

**RELATIONSHIP BETWEEN WORKING  
MOTHERS AND CHILDHOOD OBESITY**



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# **RELATIONSHIP BETWEEN WORKING MOTHERS AND CHILDHOOD OBESITY**



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FINAL APPROVAL OF THESIS

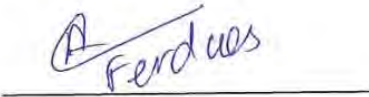
This is to certify that we have read the thesis submitted by Mr. Kamran Qaiser, it is our judgment that this thesis is of sufficient standard to warrant its acceptance by the Quaid-i-Azam University, Islamabad for the award of the Degree of "M.Sc in Sociology".

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## ABSTRACT

*Obesity and overweight are considered a multifactorial syndrome that can have a negative impact on the entire body's functioning. They were only highlight fast food consumption trends in developed countries, but in recent years, an abrupt rise has been observed in underdeveloped countries such as Pakistan. The purpose of the current study was to dig to which extent role of mothers in the childhood obesity particularly research comparatively analysis the role of working mother and non-working mother in Islamabad districts. The goal of the study was to find out what factors influence children's obesity. And the consequences for children's obesity. 100 working others and 100 non-working mother w were chosen using systematic random sampling, Questionnaire was employed to gather data from respondents. Theory of Mcdonalization describes that globalization can have both positive and negative impact on human lives as everything is easily accessible everything, we desire is on our doorstep, results of the research concluded that children of employed mothers are more likely to obsess that children of non-working women in Islamabad whereas. Children were found to be overweight and obese, according to the findings.an Overweight and obesity were caused by a variety of factors including socioeconomic position, household vocations, diet, and inactivity and busy routine of mother. Obese youngsters were more likely to experience hypertension, excessive perspiration, taunting, and peer rejection. In addition, obese or overweight children are said to engage in fewer physical activities. As a result, there is a need to figure it out. The research recommends that education initiatives be established through the media to promote public knowledge regarding the effects of obesity on children's social life, health, and learning habits and outcomes.*

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**CHAPTER NO 1**  
**INTRODUCTION**



Obesity and overweight are considered a multifactorial syndrome that can have a negative impact on the entire body's functioning (WHO, 2005). They were only highlight fast food consumption trends in developed countries, but in recent years, an abrupt rise has been observed in underdeveloped countries such as Pakistan (Villamor,2004). These countries used to be considered health issues of young people, but these issues are now seeming common in child's and adolescents (Wang, 2004). The current biological combination in Tanzanian children necessitates decreased fitness and increasing fatness, such a condition could lead to the problems like obesity (Kafyulilo, 2006). The core idea for conducting this study is the increased obesity among children experienced by the author during his previous study on obesity and overweight. In the first study, urban children were found to be extremely obese (Kafyulilo, 2006). Obesity is the result of long-term excessive energy intake relative to energy consumption. In practice, the underlying factors for obesity are diverse and are influenced by many individual and societal factors. The formation of an environment prone to obesity is influenced by several factors related to the structures and functions of society. The environment, in interaction with human biological and psychological characteristics and social and economic conditions, exposes many to weight gain that is detrimental to health.

The main reason for the obesity of the population is the change in the living environment and lifestyle to promote obesity. Lifestyles are affected by both the individual and the obese environment. Obesity is caused by, among other things, a reduction in work and daily exercise, as well as the easy availability of energy-rich foods, a wide range of products, affordable prices and large portion and pack sizes. Even the bulk of the population's weight gain over the last 30-40 years can be explained by the fact that the food

environment has become attractive for excessive energy intake. Thus, lifestyle guidance and the development of a care system alone are no longer enough, but broader societal efforts are also needed to tackle the obesity epidemic. An attitude of children towards fast food and emerging obesity disorders are found in the Children of developing countries particularly in Pakistan, the WHO statistics of 2017 figure out that every 6 children from 10 facing obesity disorders in Punjab Pakistan, the current research will investigate the factors involving in obesity disorders in children and their attitudes towards the fast-food consumption. Fast food is often referred as the foodstuff that can have no natural benefits and it can be made by using unsaturated fats (oil) within a short period (Ogden, 2000).

Fast food is frequently heavy in calories sugar, fat, and salt, and has little nutritional benefit. Chain usage of fast-food intake directly linked to major social and biological risks. A prominent disorder like Obesity is mostly caused by the excess calories and excessive levels of sodium, fat, and sugar found in fast foods. According to World health organization Obesity increase by double in children's and in adolescents in the previous 30 years. Obesity rates among teenagers aged 14–19 years increased from 6% to around 20%. In 2016, roughly one-third of teenagers were overweight or obese during the same time (American health department).

Obesity is defined as excessive weight in a person's body. Obesity and overweight are caused by "calorie deficiency" (the difference between calories consumed and calories burned per day), whereas several other factors tend to affect obesity and weight as well including genetic, environmental and behavioral factors. Obesity can cause long-term and short-term health problems, and even obesity can affect children's social behavior (Sherry,2007).

Obesity is most common among those who are suffering from childhood obesity. It can cause sudden death and disability in adulthood. But this disease is not limited here it can cause future health risks such as obese children may suffer from breathing difficulties, fractures risk also increases, hypertension high blood pressure is also common in childhood obese children, it can lead towards cardiovascular diseases, restrictions in the releasing of insulin also noticed apart from these various psychological effects have also been observed in the previous research. This disease widely shown in the areas of middle class or low-class families as they can't focus on their children food or nutritional requirements. That's why consuming healthy food has great impact on health of every individual.

Children and adolescents that are overweight are at a higher risk of developing heart associated disease, which often include high cholesterol and high blood pressure. Diabetes is a prominent disease. The blood glucose level is abnormally high, which is most obvious in obese adolescents, indicating a high risk of diabetes. Adolescents and children that are overweight, are even more susceptible to injury. Their bones and joints are abnormally weak, and they don't get enough sleep. They feel that social isolation is a risk of obesity (Maximova, 2015).

The physical activity and preferably the diet of children as well as the adolescents tend to be affected by not only the families, but the educational institutes as well. Moreover, institutions associated with childcare, health care providers, government agencies, the catering, and entertainment sectors also influence childhood obesity. The school tends to provide opportunities for students in the form of health-learning programs to assist them with practicing healthy eating.

If a person's body mass index is 30kg/m<sup>2</sup> the person is considered obese. With the increase in childhood obesity, the world is gradually paying attention to this problem (Crawford, 2010). The relationship between fast food and obesity is obvious, and its goals are also obvious because research has shown that teenagers consume more fast food. The rate of childhood obesity, in the past 30 years, has doubled from the previous year, and the rate of adolescent obesity has exceeded that of children. The number of obese people in United states, increased rapidly from 7% to 12 starting from the year 1980 to 2012, (Ashley,2004).

According to Cooley Parents are role models for children, and the attitude of obesity is mainly the influence of parents on children. Especially in childhood under 5 years old, because various researchers emphasize that most children under 5 years old learn behaviors from their parents. They imitate such behaviors or attitudes throughout their lives, but these attitudes can be used in early childhood.

Another scientific study has shown that if children eventually become obese, they may also become obese as adults. Parents tend to play an essential role in the development of the attitude of their children towards different aspects. Such as parents' influence on watching TV is widely reported as an influence on teenagers' diet. Behavioral influences include insufficient fruit and vegetables in the diet, and increased intake of soft drinks and fats. The perception of everything is always influenced by knowledge, beliefs, and cultural customs. This society is dominated by the mother's knees, so the role of the mother is the first step in cultivating children's attitudes, especially towards their daily physical activities and nutrition. Mothers play an important part in shaping early childhood eating behaviors and food preferences attitudes (Wilson,2011).

Parents' basic knowledge of food choices can lead to their children's correct attitude towards effective practices. As revealed by prior knowledge, parents did not pay attention to their children during the developmental stage. Discovered gaps in nutritional knowledge and attitudes, especially in the factors contributing to childhood obesity and its substantial prevention. Around 67% of mothers of school-age children do not acknowledge or recognize childhood obesity as a health issue for their children. Lack of understanding of childhood obesity is a challenge for any intervention, because the root cause of poor health may be seen as an indicator of good health (Larson,2010).

In order to reduce obesity in children, behavior changes, including physical activity and diet, are needed. This can only be achieved by families and health professionals who are responsible for providing and strengthening health activities for children. Studies have shown that Women education and impulse are essential to the treatment of childhood obesity, and schools tend to play a crucial function in motivating children to adopt physical exercises and healthy eating habits (Crawford, 2014).

The changes in our society have increased the demand for nutritious food skills to the extent that they need to be part of youth health and survival education. Good nutrition is the top priority; therefore, students must know what they eat will affect their growth, feelings, and behavior. Junk food is mainly composed of a large amount of saturated fat, which is tends to release toxins in large amounts in the body, therefore, is not good for health after digestion. In addition, junk food does not contain vitamins and minerals that are an essential commodity for maintaining good health as well as fighting occasional diseases. Social taboos, prejudices, and attitudes in the early life of a child, are clearly responsible for developing and shaping their eating habits. Most

unconventional meals eaten by teenagers are opposed by older members of the Women, as they have developed obvious likes and dislikes for food. Eating a lot of junk food in the new era including burgers, pastries, potato chips, muffins, toast, magic noodles, chocolates, carbonated drinks, etc. has now penetrated deep into peoples' lives and become new custom of modern people Teen diet (Singh, 2008).

The main effects of regular intake of junk food include continuously insufficient energy, absent mindedness, and obesity among people of all ages, which eventually lead to depression, low self-esteem, heart disease, delayed development of children, high cholesterol, premature aging and increased rate of tooth decay (Chhibber, 2010).

Changes in lifestyle and the dropped off Women traditions such as eating together have encouraged the young generation towards unexceptional fast-food intake. Sedentary lifestyle coupled with the culture of people shifting from healthy homemade food to consuming rather convenient and longer-lasting fast food, has led to global obesity and health-related complications. The risk of obesity and weight gain among people is eventually increased with the regular consumption of fast food. The underlying reason is that fast food contains high fat, high sugar content, high energy density which exceed the energy needs of the body, (Jaworowska, 2013) whereas the fiber and protein content are extremely low in fast food. (Birch and Fisher 1998; McGinnis 2006; Spiegel and Alving 2005).

Unfortunately, no literature has provided enough evidence regarding the relative influence of these factors associated with fast food (Hastings et al. 2003). For consumer education programs to be successful, it is necessary that parents must strive to manage their children's diet. Moreover, parents' strictness in this regard

also ensures the success of public policies directed towards reducing childhood obesity and vitamin deficiencies.

### 1.3 Statement of the Problem

Obesity and overweight cause health issue in children, as well as having a negative impact on their social and mental wellbeing. As many researchers stressed that Obesity can cause many bad health because of being overweight, as well as a barrier to the development of intelligence, resulting in poor learning behaviour and outcomes (morely 2007) however in current research researcher will empirically analyze the part of parents in the development of eating behavior in children as researcher claimed that due to low attention from parents to children's particularly mother attention and care is very crucial in metropolitan cities of Pakistan where mothers are engage in their busy routine which prevent them to take care of their children's especially care for diet of children's. This study aimed to bridge the gap that how mother's attitude could either promote or lead to the prevention of childhood obesity. Therefore, the results obtained through this study may assist the parents to adjust their diet associated attitude and behavior such that to promote healthy lifestyle practices among children.

In United States, Obesity has reached to the epidemic level. About two-fourths of adults are suffering from obesity. Almost one in three Americans are obese. The ratio of this obese is increasing day by day throughout the world especially in Asian countries or in developing countries. In the recent research about 40-45% increment has been observed in the developing countries.

The balance between calorie intake and energy consumed shows the total body weight. If a person eats more than he or she utilizes the person gains weight. And if a person eats less calories, then he or she utilizes then a person will lose weight. The most common

cause of obesity is physical inactivity and overeating. Although, body weight also effected by the factors like genetic codes, inheritance, metabolism, environment, behavior, and surrounding culture.

#### **1.4 Research Questions:**

- What is the Role of working and non-working mothers in the obesity in their children?
- How Socio-economic status can lead to childhood obesity?

#### **1.5 Objectives:**

- To identify the rate and pattern of fast-food consumption among the children of working and non- working mothers.
- To explore the association between children's obesity and its impact on their socio-economic status.

#### **1.6 Significance of the study**

The current research study will focus on the behavior of children towards the fast-food and its impact on the physical and social behavior of children in society, mostly parents particularly mother do not concentrate her children's due to numerous factors so, her less attention for Childs and allowing them to eat junk food so that they do not disturb her busy life which develops permanent attitude in the children's and ultimate leads into the obesity in children's.

