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Here are some examples of how to write a  
thesis statement for an obesity research  
paper: The main cause of obesity is  
determined to be surfeit and unhealthy diet.  
Obesity can be prevented no matter what  
genetic penchants are. Except for being a  
problem itself, obesity may result in diabetes,  
cancers, cardiovascular diseases, and many  
others.

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## Most Downloaded Obesity Research & Clinical Practice ...

This paper goes into detail to elaborate on the health implications of obesity including mental health problems, increases in blood pressure as well as sleep problems. What is Obesity As opposed to the adage of fat and happy, being obese is by and large not a condition of joy by any means, and is frequently connected with major mental weight and dejection.

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The BMI measure applies to all sexes and ages. It should be considered a rough guide that can enable one to know when they are at risk of obesity. This paper focuses on obesity as the main cause of health problems in the modern world. Overview. Obesity is regarded as one of the leading causes of

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We have included papers that evaluate (1) the epidemiology of body weight and obesity, (2) the relationship between body weight and cardiovascular disease, and (3) the effects of environmental, genetic, and other factors on body weight and obesity.

## Epidemiology of Body Weight and Obesity

### Most Important Outcomes Research Papers on Body Weight ...

Author ' s Note This paper was prepared for the 2014 APA TOPSS Competition for High School Psychology Students.

Childhood Obesity 2 Abstract Obesity is a chronic health condition that is increasing at alarming rates in the United States, particularly among low-income children. This literature review examines several of the factors that place low-income children at

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risk for developing obesity: environmental (i.e., lack of access to healthy affordable food and media exposure to commercials for ...

Running head: Childhood Obesity 1

For instance, the obesity policy paper will focus on measures of improving awareness about the disease and pushing the society to embrace a healthy lifestyle. Another aspect that seems to suggest that the objectives of this proposal are achievable is engaging the community stakeholders in fighting the war against obesity.

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assignment. The research is done thoroughly and content written from scratch. ...

## Sample Research Paper on Exercise and Obesity

Obesity is a chronic disease characterized by excessively high body fat in relation to lean body mass. In the last 20 years, people started complaining that fast food is the main cause of rising obesity. However, a lot of research proves that fast food is not the source of obesity.

## Obesity Essay | Bartleby

The aim of Obesity Research & Clinical Practice (ORCP) is to publish high quality clinical and basic research relating to the epidemiology, mechanism, complications and treatment of obesity and the complication of obesity. Studies relating to the Asia Oceania region are particularly welcome, given the increasing burden of

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obesity in Asia Pacific, compounded by specific regional population-based and genetic issues, and the devastating personal and economic consequences.

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60 unique and easy Childhood Obesity research paper topics ...

Excerpt from Research Paper : Obesity is a public health problem that requires immediate intervention. One third of Americans are obese, clearly marking obesity as an epidemic (CDC, 2014).

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Obesity is not just an aesthetic problem.

Obesity Is A Public Health Problem That  
Research Paper ...

Obesity in America Over the years the obesity rate in America has increased significantly. From 1990 to 2016, the average percentage of obese adults increased from 11.1% to 29.8%. The escalating obesity rate in America has made obesity prevention one of the top public health priorities. Being overweight has become the new normal in America.

Obesity America Essay | Bartleby

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Childhood obesity is highly prevalent in the U.S. and has become a global epidemic. The 2007-2008 National Health and Nutrition Examination Survey data showed that 17% of U.S. children and adolescents (ages 2 – 19) years were obese, and over 30% were overweight or obese. Childhood obesity leads to obesity in adulthood and many other serious health conditions, such as cardiovascular, metabolic, and psychosocial illnesses. To assess the effectiveness of existing childhood obesity prevention

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efforts, the Johns Hopkins University Evidence-based Practice Center completed a systematic review on childhood obesity prevention studies conducted in high-income countries. This report systematically reviewed seven key questions: What is the comparative effectiveness of school-based interventions for the prevention of obesity or overweight in children? What is the comparative effectiveness of home-based interventions for the prevention of obesity or overweight in children? What is the comparative effectiveness of primary care-based interventions for the prevention of obesity or overweight in children? What is the comparative effectiveness of childcare setting-based interventions for the prevention of obesity or overweight in children? What is the comparative effectiveness of community-based or environment-level interventions for the prevention of obesity or overweight in

