RESPONSIBILITY FOR HEALTH

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# **Introduction**

The concept of obesity is slowly becoming a significant and public based health challenge that has developed a high level of moral panic all across the world addressing towards obesity crisis. The overall prevalence of obesity is rising to two kinds of folds among small children, teenagers and adult in last ten years all over the world. The situation has further part of the burden of numerous diseases in so many nations as well as also have high cost of healthcare which has contributed to the obesity. Despite of recognizing the efficient approaches in order to thwart the international pandemic related to obesity, it is also crucial to gain clarity on so many underlying reasons based on obesity. This further shows all kind of arguments that the concept of obesity can be caused by the single choices of lifestyle or because of broader social elements of health (Ágh et al, 2016). It further gives rise to so many questions that whether the concept of obesity is an outcome or because of social elements of health. It also gives rise to so many questions that whether the concept of obesity is an outcome of the biology that is forming the concept of obesity as a matter of society-based issues. The report also addresses with the various elements of obesity and the association that exist between the social elements and individual-level of lifestyle options. It can also address with so many challenges elements as well as implication for dealing with the concept of obesity.

# **Discussion**

The overall nature and overall scalability of obesity is on so many layers as well as based on multiple factors. There is no single reason related to obesity. There are so many debates relate to the nature and reasons related to obesity. It can be discussing as a medical situation where there is a lot of accumulation of fat that has a bad impact on the health. It is associated with decrease of life expectance or associated health issues. People are also considered obese related to the body mass index also called as BMI that decides the obese situation when it further exceeds thirty kilograms (Arena et al, 2016). It can be measured by actually dividing the weight of an individual by square of the height. It is highly useful to calculate the level of population to evaluate the stages of obesity in every kind of age groups. The overall nature of obesity is decided by the factor BMI that actually anticipate the body fat. The concept of obesity can be categories into three categories. The overall range of BMI can be defined by the level of risk associated with the obesity. BMI when exist between the ranges of twenty-five to twenty-nine it shows overweight as well as not an obesity situation (World Health Organization. 2015). The first class is known as the low-risk stage of obesity where the overall BMI is between 30 as well as 34. Then there is moderate-risk kind of obesity which is also called as class 2 and then comes the high-risk obesity occurs when the overall BMI is higher than 40.

As per the WHO also called as World Health Organization, the overall scale of obesity challenges has exhibit with a rising level of trend. As per the year 2014, there were more than one billion adults as well as over six hundred people were part of obesity. The world population mostly is highly suffering from the concept of obesity as well as is normally be part of the burden of so many diseases. WHO has been defined the obesity challenges as an international epidemic and can be categorized as chronic level of diseases. The crisis of obesity is one of the challenges that skyrocketing in so many nations and that to developed nations like Australia (Arnold et al, 2016). There are number of studies that are conducted shows that the rate of obesity will rise to thirty five percent from just twenty eight percent as a part of adults in Australia. The overall nature of obesity in a country like Australia shows that younger people are constantly gaining high amount of weight than any other middle age person. This also shows that lifestyle of a person and various factors related to it are the cause behind the obesity among many young people of Australia (Wilkie et al, 2016).

There are so many factors behind obesity. The overall balance between the intake as well as the calories along with overall energy related expenditure decided the weight of the person. The common reasons of obesity are actually lack of exercise and overeating. This is why, gain in weight become the outcome of genetics, metabolism, behaviour, culture and environment. Deficiency in leptin is considered as a genetic reason that is part of constant fat regulation (Blake-Lamb et al, 2016). The concept of overeating is another reason of gain in weight where high amount of diet in carbs along with high saturated fat consumption results in obesity. Number of times eating also has an association with gaining the weight where small amount of constant meals is an outcome of stable level of insulin stages and large amount of meals is a reason behind the level of insulin spikes. Lifestyle which is sedentary addressing burning of some calories as well as it is highly correlated to gaining in weight. The disorder in endocrine also is the reason obesity like Cushing syndrome or in some cases hypothyroidism (Cox et al, 2016).