Obesity is very severe disease to stop because it causes poor mental health. May also reduce the healthy lifestyle. It causes severe damage that leads towards death causing diseases like it disturbs the diabetes, heart diseases, heat strokes, and may also cause cancer. Obesity is a complex health condition that develops in the result of individual factors such as physical inactivity and some other factors like environment and surrounding. Healthy behaviors that every individual should follow are regular physical activities and healthy diet as well. It is observed that every adult should do at least 150 minutes of exercise at regular intervals.



Also, exercises especially for strengthening muscles are required at least 3 times a week. Health experts recommended healthy diet pattern which includes whole grains, fruits, vegetables, lean protein, low-fat and fat-free dairy products, and drinking water as well.

Obesity is extremely bad for both body and mind of an individual. It makes someone feel tired and uncomfortable all the time. It feels extremely trouble carrying extra weight and pushing or pulling something as it causes pain in joints and legs. It is harmful in childhood and adulthood as it seems they are more likely to get diabetes and heart diseases. A primary reason preventing obesity is so sure about childhood and adulthood health concerns.

So according to the significance discussed above, it is cleared that providing awareness about obesity is very important. Everyone should take steps at their own to prevent obesity. It is the responsibility of every individual to gradually work or alter Women eating habits and routines. More focus on body weight. Should stay active in physical activities. Must reduce the screen timing in front of TV, computer, laptop and Mobile phones. Adults should keep food diary with them or keep an eye on what they ate, from where they ate, and should also notice results before and after eating. Eat fruits and vegetables uncooked and cooked both regularly. Rice, wheat, flour, essential oils and white sugar. Balance between calorie intake and energy consumed. Walking normally at least 3 4 hours daily balances metabolism so the digestive system will work properly.

For adults and children, it is important to manage their body weight according to their body physique. If they feel some fats they should start exercising daily before and after eating. If an adult is overweight and obese, he or she cannot work properly in

their educational and professional life. So, getting rid from obesity is as important as taking healthy diets.

**CHAPTER NO 2**  
**LITERATURE REVIEW**

This section of research comprises of prior knowledge about the current research where the researcher thematically reviewed all the objectives of the research and comprehensively analyzed them.

## 2.1 Social and Economic status and Obesity

Research showed how economic development, socioeconomic status, and obesity are related. This research studied about almost 70 countries showing increment in Obesity ratio in public. Research also examines weight, height, and healthy diet patterns for healthy person. It has also stated how obesity, education and profession are interlinked with each other. Under developing countries showed more ratio of obesity than developed countries.

According to reports, individuals affected with overweight, and obesity may face various consequences associated with health, physical, social, economic and psychological. On the other hand, obesity spread on a community level could potentially influence the government. It is because the care and treatment of obesity-associated health issues are the responsibility of the community and the government (Ekblom, 2005; and Johnson, 2002).

Because of being teased, bullied, or rejected by their peers, overweight children tend to have low self-esteem (Janssen, Craig, Boyce & Pickett, 2006). These children are more vulnerable towards developing unhealthy dieting habits and eating disorders. Two of the most common eating disorders among children include bulimia (overeating) and anorexia which is fundamentally caused by long-term lack of appetite. These children are vulnerable to depression and drug abuse. Gavin (2005) warned that "...obese children must deal with discrimination from peers..." Just as important as health is the impact of obesity on the mental and physical appearance of an individual that indirectly generates a whole-body image. A study by Wessel and Macintyre (1997)

suggested that the desire to participate in pleasurable activities such as sports is greatly affected. Obese children often face rejections by their peers because they are perceived as ugly, lazy, deceitful and stupid due to their appearance (Janssen et al., 2006).

According to the findings of Health Protection Association in 2006, it was evident that the economic cost associated with obesity and overweight contribute nearly 2% to 7% of the total global healthcare cost. In France, the direct costs of obesity-associated diseases contributed around 2% of total health expenditures. In the Netherlands, obesity accounts for approximately 3-4% of the country's total expenditure. The contribution of obesity and overweight in the total medical expenditure of the United States was around 9.1% in 1998, and it is estimated that it may reach 78.5 to 92.6 billion US dollars until 2002 (Health Protection Association, 2006).

As the population ages, obesity becomes increasingly important in both health and socio-political terms, with obesity causing various social risks, such as disability and discrimination, through social and health mechanisms. The study examines the association of obesity with low socioeconomic status in middle-aged and subsequently women working in the public sector. The study consists of two independent but related parts. The first part of the study is a review of the literature on the relationship between obesity and socioeconomic status and the mechanisms between the above. The second part of the research is a research article that answers the research questions presented on the basis of the literature review. According to previous literature, obesity is both a physical fact, which impairs health and functioning, that a highly gendered social phenomenon manifested in the stigma borne by obese people and the discrimination they experience. In developed Western countries, obesity is more common in women in the lower

socioeconomic classes, while in men the link between socioeconomic status and obesity is not systematic.

Overweight is associated with the physical and mental health, well-being, and health behaviors of a child and adolescent. Obesity is already associated with risk factors for arterial disease in childhood, such as hypertension and disorders of sugar and fat metabolism, but these can be prevented by lifestyle changes. Overweight and obesity are associated with psychosocial well-being such as self-esteem, quality of life and depressive symptoms, experiences of bullying, and discrimination. Overweight, which began in childhood and adolescence, often continues into adulthood. the socioeconomic status of a young person is associated with overweight and health behaviors. The purpose of this study was to determine whether the relationship between obesity and variables describing adolescent health, well-being, and health behavior is explained by factors describing adolescent origin and socioeconomic status. Given the limitations of the cross-sectional setting, the links between overweight and health, well-being and health behavior variables were largely maintained when the young person's origin and socio-economic background were taken into account. These factors play a role in the development of overweight, regardless of socioeconomic background, or that overweight increases their prevalence. In terms of factors, the link to overweight can be two-way. For example, bullying can increase overweight and, on the other hand, being overweight can lead to bullying.

This study examines the links between youth health, well-being, health behaviors, socioeconomic status factors, and overweight, and whether the links are explained by origin and socioeconomic status factors.

## 2.2 Overweight and Obesity and global trends

Obesity and overweight have been observed at unprecedented peaks (WHO, 2006). According to research, by 2010, about 27 million children in the EU will be overweight or obese, of which 6.2 million are obese (International Obesity Task Force, 1996). The total number of people in Europe suffering from obesity and overweight increases by 1.4 million per each year (Schokker, 2007). According to data collected over a decade from 1985 to 1997, the population of children in the United States who are obese, overweight, or both is rapidly increasing (Magarey, 2001). In past few decades, Obesity and many more diseases related to food or diet are continued increasing across the entire world. It promotes many countries to establish and develop policies to stop that kind of diet related diseases.

Economic growth and urbanization experienced by many Health professionals of obesity trends as they are unable to create obesogenic environment that can prevent from being obese. Some dietary supplements, lack of physical exercises, and intake of high calorie and energy foods were characterized. They make it more complicated for government to ignore crucial rising of obesity trends. Some countries were also facing undernutrition and obesity reported in public health policy.

Many healths concerned professionals worked with global perspectives that concluded obesity trends around the world. And also involved in the discussion policies implemented for the betterment of public health. This research urges us to focus on neglecting cost of healthy foods as a contributor to the obesity control. We should also consider Kenneth Rogoff's idea that obesity is an inevitable result of an irregular food distribution in

which organizations compete only to sell their products. Over the past few decades, growing burden of obesity resulted so many chronic diseases. Many countries in response to this incredible increment have adopted such policies that aim to prevent obesity and improve diet quality with a significant limited intake of white sugar added in many populations. The World Health Organization (WHO), recommended limited intake of sugar about 10% of calories intake. Review was published that government has implemented taxes on SSB as a policy to reduce intake and generate turnover to support public health efforts.

### 2.2.1 parental lifestyle and child obesity

Research studies by Akil and Ahmed (2011), suggested that obesity is directly linked to one's lifestyle, and it can be defined by a lack of physical exercise, excessive energy and food consumption, or both. They went on to say that while obesity can be caused by a variety of variables, most of the weight gain is due to excessive calorie consumption and insufficient physical exercise. Therefore, it is necessary to create a balance between energy consumption and its appropriate utilization in order to maintain a healthy weight. Study by Patrick and Niklas (2005) pointed out that changes in the lifestyles of the parents, such as a rushed and hectic Women diet and eating habits, are the primary causes of childhood obesity. Several studies have shown that a child's eating habits are influenced by his or her familial and social environment. Fast food businesses frequently provide ready-to-eat cuisine for busy families. Families in a rush don't have time to sit down and dine together. Furthermore, meal portions have increased, potentially leading to an increase in obesity. Obesity in children can be caused by a variety of household variables, such as



financial level. Low-income children are required to consume more items with high-calorie, fresh fruits and vegetables as well.

By contributing to exiting literature by using structural modules to examine how Women lifestyle evolves over time during childhood and adulthood and how parents' lifestyle may influence obesity. This research has number of advantages in preventing obesity. Because structure modules can show much better results by using single structure and can be used to determine more realistic research than the variable modules. Secondly, commonly used modules donot show various parameters estimated over the period of time. But single structure modules show varieties of parameters over the different periods of time. Thirdly, different average outcomes can be analysed for children with different behaviors. It identified different treatment effects allows those who will get positive interventions to be identified as an individual. This model is vital evidence for policy against obesity.

In order to evaluate the significant influence on Women's lifestyle has our results of researches of childhood obesity. They used this approach to identify the formation of habits during childhood, it also examines and explore the evolution of Women lifestyle and its relationship with obesity. The model compromises the factors that how Women lifestyle evolves over time and how this effects the dietary requirements of body.

### **2.2.2 Childhood obesity and maternal responsibility**

The role that the Women plays in managing the food consumption of their children is frequently discussed in research and policy forums when discussing successful childhood obesity prevention techniques. These talks are based on the premise that children cannot be held completely accountable for the production and consumption of food. On the other hand, the Women's approach toward the management of food, their children's obesity, and

balancing the Women diet play a significant role in the socio-political pattern of obesity. These tests, however, devote particular attention to the role of mothers. The study focuses on the mother's employment and her perspective on the children suffering from obesity, rather than the parents as described in several studies including (Phipps et al. 2005); (Jackson et al. 2006); (Pagnini et al. 2007); (Kitzmann et al. People 2008); (Rhee 2008); (Warin et al. 2008). The mother is thought to oversee the entire Women's meals, which is necessary for a healthy household. Murphy proposed that disciplinary measures such as expert advice and feeding practice recommendations (particularly newborn feeding, which she studied) be utilized to coordinate the commitment of the state to "respect for individuals' autonomy and the right to privacy in Women life." Managing health-related difficulties". Population" (2003, p. 437). However, the Murphy believes that these obligations mainly descend on women. "Mothers are entrusted with not only the moral responsibilities but practical as well to make careful choices. (Murphy 2003, p. 455).

It is found that maternal weight is closely associated with Women lifestyle. It provides the information about the content to the factors affecting the Women lifestyle in every period of time. It suggests that maternal influence is more important than paternal lifestyle. This result shows the maternal weight had more impactful influence between child weight when investigating their lifestyles. Mothers are more often responsible for Women diets. Exercises and other physical activities and this could show Women lifestyle driven by maternal outcomes. Epigenetics is the reason why maternal weight be providing large information to the lifestyle factor. There has been observed a casual relationship between health and dietary requirements that can cause cardiovascular diseases if not given in required amount.

### 2.2.3 The World's Fast-Food Consumption ratio

Fast food. Its everywhere in the surrounding. And everybody eats a lot of it. It's easy to make, low time for making is required. In the world full of fast-food lovers, health professionals wanted to know, who eats most fast food and health concerns related associated to consume fast food regularly. Here is the statistics of fast-food consumption discussed below;

- Most people eat fast food 2-4 time a week, 5 -6 time a month.
- $\frac{1}{4}$  of world population are eating fast food on regular basis.
- Working peoples mostly prefer fast food as they don't waste time in making it.
- Men consumes more fast food as they are eating outside from home.
- Women gatherings usually prefer fast food.
- Rich people eat more fast food than poor people.
- Lunch time is the most common time of eating fast food.
- 35% of children take fast food as their lunch.
- Regular consumption of fast food increases the ratio of obesity.
- McDonald's is the most favorite place of fast food worldwide with over \$135.7 Billion spent.

Now the question arises that why fast food is becoming so popular everywhere. So, the research showed following results enlisted below.

- It saves time.
- It's cheap.
- It's convenient.
- It can be easily portable everywhere.
- It can be eaten everywhere.

- It's tastes good.

