Research Proposal: Childhood Obesity

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Research Proposal

The Prevalence and Risk Factors of Childhood Obesity in School Children in New York City

# Introduction

Obesity, a widespread condition in the world, is associated with the presence of abnormal, excessive and unhealthy amounts of fats in the body tissue. This condition causes an individual’s ideal weight to increase by 20 percent. Other than affecting their self-esteem, obesity takes a huge toll on the health and wellbeing of children (Franks et al., 2010). The prevalence of obesity is a major health concern in both the developing and the developed part of the world. However, childhood obesity is one of the most prevalent disorders among children in the United States. While it is higher in some ethnic groups as compared to others, the total average of those suffering from obesity is way above average. According to NHANES i.e. the National Health Nutrition Examination Survey, obesity is an issue that affects all pediatric ages, genders, different races, and ethnicities (Ogden, Carroll, Kit, & Flegal, 2014). The main risks associated with this condition, especially in young children, includes the development of a number of chronic illnesses such as diabetes and heart diseases. It also has social effects on the children, affecting their relationship with their peers, leading to the development of stress, low self-worth and even bad attitude (Williams & Fruhbeck, 2009). The main causes of the problem find its roots in unhealthy eating habits, insufficient physical activity, environment, genetics, metabolism, hormonal imbalance, lifestyle, or a combination of all the mentioned factors. However, only ninety percentage of cases of obesity are caused by idiopathic reasons. Only ten percent are because of genetics or hormonal causes.

# Review of the Literature

## Background of the problem

In the last three decades, the rise of obesity among children, as well as young adults is a health crisis that requires immediate attention. The recent trends observed in the US shows a positive inclination towards the elevation of the detrimental effects of obesity in society, however, more than thirteen million children still suffer from this terrible affliction. According to an estimate, more than thirty percent of children and young adults between the ages of 2 and 19 are considered overweight, with the percentage of them being obese exceeding seventeen percent (Ogden et al, 2014).

## Significance of the problem

It has been observed that obesity has both long term and short term effects on children as well as adults. They include an increase in the risk of developing a number of cardiovascular and metabolic conditions such as obstructive sleep apnea, liver disease, comorbidities as well as musculoskeletal disorders (Bleich, Segal, Wu, Wilson, & Wang, 2013). Obesity also impacts a child’s emotional and social wellbeing, affecting their levels of self-esteem, loneliness, and nervousness. It also increases their chances of developing eating disorders and high-risk behaviors. Children also may have to ace exclusion, bullying and stereotyping as a direct response to their weights.

Various recent studies have observed a direct link between childhood obesity and being bullied during teenage years. This not only affects the individual’s self-esteem but many such individuals continue to be obese in their adult lives (Bleich et al., 2013). Therefore, more research into developing new and inventive methods is needed that can help eradicate this issue and provide long term solutions to resolve childhood obesity.

While many studies have shown a direct connection between obesity and the consumption of junk food, citing it as the main contributor to obesity, various other things have been just as detrimental to the cause (Ogden et al., 2014). Various interventions, such as the Family-Based Behavioral Treatment Therapy (FBT), that have effective and long term effects. However, various other factors have reduced the effectiveness of such interventions i.e. the high costs associated with organic and healthy foods, such as fruits and vegetables. This also includes low or unavailability of healthy food choices and poverty, since a very limited number of households actually have access to healthier food choices. Additionally, interventions carried out by district schools address childhood obesity through nutrition alone, rather than the addition of any physical activity, especially among poor populations.

## Methodology and Instrumentation

Adoption of healthy eating habits is one of the very best eating habits that can be applied for the treatment of obese children (Waters et al., 2010, p. 163). The various measures that help keep up one’s healthy eating habits include regular eating, balanced diets, incorporation of fruits, starches, and fibers. Also, the addition of one hour of recommended physical activity on a regular basis is also a must to keep obesity at bay (Moreno, Pigeot, & Ahrens, 2011). Furthermore, parents should also help children in choosing the most appropriate activity for themselves. This includes various activities such as ball games and running, which the parents participate in as well.

To identify and employ the latest methods being used in society for the treatment and prevention of obesity, I would us peer reviews journal, medical journals and published books as the primary sources. I will follow this up with exhaustive research of professional websites and articles online using keywords that relate to the subject matter, as well as its preventive measures and strategies. Using the same criteria, I will also look up research papers detailing effective methodologies to elevate obesity. The same goes for researching and using empirical study methods to look up the most accepted and the most used standard of treatment and prevention for the disease. Here, government websites and other health publications will be an excellent source of the material.

