similarly, 84.21 % of respondents did not do physical exercise or yoga and they were lazy, 2.63 % agreed on this cause, 5.26 % disagreed and 7.90 % absolutely disagreed. In another cause of obesity, 73.68 % of respondents said the cause of obesity is sitting work daily, 15.79 % agreed with this cause and 10.53 % absolutely disagreed. Most of the respondents had sedentary life, the study shows that 76.31 % of respondents absolutely agreed with this cause, 15.79 % agreed, 2.63 % disagreed and 5.26 % absolutely disagreed.

Impact of Obesity on daily life and Health

In this study, respondents answered spontaneously about the disadvantages of obesity in their daily lives and the negative effects it has on their health. What they have to say about the various problems caused by obesity is presented in Table 4 below:

Table 4*Impact of Obesity on daily life and Health in obese respondents*

Variables	Impact on health							
	No problem		Some problem		Severe problem		Very severe problem	
	No.	%	No.	%	No.	%	No.	%
Difficulty in movement	24	63.16	9	23.68	1	2.63	4	10.53
Multiple joint swelling and pain	21	55.26	7	18.42	3	7.90	7	18.42
A problem in physical works	14	36.84	14	36.84	5	13.16	5	13.16
Anxiety, stress, and mental problem	23	60.53	11	28.95	1	2.63	3	7.90
Having trouble sleeping	21	55.26	14	36.84	0	0	3	7.90
Cough, shortness of breath, or asthma	31	81.58	5	13.16	1	2.63	1	2.63
Diabetes	36	94.74	1	2.63	0	0	1	2.63
Cancer	38	100	0	0	0	0	0	0
Negative social views	31	81.58	6	15.79	1	2.63	0	0
Snoring	25	65.79	5	13.16	3	7.90	5	13.16
Hypertension and heart problems	23	60.53	3	7.90	2	5.27	10	26.31

A result of this study shows that, on the question of how obesity affects one's health, 10.53 % said the very severe problem in movement, 2.63 % said severe problem, 23.68 % said some problem and 63.16 % said no problem. Similarly, in joint pain and swelling due to obesity, there was 18.42 % have a very severe problem, 7.90 have a severe problem, 18.42 % have some problem and 55.26 % have no problem. There was a problem in physical work among respondents; 36.84 % have no problem, 36.84 % have some problem, 13.16 % have a severe problem and 13.16 % have a very severe problem.

Many mental problems like anxiety, stress, and other problems were seen because of obesity. 60.53 % said no problem, 28.95 % said some problem, 2.63 % said severe problem, and 7.90 have a very severe problem.

55.26 % have not any problem sleeping but 36.84 % have some problems and 7.90 % have a very severe problem sleeping due to obesity. Cough, shortness of breath, or asthma was seen in 2.63 % as very severe, another 2.63 % suffered severely, 13.16 % suffered from some problem and 81.58 % have no problem.

Obesity can cause diabetes and cancer. But in this study, 94.74 % of obese respondents found that they did not have diabetes and 100 % of respondents had no cancer. Only one or 2.63 % has a severe and very severe type of diabetes. Negative social views were still in the community. 81.58 % said no problem, 15.79 % said some problem and 2.63 % said a very severe problem with obesity. Many obese people snore while sleeping. In this study, the researcher found that snoring people with a very severe problem 13.16 %, 7.90 have a severe problem, 13.16 % have a

problem and the majority of respondents or 65.79 % have not any problem. Likewise, 60.53 % of obese respondents do have not hypertension and heart problems, 7.90 % have some problems, 5.27 % have severe problems of hypertension and 26.31 % have very severe problems of high blood pressure.

Steps were taken to reduce obesity

This study also shows that obese respondents have taken a variety of steps to reduce their obesity, as explained in Table 5.