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children? What is the comparative effectiveness of consumer health informatics applications for the prevention of obesity or overweight in children? What is the comparative effectiveness of multi-setting interventions for the prevention of obesity or overweight in children? Though the strength of evidence is moderate to high for school-based interventions, the limited number of studies and insufficient or low strength of evidence to support interventions in other settings made it difficult to conclude that interventions in other settings could effectively prevent childhood obesity. Based on the evidence gaps in these settings, we identified the following as Future Research Needs: Future research is needed on interventions delivered in settings other than schools or home. While there have been other reviews on the effectiveness of interventions on food and nutrition policies at school on changes

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in children's diet and school food environments, there are still gaps in the literature on some aspects, such as the impact of regulations on food availability and its impact on obesity prevention. Only a few studies that we reviewed used social marketing to deliver messages on nutrition, physical activity and health. This approach might be integrated with other intervention components to create an atmosphere favorable to healthy and active lifestyles and related behavioral changes. Further testing of the value of consumer health informatics products for obesity prevention is needed. In addition, there is a lack of evidence on the impact of regional or national policies on childhood obesity prevention. Further research might be conducted with stratified analyses on subgroups, such as by gender, age, race/ethnicity, or socioeconomic status. There were methodological limitations of the reviewed studies which suggest that

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future research might improve upon the methods. Few of the studies we reviewed reported process evaluation, which would provide useful insight regarding why some studies might detect desirable effect of the intervention. Future studies need to design innovative approaches that have a high likelihood of sustainability. This may be designed to take advantage of other existing public health, government or other organization supported programs or try to gain more support and engagement from related key stakeholders. The objective of this report is to prioritize the needs for research addressing gaps in the existing literature on the effectiveness of childhood obesity prevention programs by engaging expert stakeholders using a modified Delphi method.

Obesity is a serious and complex public health issue in Australia with many health



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and social consequences for individuals and communities. Government, commercial and community attempts to 'solve' the 'obesity epidemic' have often failed to respond to the complex socio-cultural causes of obesity. The voices and experiences of obese individuals have also been noticeably missing from public debates and discussions about ways to respond to these socio-cultural factors. This study sought to address a key gap in the obesity literature by: providing in-depth qualitative information about the ways in which Australian obese adults experience, perceive and respond to their obesity and obesity discourses; describing how individual characteristics and socio-cultural factors combine to influence these experiences and responses; identifying factors that obese adults think may improve their health and social experiences; and examining the complexities of the lived experience of

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obesity in Australian society. The study was guided by grounded theory techniques, which take an iterative approach to data interpretation and analysis. Semi-structured telephone interviews were conducted with a targeted sample of 142 Australian adults with a self-reported body mass index of 30 kg/m<sup>2</sup> or more. Thematic analysis and a constant comparative method were used to analyse the data. This thesis is comprised of five academic papers, which each reveal one aspect of the lived experience of obesity in Australia. The first phase of research (Paper One and Paper Two) explored how distinct individual characteristics, namely male gender and BMI, influence experiences of, and responses to, obesity. While there were clear differences between the ways in which subgroups conceptualised and responded to their obesity, all believed messages about personal responsibility for obesity and weight loss but found it difficult to act upon

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these messages. The second phase of research (Paper Three and Paper Four) examined how obese adults interact with different types of information about obesity, weight loss and health outcomes. These papers revealed that public health messages about obesity-related health risks can have undesirable health and social outcomes for some individuals. They also showed that the information provided by the weight loss industry resonated with the experiences of participants more than information provided by governmental and non-governmental public health agencies. The final phase of research (Paper Five) explored a social phenomenon that was common to the experiences of obese adults by investigating how weight-based stigma influenced the health and social experiences of obese adults. It revealed that stigma had negative health and social outcomes for participants, and that they received, felt and

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experienced different types of stigma in different ways. Collectively this body of work provides a more sophisticated understanding of a complex health and social issue. This research provides important information to help to tailor responses to obesity that more appropriately reflect the experiences and needs of obese adults.