As a culture, everyone doesn't have time to get out of work and prepare food or sit down properly and eat. As the name shows its fast. It takes only few minutes to make and easy to bring everywhere. It is very easy choice for families gathered for fun to choose. It can be eaten in car, either in office, and any public places. Fast food is high in calories and loaded with fats, oils and other tasty flavors. All the things used in fast food making can be beneficial as well as bad for health. This type of food can cause obesity so much, it can be noticed that fast food has increased the ratio of obesity over the World especially in under developing countries. According to the choice of peoples, fast food can be found everywhere. There are so many hotels, restaurants worldwide. With 825,000 fast food restaurants, everyone loves to bring some food all the time. As discussed above, lunch time is the most common time for fast food while dinner is also good time for fast food.

In 1916, White Castle became the first fast-food restaurant in the United States. McDonald's, KFC and Pizza Hut have now become global brands with branches all over the world. The fast-food restaurants have become an important part of the food industry as more than 200,000 stores operate only in United States and produce around 120 billion U.S. dollars alone. For example, McDonald's and Yum! 65% and 50% of the brand's products are sold abroad, which indicates that fast food is in high demand globally. Several studies have shown that the spending on the fast foods and takeaway orders has increased globally, especially in Europe, the United States and Australia 12-18. In the United States, fast food consumption exceeds higher education, personal computers, software, and new cars. According to data from the UK

government, approximately 22% of residents order food at least once a week, and 58% order several times a month<sup>14</sup>. Approximately 28% of Australians eat takeaway at least twice a week, and 37% of Americans eat fast food at least once every two days.

According to the National Hotel Association, the average American goes out to eat four times a week. According to a study conducted in Turkey, one-third of total targeted population preferred fast food as a snack one or more times a day<sup>21</sup>. On the other hand, approximately 33% of children and adolescents eat fast food every day in United States, and consumption increases with age. In the United States, children between the ages of 4 and 12 spend US\$8 billion on food and beverages. Fast food is especially popular among young people. A 2001 survey showed that approximately 75% of the teenagers in America aged between 11 and 18 preferred to eat food at a fast-food restaurant at least 3 times a week, while a 2010 survey showed that 70% of Brazilian students (918 years old) ate every Thursday Fast food time or more.

According to Naidu and others, 96.6% of China's 1.53 million fast food (FF) among the stores opened in 2014, 94.7% of 87,186 stores in India and 68.6% of 8,152 stores in Vietnam. The number of American FF restaurants in China has exploded in the past 10 years<sup>26</sup>. In Beijing, China's contemporary fast-food industry began in 1987. In 2013, the fast-food business generated 94.2 billion U.S. dollars in revenue, accounting for 20.0% of China's overall sales. According to a recent study, more than 2 million fast food restaurants were being functional in China in 2014, including franchises and chain stores of various sizes. There is also an independent Chinese fast-food restaurant. In China, 75% of adults

eat fast food in restaurants, while in Singapore, only 3% of children eat fast food.

**2.2.3 Junk-food consumption in Asia**  
Fast food culture first started in Bangladesh in 1990. The first fast food restaurant opened on Bailey Road<sup>1</sup> in Dhaka. Some Bangladeshi fast-food restaurants established in the franchise system are called Swiss, Helvetia, etc. In early 2000, Bangladesh introduced the country's first multinational fast food chain<sup>1</sup>. Pizza Hut and KFC signed a franchise agreement with Transom Foods Limited to enter the Bangladesh market (TFL).

#### **2.2.4 Fast food as social hazards**

Since the early 1970s, fast food consumption has risen rapidly, having an impact on societal health<sup>5</sup>. The intake of junk food among school-aged children has increased as a result of lifestyle changes.

Due to increased consumption of out-of-home meals, children's nutritional habits, as well as the strength they need to develop social circle, engaging in sports and engaging with Women activities, and feeling good about themselves is demolished (Rouhani, 2009). The association between home made food and fast food can be analysed easily that obviously ratio of fast food is much greater. However, the problem is how food environment affects food consumption.

#### **2.2.5 Parents School-Aged Children and eating behaviors**

Increase the number of meals provided at the dining table, make healthy foods more easily available, and restrict the availability of high-sugar goods to encourage good eating habits at home (Goran ,1995).

According to studies, eating together encourages children to eat healthy meals like intake of vegetables, fruits and grains while a

decrease in fats and soft drinks families who do not encourage Women gathering meals, they likely to get older.

According to Mishra (2006) only one percent of people getting Women get to get meals while 1/3 of population have trends of self-selection of food which results in obesity among youths, parents must continue to practice Women eating patterns throughout adolescence. Home meal choices, just as they do for preschoolers, have a substantial impact on older children's diets. Having fruits and veggies available at home has been shown to enhance children's consumption.

At home, parents must not only cook but also consume nutritious meals. Teenagers increased their soft drink consumption by 150 percent between the years of 1965 and 1996, while their consumption of fruit drink consumption raised by 89%. Several studies have found that sugar-sweetened beverages, just as they do in young children, can contribute significantly to the problem of juvenile obesity. A long-term study associated with the eating pattern of girls, was conducted when the girls were 11-12 years old and continued with observations for a specific period. The results discovered that each additional serving of sugar-sweetened beverages eaten daily raised the risk of being overweight by 60%. A second long-term study involving children ages 9 to 14 found a connection between sugar-sweetened beverage consumption and weight gain. In a randomized clinical trial conducted in England, reducing carbonated soda consumption reduced the incidence of overweight in children aged seven to eleven. These findings underline the need of parents preventing their children's access to these drinks at home. In this era, when some colleges have pledged to have soda-free halls and cafeterias, parents must cooperate with the rules and keep sugar-sweetened drinks out of their homes.

### 2.2.6 Cultural influences

According to Nicklas (2013), a spate of societal trends contributed to the promotion of binge eating. The practices of grazing rather than eating meals, as well as a predilection for manufactured foods, are becoming increasingly common, accompanied by a reduction in culinary skills. Less food is consumed at home made, and fewer meals are enjoyed with a Women, making it more difficult for parents to maintain a balanced diet. approximately 34% of the population Non-school going children ate 18% of their meals away from home, whereas American teens ate 20–30% of their meals away from home.

In the United States, food consumed outside the house accounts for 46% of total food spending, with fast food accounting for 34%. Non-school going children ate 18% of their meals away from home, whereas 84 American teens ate 27–30% of their meals away from home. Fast-food outlets account for more than half of these meals. Fast-food restaurant visits were positively linked with overall calorie intake and the percentage of energy derived from fat in American teens but were adversely linked with fruit and vegetable consumption (Johnson, 2000).

### 2.2.7 Parents and adulthood eating attitudes in Pakistan

According to Hamza (2014) 30 percent of the school going children are watching tv more than 3 hours and 40% adults have 5 hours screen time in a day. Many studies have found a correlation between watching TV and being overweight. Children's BMI and obesity risk can be reduced by watching less TV, according to randomized controlled trials. As a result, one significant source of childhood obesity that parents should address at home is television consumption. According to the results of the trials, both variables appear to be in play (Zabinski, 2004).



Children from 1 class to 12<sup>th</sup> grades spend an average of eight hours per day on media, including the internet, watching movies, playing video games on computer, listening to music, and watching television, according to a new countrywide representative poll. Around 26% of youngsters are "media multitaskers," meaning they use the internet while watching television (Haleem, 2018)

According to research of the substance of television ads, children are exposed to television ads like, beverages, cereal, sweets, and fast food. Another research found that children's food choices and requests are influenced by food commercials, as well as their ambiguity about the possible health advantages of meals. According to recent figures, 68 percent of youngsters have a television, and half have a video game console as well as a VCR or DVD player in their homes. A growing number of youngsters have cable connection or satellite television, a phone, and even have access to internet access within their hands. Still more than half of youngsters claim their parents do not limit the amount of time they spend watching television. Only 20% of respondents who stated their parents enforced such regulations claimed they did so "most of the time." Physically restricting children's access to the television can help them cut down on their television consumption. Every day, children who have a television in their room watch 1.5 hours more than children who do not. Parents should also aid their children by restricting their own television watching and sedentary activities are two of the most common types of sedentary behaviour (Amin,2018).

According to WHO (2017) research in Pakistan revealed that sedentary parents have a bad impact on their children's health and physical activity from early life. The key aspect of maintaining energy intake in early children and keeping them healthy is the physical activity itself, which is a vital aspect of preventing

childhood obesity. According to study, physical activity is connected to a decreased risk of weight gain and excess adiposity in school going children.

Children having physically active parents were 5.8 times more likely to succeed than children with parents who were sedentary or living a lazy lifestyle. Preschool children, according to a few research, are more active the more time they spend outside. According to these findings, parents may and should allow their children to participate in outdoor activities. On the other hand, parents' children's may find it difficult to spend time outside their house because of their concerns associated with safety and accessibility. Parents belonging to minority group or low-income parents, have higher possibility of residing in areas with fewer parks, recreational fields, bike lanes, and other places where their children could play, become physically active, can be healthy and safe.

### **2.2.8 Female obesity in Pakistan**

Parents should shape their toddlers' and preschoolers' early settings in ways that encourage them to eat and exercise more healthily as they develop.

A report released by WHO objected that approximately 25% women residing in Pakistan tend to suffer from obesity whereas men are on the ratio of just 18%. Report of 2013 highlight that the rate was 27% for men and 36 % for women, statistics seems imbalances ration between females and male. Compared to the rural areas, obesity is higher in urban areas with a ratio of 57% in men and 68% in women. On the other hand, obesity is growing at a higher momentum even among the youth of the country. As per 2013 statistics, it was 11%, which is a massive figure. In 2011, approximately 3.3 million people died because of obesity.

### 2.2.9 Factors involve in obesity

According to Haslam (2006) highlight that there are different factors are involved in differential in body weight include, food consumption, socio-economy, physical activities, and genetic factors. Study revealed that obesity display U-shape trends obesity firstly increases with age and then it starts decreasing. Women are likely to be obese as they are not involved in physical activities as compared to male and they are being confined at homes (khan, 2008). Many other factors also linked with being married people like excess weight (Janghorbani, 2008). Same as social and cultural setting of a resident area is also a main factor involve in obesity like urban people have more comforts and opportunities than rural areas where people mostly doing physical activities more that urban areas peoples (Dennis, 2006).

According to Mehraj (2013) people who are belong to well-off families are likely to obese that poor families. The reason linked up with poverty and wealthy is changing lifestyle in a mood of transportation in cars, fast-food consumption trends and non-stop televisions at homes. And various authors also studied that obesity occurs when anyone takes low-cost junk food having high calories. (Darmon, 2005). Education play vital role in the development of obesity as education provides sedentary lifestyle which is contributor to obesity (Devaux ,2011).

### 2.2.10 fast-food trends in different countries and its affects

The fast-food industry was founded for the time in 1940 in the region of Southern California in the 1940s. Due to its emergence, not only the eating habits of Americans were changed, but it also impacted on the eating habits of several other countries around the globe even including Asian countries (Schlosser, 2001). In Pakistan, the use of fast food has increased dramatically. Aspects

that affect customers' food choices include the attractiveness of dining out, socialization, urbanization, the tastes of college students, and the expedients of Pakistani dual-income families (Saeed, 2012).

Globalization has had an impact on food production and processing, as well as sales, distribution, and utilization. People are eating snacks in a different way, thanks to the relative importance of snacks, burgers, pizza, and drinks. Because some people believe that the need for food is tied to the lifestyle in urban areas, urbanization is also one of the concerns that leads to changes in lifestyles and increases in young people's income and sovereignty (Pingali, 2004). The use of Western food has expanded in emerging countries as income levels have risen (Regmi and Dyck, 2001). Only 3% of children's lunches given by a series of fast-food restaurants fulfil the dietary guidelines stated in the National School Lunch Program, according to a study done by a group of researchers in Houston (Wood, 2009).

The study also assessed that people who eat fast food at home are at a higher risk of becoming obese (MacFarlane et al., 2009). Other research studies also show that student who attend their school located near fast-food restaurants are heavier in weigh as compared to students who attend school located far from a fast-food restaurant (Davis and Carpenter, 2009). Another study by Howard, Fitzpatrick, and Fulfrost (2011) indicated that in California, researchers explored the association between schools and the nearby located fast food outlets, supermarkets, convenience stores, and the prevalence of obesity among students. Another study in Turkey provided the evidence that only 15% of participants out of the total targeted population ate the recommended number of fruits and vegetables each day. Almost one third of the participants said that they consume fast food almost every day, and the same

percentage said they eat fast food one or more times a day (Akman, 2010).