While looking at a broader aspect, the societal elements of healthcare are the important reason behind developing the condition of obesity. Gaining clarity on the determinants of obesity also assist in effective level of prevention interference as well as policies that deal the issues related to obesity. These determinants of obesity further cross the age, gender, ethnicity, status of education and behavioural elements like there is lack of workout, consumption of alcohol and low stage of income stage. Apart from all the elements or determinants related to obesity, societal determinants have the potential, associated to obesity (Draper et al, 2015). The people related to low socio-economic level or status also called as SES which shows inclination of obesity and associated risk. The low stage of education among the low level of SES community is highly becoming obese along with poor level of housing are also obese. But, in high-incomes nations, people have high level of SES are adapting healthy kind of living with constant exercise along with healthy type of eating. Moreover, on the other hand, the issues of malnutrition can be replaced by overconsuming as well as this highly impacts the SES stage among the low- and high-income nations. People based on high SES be part in functions like to see TV, shopping as well as unhealthy eating that be part of high level of BMI along sedentary kind of lifestyle (Edelman et al, 2017).

High consuming of wrong food as well as fast food, large size of portion, lacking of physical exercise as well as high consumption of beverages consuming among the high level of SES group have the strong impact on the concept of obesity as well as energy level of expenditure. This actually show that the concept of obesity can be caused by people lifestyle options. People that stay as a part of close proximity to the restaurants serving fast food that have high level of obesity. In addition, there are number of researches that shows that the concept of obesity has slowly becoming a natural level of extension of the advance economy (Findley et al, 2016). The comfortable accessibility food present at a low expense are making people and eat more amount of fast food with less exercise since labour saving machineries are making the concept of obesity a lifestyle options because of adoption of sedentary kind of lifestyle.

There are so many environmental elements like society features where accessibility to unhealthy food products like in urban or rural place also be part of burden of obesity. Factors related to individual are also the elements of obesity like individual factors related to depression (Reece et al, 2016). People related to low level of SES community have the low level of education are more and more exposed to obesogenic level of ambience. The concept of education is the main determinant of obesity that required to be dealt. Age is also deciding element for obesity where it is highly prevalent among women than any men (Fine & Asch, 2018). At the time episodes of depression, an individual is highly addicted to binge eat where they eat foods in uncontrolled manner.

These kinds of elements completely encompass the social, cultural, individual and economic elements consisting of the behavioural reasons that have serious kind of implications. It is crucial to deal such determinants that can aid in the growth as well as execution of health-related promotion, preventing the obesity as well as reducing among people and the society level. Such elements are associated to one another that helps in obesity issues (Rice et al, 2016). People and societal elements impact the lifestyle of people that is part of high BMI or obese situation. The environment elements also impact the behaviour of people towards consumption of high food and less amount of energy expenditure that further leads to obesity. The single elements also impact the obesogenic situation in direct manner like socio economic elements, genetic elements and individual reasons like for instance, depression. The discussion in eth report is about so many elements based on obesity defining that they all be part of obesity where all the behavioural causes along with lifestyle are the main factors behind obesity (Sabin & Kiess, 2015).

As the lifestyle of people and elements surrounding it impact the obese situations to a large extent, it is the accountability to deal with obesity on the personal level. The impact of unhealthy lifestyle options has the detrimental impact on the life quality and various vulnerability to associated risk causes of obesity. It is crucial to deal with unhealthy lifestyle options to hinder the burden of obesity as well as high cost of healthcare (Sallis et al, 2015). At the same time, it is not explicitly mentioned, it is clear that it is the accountability of the people and society to deal with unhealthy approach towards life. Behavioural changes and execution of strong policies is the accountability of people and the society to deal with obesity challenges.

# **Conclusion**

The concept of obesity is an important public health challenge that is part of the overall burden of the disease. The societal and individual elements are the main factors that can be considered as the main reason of obesity among the whole population. The BMI is considered to calculate the class of obesity as well as the obese situation. It also has the risk elements like consuming fast food, no or less physical exercise and lifestyle which sedentary by nature helps in increasing the rate of obesity (Ulijaszek & McLennan, 2016). Change in the lifestyle along with behavioural modifications are needed to deal with such issue of obesity. The overall implications of the people or behavioural facts requires to be dealt so that it can help in mitigating the issue of obesity.