Table 5
Steps were taken to reduce obesity

Variables	Behaviours to reduce obesity							
	No adopt- ed		Sometimes adopted		Normal adopted		Strictly adopted	
	No.	%	No.	%	No.	%	No.	%
Eat less food	25	65.79	2	5.27	1	2.63	10	26.31
Don't eat fat, fish, or meat	28	73.68	4	10.53	3	7.90	3	7.90
To walk every day	23	60.53	6	15.79	3	7.90	6	15.79
Yoga or exercise daily	30	78.95	1	2.63	3	7.90	4	10.53
To the gym	37	97.37	1	2.63	0	0	0	0
Play games	35	92.10	0	0	2	5.27	1	2.63
Don't sleep too much	19	50.00	1	2.63	0	0	18	47.37
Taking home remedies	32	84.21	5	13.16	1	2.63	0	0
Taking other drugs to reduce obesity	33	86.84	4	10.53	0	0	1	2.63
Don't eat junk, readymade, salty, sweet foods, alcohol, and carbonated drinks	23	60.53	1	2.63	1	2.63	13	34.21
Not eating or fasting once a week	28	73.68	3	7.90	3	7.90	4	10.53
Eat bread once a day	20	52.63	7	18.42	1	2.63	10	26.31
Don't sleep immediately after eating	20	52.63	1	2.63	3	7.90	14	36.84

The result of this study reflects that the obese respondents were taken steps to reduce obesity in different ways. Table 5 shows that 26.31 % strictly adopted eating less food, 2.63% normally adopted it, 5.27 % sometimes adopted it, and 65.79 % of respondents did not adopt this behaviour. Similarly, 73.68 % of obese respondents regularly eat fish or meat, 10.53 % sometimes take meat items, 7.90 % occasionally eat meat items and 7.90 % were strict and they did not eat meat items.

Among the obese respondent, those who never walked 60.53 %, sometimes walking 15.79 %, normal walking 7.90 %, and daily walking 15.79 %. Similarly, those who always do yoga or exercise to lose weight were 10.53 %, normal 7.90 %, sometimes 2.63 %, and never do yoga or exercise was 78.95 %. In addition, those who go to the gym to lose weight were 2.63 %, and those who never go to the gym were found 97.37 %. 2.63 % of those respondents regularly played sports to reduce obesity, 5.27 % of those who played normally, and 92.10 % of those who never played.

Also, for those who do not sleep too much to reduce obesity 47.37 %, sometimes adopters were 2.63 % and 50 % have not adopted this method. 84.21 % do not take-home remedies to reduce obesity, and 86.84 % do not take other remedies also. 13.16 % took certain medications

to reduce obesity, 13.16 % did not take other medication, 2.63 % normally took home remedies and 84.21 % and 86.84 % of respondents were not taking any home remedies or other drugs to reduce obesity. Only 34.21 % of respondents strongly adopted and 2.63 % sometimes or normally adopted do not eat junk, readymade, salty, sweet foods, alcohol, or other beverage to reduce obesity. But 60.53 % have neglected these behaviours or have not adopted these activities to reduce obesity.

Likewise, only 10.53 % strongly adopted it and 7.90 normally or sometimes adopted not eating or fasting once a week but 73.68 % were not adopted fasting once a week. 26.31 % adopted eating bread once a day (especially at dinner) to reduce obesity, 2.63 % formally adopted it, 18.42 % sometimes adopted and 52.63 % have not adopted the behaviour. Similarly, 36.84 % of respondents said they were not sleeping immediately after eating, but 7.90 and 2.63 % of respondents normally or sometimes adopted immediate sleeping after eating day or night and 52.63 % of respondents have neglected this behaviour to reduce obesity.

Discussion

This study was done to find out the lifestyle adopted by obese people and its effect on health and the steps taken by the individual to minimize the effect. It was

found that there was a problem of obesity in a community due to lifestyle changes or unmanaged lifestyles of people. It is assumed that the incidence of obesity is not low but high due to increasing urbanization, change in food habits, lack of physical activity, and a sedentary lifestyle of people.

The data shows that out of a total of 170 respondents, 38 people's (22.35 %) BMI was found to be abnormal. The majority of respondents (18.82 %) belong to the age group of 30-34 years but a male child aged six years was found to be obese. 55.26 % of respondents said eating several times a day. Similarly, 71.05 % of respondents absolutely agreed about obesity is increased by eating non-vegetarian food, and 42.10 % of respondents absolutely agreed the cause of obesity was eating junk food, fast food, sweet, oily, salty, spicy food, and carbonated drinks.