Far from a sign of healthy prosperity and contentment, overweight and obesity are now considered high risk factors for a wide range of diseases including early death and disability, heart disease, diabetes, reproductive problems, cancer, breathing problems and arthritis. Obesity, now at epidemic levels in many countries, is defined as an excessively high amount of body fat or adipose tissue in relation to lean body mass.

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The amount of body fat (or adiposity) includes concern for both the distribution of fat throughout the body and the size of the adipose tissue deposits. This book includes within its scope the causal connection of obesity to diseases as well as the prevention and treatment of obesity. Leading-edge scientific research from throughout the world is presented in this book.

There is considerable rhetoric and concern about weight and obesity across an increasing range of national contexts. Alarmist claims about an ‘ obesity time-bomb ’ are continually recycled in policy reports, reviews and white papers, each of which begin with the assumption that fatness is fundamentally unhealthy and damaging to national economies. With contributions from the UK, Canada, the USA and Australia, this book offers alternative critical perspectives on this alleged public health

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crisis which were, in part, developed through an Economic and Social Research Council seminar series on Fat Studies and Health at Every Size (HAES). Written by scholars from a range of disciplines and the health professions, themes include: an interrogation of statistical procedures used to construct the obesity epidemic, overweight and obesity as cultural signifiers for Type 2 diabetes, understandings of healthy eating and healthy weight in a 'problem' population, gendered expectations on men and women to lose weight, the visual representation of obesity, tensions when researching (anti-)fatness, critical dietitians' engagement with HAES, alternative ways of promoting physical activity, and representations of obesity in the media. This book was originally published as a special issue of *Critical Public Health*.

Treatment outcome has certainly improved

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since Stunkard and McLaren-Hume (1959) reviewed the literature and found that less than 25% of obese patients lost 20 pounds or more and less than 5% lost 40 pounds or more. However, one of the few points on which almost all obesity researchers agree is that to date, our results are quite modest and we are generally unsuccessful in promoting effective weight maintenance among obese persons. As the title of a more recent article, "Improving long-term weight loss: Pushing the limits of treatment," (Brownell & Jeffrey, 1987, [emphasis added]) suggests, many believe that we have pushed our current treatment paradigms to the limit. It was with this background in mind that we organized the meeting from which these proceedings issue. The purpose of the three day international meeting was to evaluate the current knowledge base and conceptual paradigms of obesity treatment and to suggest directions for future research and

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clinical practice. Rather than simply for research reporting, the meeting was primarily for research generation. All speakers were established scientists in the field who were asked to summarize our state of knowledge in a given area rather than present the results of their latest research. Great efforts were taken to ensure that panel discussions occupied a central portion of the conference, and that the questions "What else do we need to know?" and "How do we find it out?" were consistently addressed.

Essay from the year 2007 in the subject Sociology - Children and Youth, grade: 1, Egerton University (BIOCHEMISTRY & MOLECULAR SCIENCE), course: BIOCHEMISTRY, language: English, abstract: Childhood obesity is seemingly becoming an enormous epidemiological challenge to the global healthcare system. In the past decade, prevalence rates of



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childhood obesity have assumed upward trends, in which developed countries record the highest percentages of obese and overweight children. However, prevalence rates in developing countries are increasing at a slow phase but, the overall obese children population remains relatively low. Therefore, this research paper will give an overview of the correlation between Socioeconomic Status and childhood obesity. Although there are many factors that put children at risk for childhood obesity, Social Economic Status seems to affect all risk factors that are responsible for the increase in childhood obesity.

