The Issue Of Obesity In UK

In this essay, I will discuss obesity in adults and the effect it has on their health and lifestyles. The focus of this essay will be on United Kingdom (UK) population. Obesity is known as the fat that is present in the body which is extra and can be harmful in a way of causing disability, cardiovascular disease, diabetes, cancer, high cholesterol, or death (Agha, 2017). Body Mass Index (BMI) is used to calculate obesity. BMI can be calculated by using a person's weight in kilograms, divided by person height in meters (Bhaskaran et al., 2014). If the BMI of a person is above 30, it is classified as obese, below 25 is said to be overweight (Khorgami et al., 2015). In the past, it is observed that obesity is only present in the countries with high income but now the countries with low income are also facing this problem (El-Sayed, 2012).

In Europe, UK has the highest obesity rate with 26.9%. One person in every four is suffering from obesity in the UK. Among the 100% population of the UK, it is said that 61.7% of the people are either obese or overweight (Ogden, et al. 2015). Scarborough et al. (2011) stated that UK's highest obesity rate is mostly due to poor diet and lack of exercise. Managing the weight of patients is the most leading practice for nurses. Nurses play an important role in identifying if a patient is obese or at risk to become obese and should be able to support this patient by giving them advice (McKee, 2017). This discussion is about the leading problem like obesity and socio-economic factors that are affecting it, like education, environment, or green space. Also, the impact on gender and ethnicity along with physiological factors like depression and stress will be discussed. The policies to tackle this health issue will also be discussed.

There are a few signs, which are estimated to find out the inequalities of obesity. The factors that are listed up to define the estimation of obesity, relate to logical regressions and overweight rate for every group that is social or economic. These copies are used for the scope of categories in which gender, age, ethnicity, occupation status, and the status of health are included. Many socioeconomic factors affect obesity, such as housing, education, environment or Green spaces, health literacy, and income (Ogden et al., 2015).

Three possible types of relationships are built between education and obesity. The first one is the random relation that is formed to improve obesity to increase the number of education, the second one is a reverse random relationship that demonstrates, a better education leads to a healthy life and thirdly, the relationship is the absence of the random link between health and education by which education and obesity both are ignored (Bodor et al., 2010). Scrivano et al. (2017) said many factors are unobserved and have a major effect on obesity which may include the background of the family, their genetics, or the differences that individuals have. The above factors are also used to elaborate the fact that educated people are healthier. The people who are educated have use of the information related to health in a better way than the people who are less educated or not educated (Scrivano et al., 2017). Through education, the person has the ability to improve their thinking skills and access useful information. Patterson (2018) stated that people who have less education about the content of energy of food may lead their life towards obesity. Studies have shown that in lower social class, non-obese people have better food knowledge as compared to obese people of the same group (Kim, 2018). There is a possibility that people with high education can healthily set their lifestyles and have more knowledge about the risk that can make a person obese (Patterson et al., 2018). Although

studies have shown that, educated groups are most likely to eat healthier than non-educated groups, it is also likely they will eat unhealthy due to time factors (Mann, 2013). Educated groups can have a very busy schedule, that time will not permit them to cook healthy food at home. So, although they are aware that it will be healthier to cook a meal at home than to buy, they will still order meals from restaurants to save time. This type of habit can also increase obesity in educated groups. It is known that there are several methods by which the effect of education obesity is driven out. This link is important as it results in many policies related to education, to set trends in education-based policies.

The interaction between genetics and the environment is considered as the midway to regulate balanced energy and the weight of the body (Choquet, 2011). However, genetic have impacts on the weight of the body and has gained attention in the past years. There is a noticeable increase in the popularity of obesity in the last 30 years. Mayne (2015) said that environmental change is known to be the biggest factor of obesity. Interaction of the environment that is said to be gene-environment interaction, is the one in which the genetically capable individuals had a major risk to develop obesity. Such an environment has a facility of high energy intake and the expenditure of energy is low (Mayne & Auchincloss, 2015). Environment goes towards weight gain when there is the absence of energy-dense foods and decrement in the demand for physical activities (Mayne et al., 2015).

Gretebeck et al. (2017) demonstrated that in the past years, there have been several studies that were done, and these studies resulted in the rate of health-related quality of life in women are lower than the men. This is not only figured out in the people who are healthy but also figured in the people that are under medical treatment (Gretebeck et al., 2017). Whereas the health-related quality of life for individuals that are suffering from severe diseases is less in females as compared to males. Jonikas et al. (2016) by studying the relationship between health and obesity, it is concluded that obesity is directly proportional to the health rate. It takes place among the people who have low health-rate. The direct cause of obesity is not clear, yet it is a reason for many major health issues (Jonikas et al., 2016). Women who are suffering from obesity have lower health rates as compared to men. In the UK, obesity is high in women as compared to men. There are 25% of men who are obese and 30% of women who are suffering from obesity in the UK (Jonikas et al., 2016). There are more obese women than men because women are more susceptible to obesity due to physiological features. However, the difference between women and men is not much.