A study by Goyal and Singh (2007) estimated the significance of various factors that influence young Indian consumers to choose fast food restaurants. They show that young Indian consumers are keen to go to fast food restaurants for fun, refreshment and change, however, their preference is always the Women food. These young people believe that homemade food is rather healthier as compared to the food from fast food restaurants. Every day, majority of people pick liking fast food, although they may never acknowledge the terrible health associated side effects of the junk food. Cancer is observed as one of the symptoms caused by eating fast food (Serve et al., 1980). The anticipated carcinogenic cause in the United States in 1993 indicated that the carcinogenic cause of high-fat and fried foods may be 25% of the diet (Watson & Mufti, 1995).

As a response, many cities have eventually limited the availability of fast food or its contents, or by demanding that the calorie number of meals be posted (Abdollah, 2007; McBride, 2008; Mair et al., 2005). The impacts of external factors including income, price, and the uniqueness of demographics, on fast food were explored by Jekanowski, Binkley, and Eales (2001). Fast food consumption is also empirically related to the Women's opportunity cost, according to Ekelund and Watson (1991).

#### **2.2.11 Parents are Using Food as Reward**

Offering one item as a reward for eating another is a frequent deception; for example, "if you finish your veggies, you won't get any dessert." The trend is obvious. The desire for the commended food grows, while the dislike for the unappealing food decreases. According to Birch, when children were praised for eating a disliked meal, their preference for that dish decreased. The remedy

had the opposite impact of boosting the chances of a kid eating a delicious meal, making it less likely. It's not a good idea to turn to a drug that was formerly despised in order to have access to something pleasurable. Over a 6-week period, children's liking for meals that they did not like or disliked at first but were later used as rewards or connected with parental affection increased. This conclusion may simply be applied to real-world situations. Chocolate and other high-fat, sweet treats are widely used to communicate support, such as when presented to a loved one, on important events, or to convey gratitude. This increases the consumption of already-pleasant items. When children are given food as a reward for excellent behaviour, their desire for certain foods increases (Ogden, 2002).

#### 2.2.12 Impact of junk food on health

Junk food encourages people to eat whatever they want, not only at lunchtime, but also when they are free. It has a wonderful taste and is alluring due to junk food elements. When fat and sugar are mixed, the brain will experience a strong pleasure driven by dopamine. Those who are prone to addictive behaviors need to pay attention, but they can also damage a person's health. High fat content, especially cholesterol, sugar, and salt, are all harmful to health. The high calorie content of sugar can exacerbate obesity. High sugar levels can induce tooth decay and type 2 diabetes. The short-term negative effect of junk food consumption is a lack of energy. This is because junk food lacks key nutrients, but at the same time it is very sufficient and makes people feel weak.

Unfortunately, junk food cannot keep you satisfied for a long time. They have a high glycemic index because they are low in fiber and are made from processed foods, which means that they will quickly raise blood sugar and then quickly drop, leading to hunger. As we all know, high blood pressure, stroke and heart disease are

all caused by cholesterol and salt. Too much salt can also impair kidney function. Too much oil, as well as the spices added to these foods, will stimulate the gastric mucosa, causing gastritis and excessive secretion of hydrochloric acid. After squandering a high-oil junk dinner, you will feel exhausted and unable to concentrate. As a result of fat accumulation, gray (brain) cells may become stale due to lack of oxygen, nutrients, and protein. These junk foods usually contain inedible, carcinogenic, and harmful colors. Asthma, skin rash, and hyperactivity can all be symptoms of allergies to flavors and colors. Animal experiments on mice have shown that eating junk food during pregnancy has a harmful effect on the health of babies (Nakayama 2009).

According to Mark K. Jekanowski (2001) Fast food demand is greatly influenced by the ease with which consumers can obtain the product. The fast-food sector has always worked to make its product more accessible, and this effort is still going strong today, with retail outlets popping up in places like office buildings, department shops, and airports. The increased supply of convenience accounts for a large portion of the increase in consumption. A study by Abdullah (2011) Describes the reasonableness of prices, special offers, discounts, frequent customer specials, promotional prices for new menu items, and how local specialties affect customers' preferences in the food service business. According to the survey, the brand name, spacious seating arrangements, adequate parking spaces, rich menu items and beautiful interior design all played a role in attracting customers.

According to Oyedunni S. Arulegun and Modupe (2011) Despite having a high degree of awareness and knowledge of the ingredients in fast food, as well as the risk of developing Non-Communicable Diseases in the future, respondents continue to

consume this type of food.

A study conducted by Vinay Gopal J and his colleagues (2012) Explain how TV advertising influences college students' decisions to eat junk food. Most people surveyed admitted to being addicted to junk food. Studies have shown that to cultivate an effective, safe, and healthy balanced diet, the younger generation must understand the numerous compounds added in junk food and the low levels of nutrients in junk food. According to the study, a report provided by Nasheed Vaida (2013) showed that the consumption of fast food before lunch is high. In terms of fast food, flavor/taste attracted the most respondents. Most respondents prefer branded fast food and are willing to spend 20-50 rupees or more on fast food regularly. Most interviewees believe that eating fast food is the shortcut for proving that they belong to a better social class. He also said that most interviewees agreed that girls consume more fast food than boys, and that urbanization has a greater impact on children's changing eating habits.

A study by Anita Goyal (2007) explained that young Indian consumers value taste and quality the most, followed by atmosphere and hygiene.

A study by Yali Huang (1994) showed that around 22% of the students skipped their breakfast, around 8% skipped their lunch, and finally 5% skipped their dinner, whereas, approximately 80% of students eat snacks at least once a day. No significant differences were outlined in the study between men and women regarding the frequency of skipping meals and snacking. A study by Sahasporn Paeratakul (2003) shows that consumption of fast food, the most educated, may be declining. People with four years or more of college education consume less fast food than those with only high school or college education.

Junk food is cheap food consumption containing high level of



calories and sugar, fats with little number of fibers, proteins and minerals in it. Junk food also prefer to high protein food like usage of Saturated fats, which are believed as unhealthy and have bad effects on health. Basically, it was started in the era of industrialization when people have less money, food and time. When junk food is consumed very often, the excess fat, carbohydrates, saturated and unsaturated oils increased risk of obesity, cardiovascular disease, and chronic health diseases. The unhealthy eating habits travels through generations, so it is mandatory to stop bad eating habits.

## 2.3 Analysis of the Literature Reviewed

Obesity may face various consequences associated with health, physical, social, economic and psychological. On the other hand, obesity spread on a community level could potentially influence the government. Globalization has had an impact on food production and processing, as well as sales, distribution, and utilization. People are eating snacks in a different way, thanks to the relative importance of snacks, burgers, pizza, and drinks. Junk food encourages people to eat whatever they want, not only at lunchtime, but also when they are free. It has a wonderful taste and is alluring due to junk food elements. When fat and sugar are mixed, the brain will experience a strong pleasure driven by dopamine.

### 2.3.1 Main Cause of Obesity

The main cause of obesity that is mostly found is improperly chewing food. It is observed that people who eats food quickly and do not chew it properly gain weight rapidly as compared to the ones who slowly chew the food and properly perform their munching process do not become fat (Zhao et al., 2016). Whereas

slowly eating food helps to reduce weight. As by eating slowly helps our digestive system to digest the food efficiently.

Moreover obesity is generally caused by eating too much and exercising too short. If someone consumes too much oils, fats, calories, sugars and do not take part in physical exercises then this extra amount of energy will be stored as a body fat and person becomes overweight. Obesity doesn't happen in just one night. It develops gradually over the period of time, as a result of unhealthy diet and bad eating habits. Such as consumption of fast food regularly, drinking too much alcohol and health hazardous drinks, eating too much all the time, eat more than person need, drinking sugary drinks, and not do exercises as per body needed.

### 2.3.2 Source of Becoming Fatigue

The actual source of becoming lazy and tired is having the unhealthy meal either it is fast food or snacks as all of them are not at all healthy for children especially for those who do not have a handsome number of proteins, minerals, vitamins and calcium in their daily diet. The rate of these children is higher to become obese (Wu et al., 2017). Parents should be very careful about every activity of their children and specially they must be focused towards their dieting plan. They should be aware that their children are having proper diet.

As discussed above mostly children prefer eating fast food in lunch time either in school or home. So, this habit damages their metabolism system because fast food takes longer time to digest. Parents should take care of their children eating habits such as, when they ate, from where they ate, is they have done exercise after eating or not. Healthy person needed healthy food intake. Any kind of junk food and extra fats containing food definitely show bad effects on health. It is most common in biggest cities of Pakistan that people used to have dinner late night and

immediately after eating they go to bed for sleeping. This habit is as dangerous as eating poisonous food because after eating at least 10-15 minutes walk is necessary to digest otherwise it will cause body overweight and fatty.

### **2.3.3 Obesity of Children vs Parenting**

As working women are too busy to pay attention towards their children. Due to which children have to suffer in many ways. Especially their diet is highly effected because the working women are so much engaged in office work and they have to spend their most of the time outside the home, due to which they are not involved in home activities so they have to heir a cook for their children. And most of the women are not capable to heir a cook for their kids due to which they have to face a lot of problems. Being a working woman, it is very tough for her to raise the children. Though she tries her best to manage all the aspects of life (World Health Organization, 2016). She struggles very hard in bringing up her children as the brought up of children matters a lot in their future life as their childhood decides that what type of an individual they become in future.

Parents work very hard for their children. They do struggle in their whole life just for the better future of their children. They have to be more concerned and attentive about every act of their child. They try their best to provide the best quality of food to their children, but unfortunately having the hectic routine they are compelled to give them food provided at the shops and markets. That is very harmful for their health conditions (Wen et al., 2015).

### **2.3.4 Outbreak of Obesity**

According to the science media and literature the excessive use of television, exercise and fast food are observed as the culprits. The purchase of food for children, the working mothers are charged for poor eating patterns and obesity of children. People are so

obsessed that they even do not allow their kids to spend time by playing with obese children. The children affected with obesity are treated in a very bad manner. They are bullied and treated so badly that their personal life effects a lot. They become shattered and exhausted by listening same words all the time and are not much capable to do some productive things in life (Wang et al., 2017). As many solutions and remedies are available to get rid of the obesity hence it is curable now as science has brought a great revolution in today's world.

### 2.3.5 Change in Dietary Habits

The intake of fat and energy among all countries has been increased in per capita. The high percentage of calories origin from the food of animals as the data showed an increase in calories gobbled during 1971-1977 in the regional countries, observed in food balance sheet. In the rise of obesity, it is likely that the use of foods rich in fats play an important role. The shifting of westernized food from traditional foods that are specified by high calories, fat and cholesterol has been noticed. The factors correlated with obesity has been increasing in Eastern Mediterranean Region (Walsh and Cullinan, 2015).

### 2.3.6 The Prevention and Control of Obesity

The association of obesity with several chronic diseases has become the major health problem. In most of the countries of the Region the strategy to prevent and control of obesity has not been found. The studies on obesity based on quantitative and qualitative research is perceived with a great lacking. For affective working, the need is created lies upon the establishment of programs to have control over it. Some of the directions must be considered regarding the prevention and control of obesity.

1. The importance and seriousness of the problem of obesity and cost to health system should be informed by the policy-makers.
2. In school and universities, the reliable information on management of information regarding obesity has become indeed.
3. In each country there is a great need for a national program to prevent and control obesity (Scott et al., 2016).
4. To prevent diet related chronic disease such programs should be a part of a national plan.

Among these preventions there are further treatments can use. That are must to know. Here is the list of preventions useful for childhood obesity;

- Breastfeeding infants reduce obesity in children under 2 years.
- Feed growing children appropriate portion sizes.
- Make healthy diet habits.
- Eat healthy food and promote it in the Women gatherings.
- Make slowly eating habits.
- Eat when hungry not all the time.
- Reduce unhealthy food in the household.
- Encourage physical activities in home.
- Limits children screen timing.
- Make sure to get enough sleep.
- Keep an eye what child is eating from outside.

Now, childhood obesity is discussed above. Adulthood obesity preventions are enlisted here;

- Consume proper fats not more or less.
- Restrict taking sugary drinks.
- Prefer vegetables than fast food.
- Eat fruits in lunch time.

- Use plenty of dietary supplements.
- Focus on eating slowly.
- Make gatherings with Women and use healthy diet for everyone.
- Take part in regular exercises.
- Have a look on body weight.
- Reduce stress and depression.
- Learn and manage food budget.
- Don't prefer cheap food.

### 2.3.7 Obesity and Overweight Among Children

The measure of adiposity to define overweight and obesity is BMI. In clinical practices, the BMI is widely used and not considered differences in body consumption. When evaluating obesity-related health issues the regional distribution of body fat is an important factor. The two major types of fat deposition are gynoid and android. Android is more common in males characterized by accumulation of subcutaneous fat while gynoid is mostly found in females characterized by excess of fat in buttocks and thighs. The association of android type with metabolic disturbances is typically observed among children. In 2002 a study is accomplished that the highest percentage of obesity is found among male children in eastern region (Sahoo et al., 2015). Although, in eastern and western region the current ubiquity of overweight and obesity has become equivalent. It has been observed that the number of female children of becoming obese is lesser than the male children. According to CDC criteria the rate of obesity was 6% in adolescence while considering the WHO criteria the rate of obesity was 9%, shown in the data from a national survey that was published in 2010 (Hayes et al., 2016). A condition in which the complete or partial obstruction of upper airway during sleep occurs

is also associated with childhood obesity commonly known as sleep disordered breathing.