Research Paper from the year 2010 in the subject Pedagogy - Pedagogic Sociology, grade: none, University of Dar es Salaam, language: English, abstract: This article is based on a study carried out from October, 2007 to May, 2008 that investigated the

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extent to which overweight and obesity were challenges among primary school children in Kinondoni and Njombe Districts in Tanzania. Systematic random sampling was used to select schools while stratified sampling and simple random sampling were used in selecting pupils and teachers who participated in the study. Measurement of weights and heights was done to determine Body Mass Index (BMI), while measurement of skin folds was done to determine body fat percentage. Close-ended questionnaires, semi-structured interviews and focus group discussions were used to collect data on the implications of overweight and obesity on health and learning behaviours. Findings of the study revealed that an average of 13.5% of children were overweight or obese. Hypertension, excessive sweating, teasing and peer rejection were common to obese children. In addition, overweight and obese children

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were reported to perform less than their peers in academic and physical activities. This study rerecommends among other things the establishment of education programs through mass media to raise people's awareness of how overweight and obesity affects children's health, social and classroom learning behaviours as well as performance. [...]

Obesity has clear and serious consequences for physical health, many of which emerge in adulthood. For obese children, poor psychological health may be the most obvious and immediate implication of their excess adiposity but the evidence to support this is mixed, particularly for community-based (i.e. non-clinical) groups. Given that associations between psychological health and body mass index (BMI) are likely to be bidirectional, longitudinal methodologies seem best suited to clarify the nature of these

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relationships. Furthermore, research conducted with community-based samples may be generalizable to the wider population of overweight and obese children. However, most research to date has been cross-sectional and conducted with clinical populations of obese children. In light of these evidence gaps, the first objective of this thesis was to determine the longitudinal relationship between psychological well-being and subsequent excess adiposity gain and obesity onset across childhood and adolescence. This was addressed in a systematic review (Paper 1) and a research paper (Paper 2). The systematic review, which selected population-based studies for maximum generalizability, suggested that poorer psychological well-being may increase the incidence of obesity and contribute to obesity persistence across adolescence. However, major limitations and

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inconsistencies were identified in the literature. Paper 2 of this thesis addressed a gap identified in the systematic literature review- the need for further good-quality research examining individual psychological predictors of adiposity change in the overweight or obese subgroup. It employed a longitudinal cohort of 5-9 year old children who were all initially overweight or mildly obese when they presented to primary care 4 years earlier. Parallel parent proxy- and child self- reported psychosocial measures were assessed as predictors of changes in body mass index (BMI; kg/m<sup>2</sup>) standard deviation scores (i.e. BMI z-scores). Results revealed little evidence that initial psychosocial functioning impacted on subsequent BMI z-score change. However, changes in several domains of psychosocial well-being, especially in relation to body-image and appearance, were associated with concomitant BMI z-score change. A strong

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degree of corroboration between parents and children strengthened the validity of the findings. The second objective of the thesis was to investigate whether and how BMI was associated with psychological outcomes among non-clinical overweight or obese children. Consistent with Paper 2, Paper 3 achieved this within a cohort of 5-9 year olds recruited from primary care for their overweight or mild obesity. Results confirmed that overall, psychological well-being at 4-year follow-up was weakly predicted by concurrent BMI and when impairments were found, they were most likely for peer and eating-behaviour domains. This study extended on existing knowledge by demonstrating that changes in BMI categories also contributed little variance to the psychological outcomes of initially overweight children. The implications of this research focus on informing effective prevention strategies to

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reverse the current trends in youth obesity. Recommendations include targeting poor psychological well-being prior to adolescence to yield the most benefit for preventing the onset of obesity. Intervention strategies for the quarter of children in the community who are overweight or obese could incorporate modules that target peer relationship and eating problems, the most relevant psychological comorbidities of excess adiposity. Enhancing well-being in these domains would be beneficial for immediate quality of life, future mental health and potentially initiate flow-on effects that improve physical health.

Eating Disorders have traditionally been considered apart from public health concerns about increasing obesity. It is evident that these problems are, however, related in important ways. Comorbid obesity and eating disorder is increasing at a

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faster rate than either obesity or eating disorders alone and one in five people with obesity also presents with an Eating Disorder, commonly but not limited to Binge Eating Disorder. New disorders have emerged such as normal weight or Atypical Anorexia Nervosa. However research and practice too often occurs in parallel with a failure to understand the weight disorder spectrum and consequences of co-morbidity that then contributes to poorer outcomes for people living with a larger size and an Eating Disorder. Urgently needed are trials that will inform more effective assessment, treatment and care where body size and eating disorder symptoms are both key to the research question.

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