In order to evaluate the behavior of obese children, as well as their caregivers and families, two methods will be used. The first one would be to obtain data research by other researchers as a secondary resource. Secondly, studies will be carried out using confidential questionnaires, followed up with one on one interviews using both sample and focus groups (Riess, Baker, Lambert, Mathiason, & Kothari, 2008). For the purpose of this study, parents and teachers will play the role of main respondents, since young children spent better parts of their lives with them. Additionally, observational tools will also be used for the purpose of research, aiding with the collection of data regarding the subject’s feeding habits, overall conduct, and exercise.

Lastly, synthesis, analysis, and evaluation of the collected data will be carried out, which will establish correlations between the present study and those carried out by other researchers. This will not only support and approaches used for the findings in this research, but they will also be consistent with national and international treatment plans and preventive measures.

# Purpose of the Research Study

**Purpose of the study**

The purpose of this study is to examine the impacts of physical activity programs in reducing the prevalence of obesity in primary and middle school aged children (5 to 14) in New York City.

**Research questions**

The following research questions are important to develop a deeper understanding of the present study;

1. What are the methods being used at present to reduce the prevalence of obesity among children? Have any of these methods bee successful?
2. Have any national or international preventive measures been put n place?
3. Describe the behavior exhibited by obese children?
4. What measures should be taken to decrease the spread of obesity, while treating the affected children?
5. Have school-based activity programs proven to be fruitful in any regard?
6. Does the intervention of some sort help these children reach their optimal BMI?

# Research Justification

This research focuses on finding the best methods and approaches available to get rid of obesity in school among school children, aged 5 to 14 years. This specific age group is chosen courtesy of the prevalence of obesity among school children in this particular age group (Davies & Fitzgerald, 2007). Obesity has detrimental effects on a child’s life, as their school as well as in their peer groups. This condition also increases the odds of such children acquiring but chronic health diseases, such as diabetes and heart problems. Therefore, the results obtained through this research will directly impact the spread of the illness, as well as find ways to treat those affected with obesity, directly impacting their quality of life. Finding the required solutions at an early age will also vastly decrease the chances of suffering from obesity later in life. The findings and the recommendations proposed in the study will be able to adequately satisfy the purpose of the study.

# Theoretical Framework

The Family-Based Behavioral Treatment Therapy (FBT), has proven itself to be a great method to elevate the detrimental effects of obesity in young children. The purpose of this therapy is to give in-depth care to young children using barrier/facilitator transition to treat obesity (Staiano et al., 2017). FBT works by staging a lifestyle intervention for obese children. This method involves their direct families/caregivers to set up elements essential for pediatric obesity intervention. As this theory has shown promising results in a number of studies conducted in recent years (Altman & Wilfley, 2015; Staiano et al., 2017; Wilfley & Balantekin, 2018), employing the same parameters here is going to be useful for the purpose of the study.

# References

Altman, M., & Wilfley, D. E. (2015). Evidence update on the treatment of overweight and obesity in children and adolescents. *Journal of Clinical Child & Adolescent Psychology*, *44*(4), 521–537.

Bleich, S. N., Segal, J., Wu, Y., Wilson, R., & Wang, Y. (2013). Systematic review of community-based childhood obesity prevention studies. *Pediatrics*, *132*(1), e201–e210.

Davies, H. D., & Fitzgerald, H. E. (2007). *Obesity in childhood and adolescence*. Greenwood Publishing Group.

Franks, P. W., Hanson, R. L., Knowler, W. C., Sievers, M. L., Bennett, P. H., & Looker, H. C. (2010). Childhood obesity, other cardiovascular risk factors, and premature death. *New England Journal of Medicine*, *362*(6), 485–493.

Moreno, L. A., Pigeot, I., & Ahrens, W. (2011). Epidemiology of obesity in children and adolescents. *Prevalence and Etiology, Nueva York: Springer*.

Ogden, C. L., Carroll, M. D., Kit, B. K., & Flegal, K. M. (2014). Prevalence of childhood and adult obesity in the United States, 2011-2012. *Jama*, *311*(8), 806–814.

Riess, K. P., Baker, M. T., Lambert, P. J., Mathiason, M. A., & Kothari, S. N. (2008). Effect of preoperative weight loss on laparoscopic gastric bypass outcomes. *Surgery for Obesity and Related Diseases*, *4*(6), 704–708.

Staiano, A. E., Marker, A. M., Comeaux, J., Frelier, J. M., Hsia, D. S., & Broyles, S. T. (2017). Family-based behavioral treatment for childhood obesity: caretaker-reported barriers and facilitators. *Ochsner Journal*, *17*(1), 83–92.

Wilfley, D. E., & Balantekin, K. N. (2018). Family-Based Behavioral Interventions for Childhood Obesity. In *Pediatric Obesity* (pp. 555–567). Springer.

Williams, G., & Fruhbeck, G. (2009). *Obesity: Science to practice*. John Wiley & Sons.