Obesity is one of the main challenges that are faced by people all over the world. Obesity affects the countries that are developed or the countries that are still developing. Around 244 million people in the world are migrating from the countries they were born in and living in other countries. Ethnically, there are structured patterns that occur in the commonness of obesity. The most important thing is to understand the nature of these relationships in the formation of the policy for the prevention of obesity. Khorgami (2015) said in the UK, the rate of obesity of black people is higher than white people, 51% of black people are suffering from obesity. These obesity problems in different ethnicities can be avoided by making efforts in creating a better and healthy environment for living. There are three factors on which obesity in different ethnicities depends (Khorgami et al., 2015). First are the differences in behaviors of different ethnic groups directs towards obesity. Second the differences between the attitudes of the individual and the cultural norms that are related to how the weight of the body affects obesity. Lastly, the factor that affects obesity is the affordability of healthy food. Healthy foods tend to be very expensive and working families with low income may not be able to afford expensive foods.

They will be limited with time and therefore will not be able to do the constant shopping for cheap healthy foods. So, they will rather go for cheap and unhealthy foods or whatever is available to eat. A great public response is needed to reduce the effects of obesity in different races and ethnicities. Moreover, the policies, programs, effort from the government, and the environment that plays supportive roles are also needed to overcome obesity (Khorgami et al., 2015).

Mannan et al. (2016) state that the connection between obesity and depression is not a one-way connection. It is observed from the studies that both obesity and depression feed each other. It is a self-destructive act. According to the researches, it is said that obese people are suffering more from disorders that are related to moods like depression, as compared to those who are not suffering from obesity (Mannan et al., 2016). There are many negative causes of obesity such as low self-esteem, poor self-image, and social isolation, these all factors are known as the main contributors for causing depression. People suffering from obesity found themselves stereotyped and discriminated against. Obesity also leads to many chronic diseases like diabetes or hypertension that has a great link with obesity (Mannan et al., 2016).

Stress and obesity has also a dual relationship with each other. The impact of stress and the health of people vary from person to person. Tomiyama (2018) many people gain weight during stress. People suffering from stress usually prefer comfort food that contains a great amount of fat and sugar. Which act as the stress releaser to the brain (Tomiyama, 2018). This is also observed that the people who are suffering from stress usually eat more snacks and that meals and intake of vegetables are fewer, this leads a person to be obese. These people also do not get themselves involved in physical exercises as stress is the main cause to promote physical inactivity. Workplace stress causes a person towards consuming fast food which results in obesity (Tomiyama, 2018).

Our Health guidance was mainly set to target obesity in adults and the health risk involved. Health professionals, including nurses, have a duty of care to educate themselves with resources and services available in their community or at their workplaces. Health care professionals must build a good relationship with their patients to advise them on health risks concerning obesity and the right path to take to help them in gaining a healthy diet, a healthy weight, and a healthy lifestyle. This advice includes physical activities and even psychological help if needed. Our Health guidance was also set to improve health and wellbeing in communities or societies to make them aware of the importance of physical activities, like exercise.

According to the NMC (Nursing and Midwifery Council) code of conduct, nurses must avoid bias and everyone should be treated with respect (NMC, 2015). Obese people stay longer in the hospital because they take a long time in recovery, so the nurses should particularly act polite to obese people (Jonikas et al., 2016). It is likely for some obese patients to stay longer in hospitals, depending on how effective the medications are. An example of this could be an obese patient with diabetes. They will have to stay in hospital even after their treatment to ensure their blood sugar is stable.

A nurse plays a leading role in the reduction of obesity. As is stated by Lineberry and Ickes (2015) that nurses should have to prevent illness and work for the betterment of the health of the individuals. A nurse plays a major role when it comes to obesity, as the doctors are not always present with the patient, but nurses do. So, the patient listens to them as they take care

of them during their stay at the hospital (Lineberry & Ickes, 2015). A nurse can prevent a patient from being obese by giving the patient a proper diet chart and by keeping the check and balance that either the patient is following the diet or not. A nurse is also capable of referring obese patients or patients at risk of obesity to dietitians for help. The motivational sessions of nurses with the patients will have a great impact on them and they will be able to recover soon. Legally nurses owe the patients who are obese, and the nurses are responsible for their actions. Nurses should provide primary care to obese patients, the care like self-referral, GP referral, and the referral to acute care with the guidelines to lose the weight before the procedure is started (Lineberry & Ickes, 2015).

A great part of the people with low education is the one who is suffering from obesity. In the UK, a few people of the higher socioeconomic group are the victims of obesity. The people who have low education suffer more than the people from high education because they can build an understanding about the food that is harmful to them or the food that can cause obesity. Nurses play a role in preventing obesity as they are the one who stays 24/7 with the patients, patients' starts listening to them more. Many physiological factors affect obesity. These factors are all related to obesity. With physiological factors, there are some socio-economic factors as well which majorly affect obesity.