The behavioral and emotional regulation of child can be affected by sleep disordered breathing. It is also interlinked with hypertension in children. When compared to children of normal weight, overweight children had a greater likelihood of experiencing sleep disordered breathing symptoms. It was determined using a questionnaire based on symptoms reported by parents. It is unclear how overweight status and sleep disordered breathing were measured in this study. The study is employing objective technologies to assess sleep disorders in children, such as polysomnography, which is guaranteed to deliver more accurate results. In addition to the negative physical consequences of pediatric obesity, several social and psychological concerns about overweight or obesity have been raised (Portela et al., 2015). Obese adolescents, particularly females, were found to be at a higher risk for anxiety disorders and serious depressive disorders later in life, according to the studies. Multiple variables are thought to contribute to obesity, making it a complicated issue.

The etiology of obesity is a very active topic of research. Genetic, environmental, and physiological factors all have a role in obesity, and these factors usually interact with one another. Excess weight growth early in life has been linked to the development of subsequent obesity and rapid weight gain. There's a chance that early childhood weight gain is just an early expression of obesity phenotypes due to genetic predisposition. Rapid weight gain during the first three months of life was positively associated with central obesity in early adulthood. In addition to the prenatal environment, early life variables can influence the trajectory of weight gain and adiposity later in life. Individuals' average working time per day and average time spent exercising and

participating in sports can be understood; physical activity is also a significant factor contributing to obesity in youngsters (Mech et al., 2016). Even while obesity can be caused by both hereditary and environmental factors, a genetic component alone seems unlikely to explain the rapid rise in obesity rates. There is a percentage composition that indicates that some students do not consume vegetables and fruits on a daily basis and do not exercise on a daily basis, but no significant relationship was established between students' BMI and their eating habits and life styles.

The prevalence of overweight and obesity among children is influenced by a variety of factors connected to eating habits and dietary choices. Overweight and obesity are linked to the use of fast food and soft drinks, as well as skipping breakfast. The evaluation emphasized the urgent need to undertake interventions and national programmers, particularly at the school level, to address the country's obesity pandemic. Health education in schools should promote a healthy lifestyle among the young population. It is critical to emphasize the importance of raising awareness among parents and children in schools and beyond schooling about the variables that contribute to the incidence of obesity and overweight among children. Various health education programs must be created so that both children and parents can improve their lifestyles by living in a healthy environment (Lissner et al., 2016). Health education programs in schools have the ability to curb the obesity pandemic in children by encouraging children to develop good eating habits and be physically active. In today's society, there are significant changes in Women and individual lifestyles, including changes in food preparation, marketing, and choices.



### 2.3.8 Diseases Interlinked with Obesity

Various diseases have been found which are inter-linked with obesity. Some of them are chronic kidney disease, adipose tissue cytokines in metabolic disorders, fatty liver disease, cardiovascular disease and others. Chronic kidney disease and non-alcoholic fatty liver disease are both linked to obesity. Regulation of early upstream pathways may provide novel therapeutic strategies for the increasingly widespread condition of obesity. Obesity is a major risk factor for cardiovascular disease. The analysis of blood pressure levels and their association with different indices of body fat in a group of teenagers is required to evaluate the prevalence of hypertension and correction techniques. There is a compelling need in school programs to design a complete medical and dietary plan, as well as preventative and remedial techniques, because the current conditions are concerning and forecast the development of cardiovascular disease in adulthood (Aparicio et al., 2016). Obesity is linked to asthma and passive smoking, and among children aged 8-11, lung function improved in heavier patients. Obesity is very common among youngsters, and it has a negative impact on ventilatory lung function. Food Stamp Participation may be positively connected to obesity, according to the findings. Long-term FSP engagement increased the chance of being overweight in young females. Under-nutrition has long been a focus of government food aid programs, but overweight and obesity, which are presumably the outcome of over-nutrition, have recently emerged as important public health concerns (Geneva, 2016).

Overweight makes you more likely to have blood pressure, and high cholesterol level, these both diseases can lead to have heart stroke. By reducing overweight to the normal range also reduces these disease risk so it's good news for all persons who are overweight and fatty. Mostly it is observed that person who have

diabetes are most likely obese and overweight. Losing weight and becoming physically normal in physique also reduce and maintain blood sugar level. Gout a disease of joints happens when too much uric acid is stored in the body. When person eats too much unhealthy food then uric acid deposited in much larger quantity than needed. It is commonly observed in overweight people. Osteoarthritis common joints disease also noticed in obese persons. So, all disease mentioned above are interlinked with obesity. Here is the outlook of diseases related to obesity.

- Cardiovascular diseases.
- Heart attack and stroke.
- Diabetes both two types.
- Some Cancers.
- Gallbladder diseases.
- Gallstones.
- Osteoarthritis.
- Gout.
- Breathing problems.
- Sleep apnea.
- Stomach aches.

In the case of overweight and obesity, substantially more cautious morality estimations have recently been seen. Obesity looked to be a problem that primarily affected the wealthy in the countries. Obesity is still a hot topic in developing countries, with people debating whether it predominantly affects the poor or the wealthy. According to the analysis, the burden of obesity was moving from the rest of the population to the poor. We employ GNI per capita created by two alternative techniques to see if using one or the other modifies the pattern of social economic inequalities in obesity in relation to the level of economic development (Braun, 2017). The association between socioeconomic status and obesity

has been constructed, according to the definition stated before. The two multi-country studies, according to our study, provide a breakdown of socioeconomic inequality. As a result, the problem of childhood obesity and overweight must be addressed.

## 2.4 Physical Activity

Physical activity covers the voluntary and energy-consuming activities of muscles. It disturbs the physiological state of the body, i.e., homeostasis. Children's physical activity does not automatically guarantee good motor characteristics. According to World Health Organization, (2016), children with a lot of physical activity still did not have better motor skills, but vice versa. The socio-economic background of the Women has an impact on the exercise habits of children and young people. Children in families with lower income and education levels are twice as likely to participate in guided exercise as other children. The lower level of education of the parents was also observed in the amount of physical activity of the boys, as their total physical activity was lower compared to the children of the educated parents. In addition, the size of the screen time was most evident in the sons of parents who were less educated and had lower incomes. Children in these families had up to five times the screening time compared to children in families whose parents are more educated and financially better off. In Finland, the influence of the Women is felt to be very great the impact on the socialization of physical activity and the maintenance of physical activity also in school-age children (Subica et al., 2016). The role of the Women is divided into two: cultural capital that supports sports activities and economic capital that enables them. According to several studies, the example of parents in physical activity has been found to have an effect on children's physical activity. Parental physical activity has had an equal effect on girls and boys. The example of both

fathers has been found to have a slightly greater effect on children's physical activity than the mother. The exercise example of other Women members and peers, i.e., friends, has also been found to have an effect on the exercise behavior of children and young people.

Exercise has a great positive benefit on our body. The positive effects of exercise are reflected in the ability to function, the composition of the body, physical condition, mental well-being and quality of life. The benefits of exercise are also seen in children and adolescents who have mobility impairments or who suffer from a chronic illness. In childhood and adolescence, physical activity plays a major role in the growth and physiological characteristics of children and adolescents, such as the development of the skeletal, circulatory, respiratory, and neuromuscular systems (Blackwell, et al., 2016). Physical activity is also used to benefit e.g., as a treatment and rehabilitation for chronic diseases and limited mobility. Partial physical activity can be utilized directly in the pathophysiology of a chronic disease or by promoting functional capacity to improve human well-being. According to Quek et al., (2017), Self-determination theory is considered to be a key frame of reference for sports performance motivation. Motivation for sport consists of a combination of social and cognitive factors. If the three basic psychological needs of autonomy, a sense of social cohesion and the ability to fulfill are realized, it can be said that practice becomes internally motivating. This thus contributes to the fact that an individual finds sport motivating and wants to participate in sport, try their best and enjoy the sport.

Mobile applications have been used to motivate physical activity in adults to motivate exercise. Subjects with musculoskeletal symptoms had used the Pedometers mobile application to monitor

physical activity. According to Vafeiadi et al., (2016), the use of Pedometers in step monitoring had increased the amount of physical activity compared to when Pedometers was not yet in use. Patients with chronic MSDs and neurological symptoms used the mHealth mobile application to aid self-management in monitoring physical activity. Also in this study, these patients benefited in self-motivation through mobile application and increased physical activity.

#### **2.4.1 Health Benefits**

The greatest health benefits are achieved with sports that increase strength and endurance. The health benefits of exercise are based on regular exercise. Children and adolescents need exercise for normal musculoskeletal development. Gymnastics can slow down those who come with age mobility restrictions and maintain the mobility already achieved. As a result of aging and reduced exercise, muscle function and performance decline. It can be slowed down and partially corrected through exercise: muscle fitness can be used to maintain the number of muscle cells and keep them nervous (Spinelli et al., 2019). The load strengthens the bone, increasing its peak mass. It also slows down bone loss and bone loss as a result of aging. Bone exercise, which includes shocks, repetitions, and shocks and requires the use of force, affects the bones most effectively. Exercise nourishes the articular cartilage and helps maintain its normal structure, as well as protects the joints from load defects. Exercise increases the transfer of excess dietary sugar from the blood to the tissues and promotes muscle energy intake. Endurance exercise enhances the muscles' ability to use fatty acids as their energy source, which increases the use of fat stores. Exercise is a major regulator of obesity. Exercise also has a positive effect on cholesterol metabolism.

Even a single exercise stimulates blood circulation to about five times that of sleep, and regular long-term exercise can affect blood vessels and the heart. The development of a structural change in the heart as a result of exercise requires months of effective endurance exercise, but the contractile force of the left ventricle of the heart improves and the stroke volume increases with just a few weeks of endurance exercise (Powell et al., 2017). Everyday movement has little direct effect on the functioning and structures of the respiratory system, but it is needed to maintain effortless and adequate breathing. The health benefits of exercise are not stored, but diminish or disappear when exercise ceases. After stopping exercise, its effects diminish in as little as two weeks and disappear in 2 to 8 months, depending on the tissue being examined. However, the effects of training and non-training vary individually due to genetic differences.

<p><b>PHYSICAL SHAPE</b>            + better condition of the respiratory and circulatory system            + better muscle condition</p>	<p><b>MENTAL WELL-BEING</b>            + better mood            + reduction of depression and anxiety            + Improved self-esteem and body awareness            + buffering mental stress            + strengths in everyday life, mental and physical</p>	<p><b>NUTRITION AND WEIGHT MANAGEMENT</b>            + prevention of obesity            + maintaining the weight loss result            + Constipation is reduced</p>
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	<p>endurance get better</p>	
<p><b>DIABETES</b> + prevention and treatment of type 2 diabetes + Improves blood sugar balance + better quality of life</p>	<p><b>ASTHMA</b> + better quality of life</p>	<p><b>CANCER</b> + Prevention of colon cancer and breast cancer + Respiratory and circulatory system in patients with breast cancer fitness improves and fatigue is reduced</p>
<p><b>SUPPORT AND MOBILITY BODIES</b> + improves fitness and posture + prevents back problems + higher bone density + better quality of life and fitness for osteoarthritis + strengthens bones and prevents osteoporosis</p>	<p><b>DISEASES OF THE CIRCULATORY SYSTEM</b> + lowers high and normal blood pressure + prevention of coronary heart disease + stroke prevention + treatment of heart disease</p>	<p><b>BLOOD FATS</b> + lower triglyceride content + higher HDL cholesterol + The amount of excess body fat is reduced</p>

+ neck and shoulder pain facilitate		
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The daily as well as weekly time of physical activity and attendance of 4-year-old Swedish children. According to the study, boys are more active than girls and spend less time standing still. Both girls and boys were more active on weekdays and especially during the school day and less in place than on the weekends when they were most in place. The majority of children exceeded the one-hour daily screening time recommendation on weekends (97%) and weekdays (86%). On weekends, screen time averaged 150 minutes and on weekdays 102 minutes (Bahreynian et al., 2017). Boys spent more screen time than girls. Children’s physical activity improves health effects, and the results suggest that children’s sitting time, and especially screen time, is negatively associated with health effects.