# **Reference**

Ágh, T., Kovács, G., Supina, D., Pawaskar, M., Herman, B. K., Vokó, Z., & Sheehan, D. V. (2016). A systematic review of the health-related quality of life and economic burdens of anorexia nervosa, bulimia nervosa, and binge eating disorder. *Eating and Weight Disorders-Studies on Anorexia, Bulimia and Obesity*, *21*(3), 353-364.

Arena, R., Lavie, C. J., Cahalin, L. P., Briggs, P. D., Guizilini, S., Daugherty, J., ... & Borghi-Silva, A. (2016). Transforming cardiac rehabilitation into broad-based healthy lifestyle programs to combat noncommunicable disease. *Expert review of cardiovascular therapy*, *14*(1), 23-36.

Arnold, M., Leitzmann, M., Freisling, H., Bray, F., Romieu, I., Renehan, A., & Soerjomataram, I. (2016). Obesity and cancer: an update of the global impact. *Cancer epidemiology*, *41*, 8-15.

Blake-Lamb, T. L., Locks, L. M., Perkins, M. E., Baidal, J. A. W., Cheng, E. R., & Taveras, E. M. (2016). Interventions for childhood obesity in the first 1,000 days a systematic review. *American journal of preventive medicine*, *50*(6), 780-789.

Cox, D. N., Hendrie, G. A., & Carty, D. (2016). Sensitivity, hedonics and preferences for basic tastes and fat amongst adults and children of differing weight status: A comprehensive review. *Food Quality and Preference*, *48*, 359-367.

Draper, C. E., Grobler, L., Micklesfield, L. K., & Norris, S. A. (2015). Impact of social norms and social support on diet, physical activity and sedentary behaviour of adolescents: a scoping review. *Child: Care, health and development*, *41*(5), 654-667.

Edelman, C. L., Mandle, C. L., & Kudzma, E. C. (2017). *Health promotion throughout the life span*. Elsevier Health Sciences.

Findley, K., Williams, D. R., Grice, E. A., & Bonham, V. L. (2016). Health disparities and the microbiome. *Trends in microbiology*, *24*(11), 847-850.

Fine, M., & Asch, A. (2018). Disabled women: Sexism without the pedestal. In *Women and Disability* (pp. 6-22). Routledge.

Reece, L. J., Bissell, P., & Copeland, R. J. (2016). ‘I just don't want to get bullied anymore, then I can lead a normal life’; Insights into life as an obese adolescent and their views on obesity treatment. *Health Expectations*, *19*(4), 897-907.

Rice, K., Te Hiwi, B., Zwarenstein, M., Lavallee, B., Barre, D. E., & Harris, S. B. (2016). Best practices for the prevention and Management of Diabetes and Obesity-Related Chronic Disease among indigenous peoples in Canada: a review. *Canadian journal of diabetes*, *40*(3), 216-225.

Sabin, M. A., & Kiess, W. (2015). Childhood obesity: current and novel approaches. *Best Practice & Research Clinical Endocrinology & Metabolism*, *29*(3), 327-338.

Sallis, J. F., Owen, N., & Fisher, E. (2015). Ecological models of health behavior. *Health behavior: Theory, research, and practice*, *5*, 43-64.

Ulijaszek, S. J., & McLennan, A. K. (2016). Framing obesity in UK policy from the Blair years, 1997–2015: the persistence of individualistic approaches despite overwhelming evidence of societal and economic factors, and the need for collective responsibility. *Obesity Reviews*, *17*(5), 397-411.

Wilkie, H. J., Standage, M., Gillison, F. B., Cumming, S. P., & Katzmarzyk, P. T. (2016). Multiple lifestyle behaviours and overweight and obesity among children aged 9–11 years: results from the UK site of the International Study of Childhood Obesity, Lifestyle and the Environment. *BMJ open*, *6*(2), e010677.

World Health Organization. (2015). *Interim report of the commission on ending childhood obesity* (No. WHO/NMH/PND/ECHO/15.1). World Health Organization.