Jacobs (2006) mentions in the study entitled *fast food and sedentary lifestyle: A Combination that Leads to Obesity* mentioned 28 % of obesity increase among those who ate fast food, junk food and soft drinks. Similarly, in the study, it is seen that people who eat a lot of food and eat frequently have an increase in obesity, while those who live a sedentary lifestyle. Similarly, in this study it is found that most people become obese because of eating more food, eating too often, eating fast food, junk food, and soft drinks and

living a sedentary life. Moreover, Inyang and Okey-Orji (2015) found that between 50 – 75 % of adults aged 35 – 64 are either overweight or obese among the European population, 90 % of type-2 diabetes in women is associated with overweight, unhealthy diet and physical inactivity which are resultant effects of sedentary behaviour. 64% showed a greater risk of cardiovascular impairment.

The majority of obese respondents belong to middle-aged, a total number of 18 obese respondents (47.36 %) had their voluntary blood tested by accepting the researcher's request and counselling. Six (33.33 % out of 18) of them were diagnosed with a thyroid problem (hypothyroidism). Similarly, two out of 18 respondents (11.11 %) who took the blood test had a diabetes mellitus problem. During the study, the researcher checked the blood pressure of all the respondents. Three (7.89 %) of the obese respondents had high blood pressure.

The result of this study reinforces the association between healthy lifestyle habits and decreased obesity-related mortality risk. This finding is of great importance to both patients and healthcare providers. The researcher has been unable to cover the test of thyroid, cardiovascular and diabetes mellitus problem in obese people which are the main causes or effects of obesity and needs to be studied. The study also could not be done in large areas

and different societies. So, the researcher would like to suggest that further detailed studies are necessary in different communities about the different lifestyle problems which are emerged in the world including Nepal and the health effects of these problems.

The researcher suspects that a sedentary lifestyle is a major cause of obesity. Because energy intake may be determined, in part, by energy expenditure. There is a failure of homeostasis in a sedentary lifestyle because of its accompanying low energy expenditure. When a person does no physical work, the body will not recognize that it is being overfed. Sedentary persons may lose the innate ability to compensate for inactivity by reducing their eating.

CONCLUSION

This study is to study the lifestyle of obese people and its effect on health and the steps taken by the individual to minimize the effect. It can be concluded from the study; obesity is an important public health problem. Based on the findings from the study of many articles and analysis of primary data of this study, the following conclusions were drawn in the context of the objectives set out for this study.

Eat more food, eat more often a day, consume more fish, meat, eggs, milk, etc., eat more readymade foods, junk

food, carbonated drinks, sweets, and salty foods, eat fewer vegetables and fruits, etc. represent the main causes of obesity. Apart from these things, obese respondents have stated that they have become obese due to a lack of physical exercise or yoga and a mostly sedentary lifestyle. The respondent stated that obesity has affected their health. In particular, they are uncomfortable walking, unable to perform work, not sleeping well, hyperacidity, and shortness of breath, and most of them have expressed high blood pressure, high cholesterol, and diabetes due to obesity. There is no sufficient study and data in Nepal about the incidence of obesity. Considering the main gap, the researcher has decided to focus on a study of obese people. The researcher wants to find out about the lifestyle of obese people in Kawasoti Nawalpur. and their lifestyle and the impact it has on their health.

The study found that among 38 obese respondents between the ages of 30 to 34 years found to be overweight (23.68%), most (57.89%) were found to be in the 25-29.9 BMI or overweight category, the most common causes of obesity are found in those who do not practice physical exercise or yoga (84.21%), obese respondents cited obesity most affects the high blood pressure and heart problems (26.31%). Although obese people were more concerned about their obesity. However, it has been found that most respondents do not take any

measures to lose weight. For example, some respondents do not practice eating less food 65.79%, do not exercise 78.95%, drink alcohol or beverage 60.53%, do not have a fast minimum of once-a-week 73.68%, etc.

The researcher would like to suggest that there are many obese people in the community and many causes of obesity have emerged. The researcher also suggests to health institutions or concern levels to prevent such non-communicable diseases; should plan and implement the health awareness program and conduct health checkup camps regularly in the community. Topics that the researchers have been unable to cover include an increase in thyroid problems, which is one of the main

causes of obesity and needs to be studied. Similarly, the most important problem caused by obesity needs to be specialized research on hypertension, coronary heart disease, and diabetes mellitus.

Sedentary lifestyle and behavioural factors have been implicated in various health risks including obesity studied in this research paper. Physically inactivity, unhealthy diet and obesity associated with a sedentary lifestyle are health risks for cardiovascular disease, diabetes, stroke, cancer and many more non-communicable diseases which are now on the increase in developing and developed countries creating the most burden nowadays. So, these types of studies are more important and valuable.

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