#### 2.4.2 The Most Typical TUT Problems for Adults

Usually, there is no disease behind the musculoskeletal pain of children and adolescents, but the pain is related to, for example, insufficient exercise, unilateral exertion and incorrect movement



patterns or overweight. Musculoskeletal pain often occurs in the back, neck and legs in adults. Musculoskeletal problems in adults are often associated with stress injuries. During a growth spurt, the growth cartilage and joint surfaces are prone to damage, which also increases the number of stress injuries. It is estimated that about half of all physical injuries in adults are stress injuries, and regardless of the species, they are slightly more common in girls than in boys. Most of the stress injuries in adults occur in the bones and their growth areas, as the ligaments and tendons are relatively more durable than the bone growth areas to which they attach. Such sensitive areas are apophyses, i.e., bones growth nuclei and physques, i.e., bone growth plates. According to Spitzmueller et al., (2016), Exercise osteoarthritis and fractures occur in the posterior arch of the spine and in the bones of the lower extremities. The majority of stress injuries heal well, but some can lead to the cessation of the sport and, at worst, cause permanent harm for the rest of your life.

Apophysitis occurs when repeated exertion results in damage to the growth nucleus. Of the stress injuries in adults, apophysitis is the most common. The most common apophysites are Osgood-Schlatter's disease and Sever's disease of the back of the heel, especially in jumping and running sports. Osgood-Schlatter's and Sinding-Larsen-Johansson's disease are stress injuries to the patella tendon attachment sites. Symptoms often begin with a growth spurt, in boys aged 13 to 15 years and in girls a little earlier (Wilfley et al., 2017). The background is often ambitious training if the symptoms begin before the growth spurt. It is usually an active, even competitive athlete. In Sinding-Larsen-Johansson's disease, the pain symptom is located at the lower tip of the patella and corresponds to a jumper's knee strain injury in adults. In the disease, symptoms often begin around the age of ten, sometimes

even older. Sever's disease, which occurs in the area of the Achilles tendon at the back of the heel, occurs in athletes aged 7 to 11 years. It is especially exposed to training on hard surfaces and footwear that does not absorb shock well. The local pain typical of apophysitis during or after sports performance in the growth nucleus can be symptoms from a few months to up to a couple of years. However, they calm down almost invariably at the end of growth. It is especially exposed to training on hard surfaces and footwear that does not absorb shock well (TaverasElsie and KemperAlex, 2018). The local pain typical of apophysitis during or after sports performance in the growth nucleus can be symptoms from a few months to up to a couple of years. However, they calm down almost invariably at the end of growth. It is especially exposed to training on hard surfaces and footwear that does not absorb shock well. The local pain typical of apophysitis during or after sports performance in the growth nucleus can be symptoms from a few months to up to a couple of years. However, they calm down almost invariably at the end of growth.

A less common stress injury than apophysitis is a stress injury to the physique, the growth plate of the tubular bones. For jumping and running enthusiasts, growth plate damage is most commonly located in the upper tibia and lower femur. For swimming or throwing enthusiasts, it is most common in the upper part of the humerus and for gymnasts in the lower part of the spinal cord. If the bone load is continued despite the symptoms, bone growth may stop and lead to bone misalignments (Muthuri et al., 2016). Stress fractures of the limbs are more common in older age groups, but can also occur in children and adolescents of all ages. Stress fractures the most common locations are the bones of the foot and the tibia. Certain stress fractures, such as fractures of the front of the tibia or femoral neck, are associated with an increased risk of

ossification, but the majority of stress fractures in adults improve with rest and gradual return to sport. Exertional osteoarthritis and stress fracture may progress to spondylolysis, or spondylolisthesis. In adults, back pain occurs in up to half of the back of the spine. Also 6% of the population and 10-20 Asymptomatic spondylolysis occurs in% of active athletes. In total, the change occurs in more than 90% of cases in the fifth lumbar vertebra, which is subjected to the greatest load during bending and vibrations (Wakayo, et al., 2016). Strain injuries in adolescents usually include exercise-related lumbar spine pain, nerve root irritation, and hind thigh tension.

Tibial strain injuries are commonly associated with sports that involve repetitive back-stretching movements such as figure skating and gymnastics. Team athletes, including football players, also seem to have a lot of such injuries. 80-90% of adults who have been diagnosed with spondylolysis return to sports. They also do not experience more back pain than adults in the control population. Sports for an asymptomatic patient are also not associated with a risk of vertebral displacement.

In addition to stress injuries, children and adolescents have scoliosis, jewelry, dislocation and Scheuermann's disease (Isong et al., 2018). Scoliosis, or back obstruction, is classified into three groups according to the mechanism by which the disease occurs. Adolescent idiopathic scoliosis of unknown cause most commonly begins with adolescent growth retardation, but can also begin in early childhood. Scoliosis will affect its wearer for life. Genetics strongly influences the onset of the disease. The form of the disease that requires treatment is found in girls almost ten times more than in boys. Those classified in this group generally have a good prognosis. The second group is congenital scoliosis, in which

structural disorder of the vertebrae may have already occurred in fetal development.

The prognosis for this form of the disease can range from harmless to awkward. The third and final category is scoliosis associated with other diseases. In it, the development of scoliosis is associated with childhood neurological or muscular diseases. The prevalence of mild scoliosis is seven percent and about 0.2 percent of the age group requires treatment (Woo Baidal et al., 2017). Back pain in the lumbar and thoracic spine occurs in about one in four as early as the onset of the disease, but mild forms of scoliosis are rarely symptomatic: the only sign is skew. In severe forms, respiratory symptoms occur. Age-related degeneration of the septum can begin before the age of ten. Its most common location is presacral. Symptoms include painful compulsion and abnormal walking, but there is little evidence of neurological root deficiency in children. Lumbar intervertebral disc proliferation is rare in children and adolescents. Overall, it is less than 10% of children's lower back pain due to interstitial prolapse (Wakayo, 2016). Scheuermann's disease refers to a disorder of the growth of the vertebrae in which changes in the endplates of the vertebrae and wedge-like vertebrae are present. The disease occurs in the lower part of the thorax, lumbar spine, or at the border of the thorax and lumbar spine, and is manifested as prominent lumbar spine lobe and thoracic kyphosis. Scheuermann's disease is more common in boys than in girls. It occurs in about 1–8% of adolescents and usually begins just before the onset of adolescence.

According to World Health Organization, (2016), neck and shoulder pain in girls and boys has become more common since the 1980s, and one in four adolescents has weekly neck and shoulder pain. Girls have more neck and shoulder pain than boys. The time spent at the computer has also multiplied over the last 20

years. Non-specific benign neck-shoulder pain is the most common, and the prognosis for neck-shoulder pain is generally good. However, weekly pain is exacerbated in 5% of early adolescents and one in three young people with neck pain use painkillers. In addition to low levels of physical activity, a daily screening time of more than two hours, insufficient sleep, and hereditary factors also increase young people's neck-shoulder pain. Mild peritoneal degeneration of the cervical spine is surprisingly common in adolescents, but rarely associated with pain symptoms and neck-shoulder pain reported by schoolchildren in early adolescence predicted continued pain at 16 years of age.

According to World Health Organization, (2016), the results on the effect of immobility or exercise on neck and shoulder pain in young people have been contradictory: pain appears to occur both in young people with low physical activity and in those who exercise very heavily or strain their upper extremities. In boys, gymnastics and cycling are associated with a higher incidence of neck and shoulder pain, while in girls, snowboarding and downhill skiing are associated. In addition to apophysitis, adult knee disorders include chondromalgia, which is softened by the patella. It describes unspecified and vague anterior knee pain conditions in adolescents and adults. It includes damage to the patellar cartilage, softening, and cracking, among other things. There is load pain in the front of the knee when straining or running. The disorder is a change in the osteoarthritis of the knee, which can be caused by, for example, Osgood-Schlatter, trauma or patellar luxations. Osteochondritis dissecans of the knee refers to osteoarthritis of the knee. It is a transient idiopathic circulatory disorder of the bone, leading to the death of cartilage bone.

## 2.5 Mother and Child Oriented

Women work is carried out according to three key principles: customer orientation, Women orientation and child orientation. In customer-orientation, Women members are sought to be taken into account as independent and active actors, and Women members are listened to and respected. In a Women orientation, the Women must be seen as a whole, the Women members act as experts in their situation and daily life. The Women and the worker are equal and the Women should be involved in the discussion and decision-making. Every Women is unique and different. When choosing methods of Women work, it must be remembered that the Women is an expert in its own situation. Child-centeredness must take into account the child's perspective and the child must be considered in a multidimensional way. The child's development must be known and the challenges associated with it, thus it is possible to detect problems related to the child's development at an early stage or factors that may negatively affect the child. It is important to see things from the child's point of view, to be able to put oneself in the child's position.

## 2.6 Diverse forms of Women Work

The way in which the services offered are organized and the services vary from municipality to municipality. Women work is carried out in a number of ways, such as social work, maternity and child health clinics, day care home service, schools and parishes. The child's placement and Women rehabilitation, social emergency services and parish Women work, a Women counseling center, Women work done by organizations, associations and private parties can also be included. Women work services related to the rehabilitation of children in need of special support, multi-professional Women work networks and Women centers are also

among this large number of Women workers. It is usually done with families who need support and resources for mental and social parenting. Women work includes, for example, Women therapy and Women rehabilitation, which are carried out in institutions and camps and can be carried out in many different ways, such as Women reunions, discussions, home visits, club and camp activities and Women rehabilitation. In Women work, the overall well-being of all Women members is considered important. Well-being can often be assessed through a child's developmental needs and resources. Women work can also be used to support families with special children who have more challenges in their upbringing, in which case both the child and the Women receive support.

Women work includes support for mental and social parenting, guidance in upbringing and care methods, and guidance for parents in the upbringing and care of children with special needs. Women work is about supporting interaction skills, mentoring related to managing everyday routines at home, and supporting a relationship to strengthen parenting. Women work is about strengthening the Women's ability to function in new life situations and crises, and strengthening the social network of the Women and Women members. Women work is expected to promote the well-being of families and e.g., help reduce custody. Women work consists of influencing small things and supporting coping in everyday life. It focuses on key themes such as early support and prevention. Work with families can be preventive or remedial in nature. Child psychiatrist Jukka Mäkelä reflects in Päivi Kapiainen's (2010) article "What is wrong with the support measures currently offered to children and families", when, for example, child care and the demand for psychiatric services are constantly growing? Mäkelä pulls social and Baptism, Children and Youth Working Group of

the Health Care Development Program, Department of Health and Welfare. He says that if a child in need of support or his or her Women feels that they are not being genuinely listened to in their own environment, most support measures will lose their impact. One of the main goals of the baptism program is to increase inclusion in the services provided to children and young people. Today, most of the money spent on services goes to remedial services, and the huge potential for supporting development and preventing problems is underused. According to Mäkelä, this is an unsustainable equation. According to Mäkelä, interviewed by Kapiainen (2010), the need for support must be determined through the child and the Women itself. The experience of being heard is essential when a child or Women needs support. According to him, the Women itself knows what kind of support is needed and when the Women is heard, the stress is reduced. When stress is reduced, a person is able to act much more flexibly and accept new ideas and new opportunities. According to Mäkelä, Women work can be defined as support and assistance from outside the Women. This assistance should be supportive of the Women's own resources and self-sufficiency.

## 2.7 Challenges of Women Work

The desirability and grounds for taking custody of children began to be discussed in Finland as early as the 1950s. Custody was linked to the concept of Bowlby's mother's exploitation, which was born after the war, which, according to Juha Hämäläinen, caused hesitation about custody as a child protection measure and a willingness to look for other measures instead. There was a desire to strengthen outpatient care and prevention, as well as a need to prevent Women breakdown. Support for the happiness and well-being of families and the prevention of divorce and custody began



to receive more support. The support and help needed by the Women varies between families, and the goals of Women work are different for each Women, and the need for support and help arises from the Women. Before problems become too big and permanent, support measures can be offered to the Women. However, the main goal is hope and thinking about a better tomorrow. The purpose of the work is for the Women to survive independently in everyday life, for the Women's well-being to increase and for the Women to be informed and to be able to apply for services in good time if necessary. According to Minna Salmi (2010), structural indifference is the biggest threat to children's well-being. The well-being of children in Finland has been measured by six indicators, which cover a significant part of children's lives. These indicators are; material living standards, health and well-being, school and learning, a secure environment for growth, participation and social activity, and the support and protection provided by society.

The economic situation of families with children has weakened and child poverty has risen sharply since 1994. There were 52,000 poor families with children in 1995 and in 2008 there were already 145,000. There are many reasons for the poverty of families with children, e.g., unemployment of one or both parents, many children in the same Women, single-parent families and part-time and part-time work. The development of child benefit, household care support and private home care support has been declining for the last ten years, although total expenditure has remained at the same level for years.

As a result, and challenge, the ever-increasing number of clients in Women work has been a challenge. In 1990, the number of clients in education and Women counseling was about 47,000 under the age of 18, and in 2008 the same number was already over 70,000 under the age of 18. The number of child care outpatient clients

has increased from about 32,000 in 1996 to more than 65,000 by 2008. The number of children in care is growing all the time, and social and health care has not been able to meet the increased demand. In schools and kindergartens, adults do not have enough time to make contact with children, it is difficult for them to detect problems early enough, and early detection of problems does not help if the queues for special services such as Women counseling are too long.

## 2.8 Challenging Behavior and its Causes

The term challenging behavior evokes different images in people. Imaginations can lead through previously used terms. These have been, for example, malice, boredom, village madness, nervousness, abnormality or abnormality. In addition, words such as problem behavior, disturbing behavior, disturbing behavior, disruptive, or maladaptive have been used. The term challenging behavior has been introduced through disability work and mainly through developmental disability and Obesitiespectrum work. It is a relatively new term and describes the fact that the behavior is not socially acceptable. The history of challenging behavior can be traced back to the 20th century, when several children, so-called wild people, were met. In finding them, these children have behaved naturally rather than according to the rules of cultures. Today, it is believed that the reason for the abandonment and abandonment of children in nature has been children with intellectual disabilities or Obesity. Since then, a movement has emerged that states that people with intellectual disabilities or other problems are not allowed to have children. The background to this activity has been writings and published articles stating that criminal behavior is hereditary. This led to e.g. Sterilization in Sweden and the destruction of every mentally handicapped person in Germany by the 1945s. After such horrific events, the search for

a so-called better explanation for the challenging behavior began. Thus, the idea that people are born alike (in terms of intelligence), after which different things, such as the growth environment or the ability to resolve internal conflicts, influence the formation of behavior and personality, raised their heads.

Challenging behavior can occur in anyone but in humans. Different life situations can lead to loss of control and abnormal behavior. Although every person behaves challenging at times, the decisive factor in defining it is the consequences of the behavior and the fact that situations must be addressed. Challenging behavior is when it causes problems for people around a person. Behavior can also be seen as challenging when it challenges not only the environment but also the person themselves. Challenging behavior is tied to culture. It manifests itself as aberrant behavior from the patterns of behavior of the surrounding culture to the extent that it causes difficulties for the person himself and others. Challenging behavior can be mentally, socially or physically challenging. It is often perceived as challenging from many different perspectives. Behavior in general can be situational and role-dependent. For example, when we are physically threatened, we can legitimately find or kick a threat and run away, thus avoiding injustice ourselves. It's a different matter if we hit an opponent out of there but suddenly run down the street with cars. So we know that not only the visible behavior itself determines what is challenging to use, but also the situations.

### 2.8.1 Incidence

Epidemiological research on challenging behavior focuses on the prevalence of challenging behavior and how personal factors and environmental influences affect the manifestation of challenging behavior. According to Emerson, challenging behavior occurs in about 10-15% of the target group. On the other hand, 2/3 of people

who behave challengingly occur in several different areas. he child's behavioral problems clearly decreased with age. The incidence varied from 39% to 62%, depending on the problem. In the study, parents assessed restless movement as the most serious behavioral challenge for their child with a developmental disability. All behavioral problems clearly increased parents' experience of stress. The causes of the disability were linked to the stress experienced by the parents in the studies. Parents of autistic children experienced more stress than parents of other disability groups. This is explained in the study by the fact that children with Obesity have more behavioral problems than others. Disaggregated by gender, men generally have somewhat more challenging behavior than women. This is particularly pronounced with regard to aggression and the destruction of property. Looking at age, challenging behavior appears to increase in childhood and adolescence between the ages of 15 and 24 and then decline. Thus, it is most common in the 15-24 age group. Studies in the 21st century show that, in addition to the age-related incidence, the patterns change with age. Self-harming behaviors often occur in younger people, such as beating their heads or biting their fingers, more often than in older people, who, in turn, pluck their skin or use tools more than younger people.

Various syndromes and injuries, as well as intellectual impairment, can be a background to challenging behavior. In addition to these, disabilities can also occur in other areas of life. Hearing or vision impairment, illiteracy, poor social skills, periods of insomnia, and mental illness increase the likelihood of challenging behavior. The environment has also been studied to have an effect on the incidence of challenging behavior. Studies show that challenging behavior is more prevalent in institutions than in other living environments or forms of housing. On the one hand, the link

between challenging behavior and housing is not unambiguous, as the degree of disability and challenging behavior are factors in the choice of housing. Furthermore, studies have not shown any clear changes in the appearance of challenging behavior during the demolition of facilities into other forms of housing. The so-called negative expressions of emotion in normal life are not challenging to use. Even extreme behavior, which occurs very rarely or hardly, is not in itself challenging, but if it poses an immediate danger to itself or others, it becomes challenging. The inherent harmless behavior of people with Obesitiespectrum disorders due to the underlying specific neurocognitive difficulties is not actually challenging to use. When talking about people with Obesitiespectrum disorders, it has been extensive to understand from research that there is always a reason for challenging behavior. Behavior is not intentional, but usually a reaction to, for example, pain, aches, sensory stimuli, waiting too long not to be understood, uncertainty, or even an unfair or unexpected situation.

## 2.9 Parenthood

The birth of a child is described as a miracle. No preconceived notions apply to this miraculous and mystical beginning of life. On the other hand, there are certain types of educational preconceptions and expectations about the newborn child. Pre-understanding refers to the background formed by human perception, developmental psychological knowledge and traditional knowledge. A healthy child is always desired. Having a child gives birth to parenthood. You will become a parent, but you will not be able to train in parenting as you did. Families are diverse. It can refer to families made up of people without children or with children. They can be married or cohabiting parents, new families, childless couples, cohabiting, gay and lesbian couples, single parents or two-center families. The latter refers to parents

who live in different households but have joint custody of the children. Whatever the form of the family, it is considered a social system that lives as part of the surrounding society. The life cycle of families goes through their own stages of development. These stages of development are similar to what an individual goes through in their own lives, such as the independence of family members and the changes in family responsibilities that come with it. Family structure and personal relationships, as well as relationships with neighbors and the environment structures and networks of society determine the stage of development of the family, but also the family itself.

### 2.9.1 Parenting of a Disabled Child

After receiving the first information about the birth of a disabled child, each parent experiences and feels in their own way. Often the initial shock and sorrow come first. We experience sadness personally, but also collectively and communally. Despite the child's unusual development, the family strives to live the so-called normal or ordinary everyday life of a family with children. Due to the special characteristics of the child, the family has many new responsibilities to take care of. According to the ecological view, the child's development and the activities of the parents as well as the whole family guide professional activities and the provision of support. The family lives surrounded by loved ones and society. An ecocultural view makes the family's everyday survival reach and link from the individual to society through the family's choices. Expressions, gestures, and sounds are signs that allow us to interpret the needs of our children. Experience teaches us to interpret what the characters mean in different situations, such as the different nuances of crying. When a child's development does not follow the so-called normal development expectations, the interpretation of the signs becomes more difficult. When a child

starts behaving unusually, parents often start blaming themselves. What have I done wrong? Deviating and misleading behavior can offend and hurt parents. After being certified as an autistic child, parents experience many conflicting feelings. Future and Obesity-related behaviors are often a concern for the future. Disappointment can be great when the child is not the so-called normal. Obtaining a diagnosis is often seen as a turning point. Awareness of the features associated with diagnosis can bring security and relief, as it is difficult to live in uncertainty.

Often, parents of children with special needs start raising their children as their parents raised them. However, they wake up to the fact that these means do not work as desired, in which case they often begin to wonder if there is something so-called wrong about the child. In this case, caregivers are contacted and assessments are made that may lead to diagnosis. This confirms to parents that problems are derived from the child and not from the methods, but do not eliminate the child's peculiar behavioral traits. It is important that parents and those who work with the child create a positive good life for those with special needs. Everyone reacts in their own way to the knowledge of a child's difference. It would be advisable to work on own feelings. For example, allow yourself to be both sad and angry, as long as it takes. Grief work takes time, and in parents this grief work is reactivated every time a child / young adult / adult is dealt with. There are more ways to work with grief over the years. In less than two decades, the supply of aid and support has increased, but it is still too low. There are a number of brilliant and determined parents and professionals who are fighting for change and better support specifically for people with Obesity spectrum disorders.

Everyday parents with a disabled child receive family resources from physical and material resources, the relationship between

spouses, formal and informal support provided by the environment (including social support) and parents' perceptions of managing their own lives in stressful situations. Parents received resources from the functioning of the mutual relationship. Parents receive social support from relatives, especially grandparents, who have been a great help in caring for their children, and friends and acquaintances also get help. However, the need for help decreased as the child's age increased. The same is true of the need for and availability of official assistance. The closest of these are people who are in daily contact, such as staff, instructors, assistants and teachers. Modern society offers many different forms of help and support. Research and awareness of different disability groups has progressed and is generating more information. For example, the first professorship in disability research was established in Finland in the 2010s. Social visibility in Finland, both in the media and in politics, has brought people with disabilities to everyone's attention. The activities of active unions and their member associations also provide information, provide training, adaptation coaching, expert services and peer support. The impact of social media on the amount of help and support is still visible.

### 2.9.2 Parenting and support needs of a child behaving in a challenging way

The behavior of challenging individuals can take extreme forms. Because of these, the lives of individuals themselves, their parents, siblings, teachers, and everyone else who works with them can become exceptionally heavy and frustrating. As with people on the Obesity spectrum, the behavior of children who were fired was considered to be due to incompetent parenting. As knowledge increases, it is known that difficulties are much more complex, which can be due to many different reasons, and are therefore not necessarily incompetent parenting. In order to cope with everyday



life, families have their own ways of dealing with different situations. Many of these have consisted of operating models learned over the years and set from the outside. Thanks to early rehabilitation, the use of structure and plain language, for example, has become familiar. In addition, there are as many means of control as there are families, as each individual modifies the family's own culture.

Family research on children with disabilities has expanded since the late 1970s. At the same time, the theoretical starting points of the studies have naturally diversified. The original and oldest approach was an idea similar to the crisis model, where families are plunged into a crisis involving different stages of development. In Finland, research on the families of children with disabilities, especially those with intellectual disabilities, began to expand in the 1980s, and research has begun to appear since the 1990s. In Finland, research into the coping of parents and the need for support, as well as the survival of families, began in Finland in the 1990s in families with a disabled child. The research results show that families live a normal family life. Everyday routines are also practiced with the disabled child. Although mothers are more active in these fathers. In her 2008 study, Minna Kohvakka came up with similar results: two out of six families found everyday life to be functional and four out of six challenging. The results of a 1991 survey show that the most sought-after forms of support for families with children are temporary childcare (52%), financial support (34%) and home care (28%). 10% of respondents needed disability-related questions and discussion and counseling.

The study of the Obesity and Parenting Stress Index (Obesity Parenting Stress Index: Initial Psychometric Evidence) looked at areas where parents need support for parenting skills and assessed the effects of interventions. Parents of children with Obesity had

four times more stress than the control group, and the corresponding figure for parents of children with developmental disorders is double that of the control group. The analysis of the results of the study showed that three factors influencing parental stress are: one is related to the core deficits, the other is related to the co-morbid behavioral symptoms, and the third is related to the physical symptoms of the disease. Morbid physical symptoms). There has been no need for an in-depth study of the experiential effects of special needs education, as its existence has been effectively and naturally felt to be justified. In the study Disability, parents are satisfied with the effectiveness of special needs education. First, it can be said that parents can also be satisfied with poor services. This has been the case, for example, in institutions with mental disabilities in the past. However, with the development of services, parents and their organizations have also pushed for better conditions for their children, for example by replacing institutions with dormitories. Second, parents have not been able to afford to think that their children will be better educated than they are. This is the case, for example, in cases where the child's teaching group is changed within the school. Thirdly, the opposition of families to special needs education has been a key issue in the provision of special needs education.

**CHAPTER NO 3**  
**THEORITICAL FRAMWORK**

A theoretical framework is a collection of theories stated by experts in the field in which you intend to conduct research that researchers may use as a coat hanger for data analysis and interpretation. The theoretical framework helps researchers to add depth to their data analysis by referencing concepts developed by people who know a lot more about their topic than you do, as well as hypotheses that have been proven or are incontrovertible in many situations.

### 3.1 McDonaldization theory

The term “McDonaldization” was invented in the late 20<sup>th</sup> century by George Ritzer, an American sociologist, with the aim to describe the rationalization of work, consumption and production. The fundamental concept is that these functions have been adjusted to comply with the quality of calculation, efficiency, predictability, standardization, and control demonstrated by the fast-food restaurants. This modification has a ripple effect on the entire society. George Ritzer's book "The McDonaldization of Society" published in 1993 introduced the concept of McDonaldization for the first time. Since then, this concept has become more and more important in sociology, especially in the field of global sociology. Ritzer's described that the phenomena of “McDonaldization of society” takes place when an organization, society, or institutions are transformed into fast food restaurants. The factors being altered during this transformation include the efficiency, computability, consistency, predictability and control of the restaurant.

Ritzer’s McDonaldization theory could be considered as an advanced form of the famous sociological theory presented by Max Weber’s, which described about how bureaucracy is produced by scientific rationality. The idea presented by this theory became the basic organizational force for the modern society for an extended period in the 20th century. Weber defined term of

modern bureaucracy as the division of hierarchical role, or responsibilities, performance-based recruitment and development systems, and legal and reasonable legal authority. These characteristics can (and still can) be found in various cultures around the globe. According to Ritzer, certain alteration in the culture, science, and economy, have eventually directed the country from Weber's ideology of bureaucracy to McDonaldization. Therefore, the latter has now become a new social order and structure. Moreover, Ritzer explained in his book that four key characteristics could be considered to define this newly formed economic and social order.

#### **3.1.1 Efficiency**

The efficiency necessitates that the time required to complete a whole operation or even the individual tasks must be minimized and must be the center of managerial focus. This same formula must be applied on commercial level for the process of production and distribution.

#### **3.1.2 Calculability**

Calculability assumes that quantifiable objectives such as counting things must be the center of managerial focus rather than subjective ones such as quality evaluation.

#### **3.1.3 Predictability and standardization**

Predictability and standardization tend to co-exist in the service delivery process and routine or consistent production. Moreover, both these features are also applicable on the consistent output of similar products or consumer experiences.

#### **3.1.4 Control**

The management operating within McDonald's, preferably uses the phenomena of McDonaldization to certify that the employees could appear and act in a similar manner all the time and every day. In addition to this, increasing the use of robots and technology

is also referred in this phenomenon so that the human employees could be replaced or reduced.

According to Ritzer, aside from being visible in the work, production, and customer experience, the mere existence of these characteristics in these areas has a ripple effect on society. Our beliefs, interests, goals, and worldview, as well as our identity and social interactions, are all affected by McDonaldization. Moreover, sociologists acknowledge the fact that McDonaldization is considered a global phenomenon as it has been driven by Western enterprises from the start. The fact that these western enterprises belong to the global economic power, and cultural hegemony, has led to the global unification of economic with that of social life of communities.

### 3.2 Application of the theory

This theory focuses the behaviour of human beings and their economic status. As the theory proposed different components where Ritzer specify the desire and economic condition of individual. Here in current study researcher also aim to explore the socio-economic status and the obesity whereas role of mother in this matter will also be calculated. As current study and existing literature revealed that role of mother in the development of child behaviour is vital. Particularly eating behavior attitudes, in metropolitan cities mother have a very busy life same as fathers' life in rural areas. As the theory explained that Medialization is all about the globalization people become busier at the mean time material things are also become more accessible to them: if mother is at workplace and she has very tough routine as she can easily order fast food from any outlet of fast-food as she received. Another thing is the taste of food if you taste fast food of McDonald's in America same taste will be served in Pakistan there will be no difference in taste and quality which manipulates the

behaviour of costumers over their will and desire. Another relativeness to the current research is approach as people adopt the culture of modernization, in metropolitan cities people used too of making their meal plans out of the home with their children particularly fast food. In this course children develops long-term fast-food eating behaviour and gains weight more than their age. Different components are defined to understand economy and social order.

**CHAPTER NO 4**

**CONCEPTUALIZATION AND**

**OPERATIONALIZATION**



The term "conceptualization" refers to the process of elaborating on a research topic. Variables are grouped into two sections and described further. We search sources to thoroughly investigate the notion during conception. It is easier for the researcher to comprehend the research study if the important concepts are understood.

#### 4.1.1 FAST-FOOD

Fast food restaurant is often associated with an eatery that specializes in foodstuff that could be quickly prepared and served as well.

#### 4.1.2 OVERWEIGHT

According to World Health Organization (WHO), obesity is defined as excessive accumulation of fat in the body, to the extent that it becomes a health threat for the affected individual.

Based on this definition Overweight and obesity are defined as harmful levels of fats accumulated in the body that could poses a health risk. For a person to be considered overweight, they must have a body mass index (BMI) of over 25, whereas, for one to be obese, over 30 BMI is considered.

The extra weight measured during a person being overweight or obese, is disproportionate to height and age. For this reason, this weight lies below the range associated with the lowest mortality rate (Sharkey, 1997).

Obesity refers to the percentage of fat in the body that is much higher than the normal value for age and sex. It can also be called a condition associated with accumulation of non-essential body fat, with a (BMI) higher than 30 (Sharkey, 1997).

### 4.1.3 ATTITUDE

Attitude is defined in psychology as a compilation of beliefs, emotions and behaviors concerning specific event, object, person, or thing. Attitudes are usually shaped and modified through education and experience; therefore, they tend to cast a powerful influence on the behavior of an individual. Although attitudes tend to last long, but they can be changed with the continuous life experiences.

Attitude is the evaluation of the object with differing intensities ranging from extremely positive to extremely negative. While most contemporary views on attitudes allow different people to hold different attitudes (both positive and negative) at the same time towards the same object. Different opinions regarding a same object at the same time, eventually creates conflicts or contradictions towards the same object. These perceptions and observations have led certain discussions about whether different people could hold multiple attitudes towards the same object (Yung, 2007).

### 4.1.4 OPERATIONALIZATION

As theory already revealed that in the early stage of stage of socialization human being has tendency to learn rapidly from his parents through reward and punishment system, children are always given a food particularly junk food as reward like if they would not willing to go for school or to do homework, parents offers varieties of junk food so that they appeal from this reward and do task by their own, in this course children develop permanent behaviour of eating junk food which untimely leads to obesity in children.

Another factor which involve in child obesity is the easy access to the junk food shops and cafes in schools offering only junk food because numerous reasons ,students have minimum time to take refreshment in this time period they could not wait for traditional means so they prefer to eat junks foods as easy accessible for them in schools, another factor which is associated with parents is the busy routine of parents, in metropolitan cities of Pakistan like Islamabad women's prefer to get job so that they can reduce economic gaps due to this reason mothers cannot pay attention to their children because they are already indulge in their busy routine so to fulfil the motherhood they can have quick option to make a Tefen of fast food for their children so all these factors involve in to develop fast food eating patterns in children.

**CHAPTER NO 5**  
**RESEARCH METHODOLOGY**

The research technique is described in this chapter. The research design, study location, and target population are all included. There are also sample strategies, data gathering methods, equipment validation, and data processing procedures to consider.

### **5.1 Research Design**

A study design is a plan that describes and indicates the population being investigated, as well as the technique and procedures utilized to process data collected in the field (Kothari, 2004). The study employed a quantitative research methodology. Researchers choose this area because there was easy to access to respondents. Islamabad is chosen as locale for the research because it represents good sample from the metropolitan cities.

### **5.2 universe**

The study was conducted in Islamabad district, respectively. Islamabad is chosen as locale for the research because it represents good sample from the metropolitan cities. Islamabad is most engaged city of the Pakistan where women are highly engaged in workplace there for, they are adopting different techniques for their children up brings meanwhile mothers also trends to minimize the burden related to the child food by considering all these perspectives research opt Islamabad as study area. Islamabad is selected for study area because in literature Jhon (2017) figure out that children are recorded more obese in metropolitan cities where physical work is almost at lower level so by keeping this knowledge, I mind researcher considered Islamabad as study area.

### **5.3 Target Population**

The target population for this study included the working women's particularly working mothers in Islamabad, respectively. It comprised of Roots international school system Islamabad, city school Islamabad, Islamabad model school and superior school Islamabad.

#### **5.4 Sample size**

The sample size targeted for this study comprised of further groups. The first group was concerned with the primary schools, where students from four different schools were selected. On the other hand, the second group comprised of 200 pupils that were younger than 14 years. Finally, the third category targeted for this research involved mothers of the pupils selected from each of the four schools. The sample size selected for this research was considered realistic and appropriate to conduct quantitative research. 200 hundred respondents approached by researcher for data collection.

#### **5.6 Tool for data collection**

Questionnaire has been used as tool for data collection in this research. Where the questioner is comprising of different closed ended questions. While developing tool different scales are used to measure the responses of the respondents like Likert scale etc.

#### **5.7 Technique for data collection**

In this research the researcher executive questionnaire through which data can easily be collected from the respondents. The respondent can be trap through online or can be filled questioner physically, but the close ended response was centered to the research topic. The research aimed to find out the role of mother in the development of eating patterns in children.

#### **5.8 Tool for data analysis**

There are few tools for data analysis in qualitative research. The researcher used SPSS which is software to analyze quantitative research data. The researcher used this tool because he was familiar to this software.

#### **5.9 Techniques for data analysis**

The researcher did code with the help of SPSS software. The researcher put all the data from the questionnaire. The software

automatically generates graphs, charts, and correlation among variables, and we can also apply different test o collected data.

### 5.10 Ethical Considerations

Because of the nature and sensitivity of the study subject, specific ethical rules must be considered when completing this thesis. During the interview, the respondents were given a letter of authority from the department head. It was asked if they wanted their names to be used in the study or if they wanted to remain anonymous. Most respondents agree to have their names used in the study, but their identities will not be revealed. To maintain confidentiality, the data gathered on the field will be interpreted in a general rather than an individual manner. Instead of being used for other purposes, the information gathered by the respondents would only be used as part of this scholarly endeavor.

## **CHAPTER NO 6**

### **RESULTS**



This chapter includes the analysis of data in the form of different tables and graphs each table will be explained and different tests are employed to find out better relationships among variables regression and chi-square is done for data analysis.

**Table 6.1 Demographic distribution of collected data**

Respondents	Frequency	Percentage
Working women	100	50%
Non-working women	100	50%
Total	200	100%

Table 6.1 indicates that 100 respondents belong to the working class and 100 percent respondents are from the non-working class. The reason for such distribution was to ensure the co-relation among working and non-working women's and their role and responsibility in child obesity. In previous research, researchers claimed that mothers are responsible for obesity in their child (Gram, 2007). However, John (2004) suggests that working mothers do not have sufficient time to care for their child, which leads to obesity. In current research, the researcher will comparatively study the role of mothers, whether they are working or non-working.

**Table 6.2 age of respondents**

Respondents	Frequency	Percentage
20-25	25	12.5%
26-30	28	15%
31-35	47	23.5%
36-40	100	50%
Total	200	100%

Table 6.2 illustrate that majority of respondents are belong to age group of 35-40 and another majority of respondents are form 30-35 age group, this distribution also indicates that mostly women are become mother in late 30ties particularly in in metro polytan cities of Pakistan and current research was conducted in Islamabad Pakistan. In literature reviewed researcher concluded that in early 30ty age mother have a tough routine they cannot handle or manage their task properly as they are experiencing new, that's why their early children are likely to become obese than the younger child's so by kipping this research as base for current research distribute population into different age group, so that in further tables different test would be applied.

**Table no 6.3 Women system**

Women system	Frequency	Percentage
Joint Women	50	25%
Nuclear Women	150	75%
Total	200	100%

Table no 6.3 shows that majority of respondents living nuclear Women and 25% of respondents are living joint Women.

**Table no 6.4 education of the respondents**

Education	Frequency	Percentage
Primary	10	5%
Middle	13	7.5%
Metric	37	18.5%
Inter	40	20%
Masters	80	40%
Total	200	100.0%

Table 6.4 indicates that majority of responds are educated in Islamabad only 10% of the respondents are under primary education. In the current research the main purpose of the data collection of education is to examine the level of workplace engagement according to their education and its overall impact on obesity of their children in (1990) gram suggested that mostly educated women are engaged in job market then illiterate women's another understating will also be clear by this distribution that whether educated women conscious about their child diet or uneducated women's.

**Table no 6.5 number of children**

Number of children	Frequency	Percentage
1-2	74	37%
3-4	112	56%
5-6	3	1.5%
More than 6	1	0.5%
Total	200	100.0%

Table no 6.5 showed that majority of the respondents have 3 to 4 children and most of the respondents have very small Women size, both of the statistics depicts that in metropolitan cities Pakistan Islamabad people are aware about the Women planning but there are numerous determinants are behind the Women planning, in current research as researcher claimed in the hypothesis that there is significant relationship between working women and child obesity as the statistics proved that working women are likely have a small Women size than a non-working women in Islamabad.

**Table 6.6 correlation of fast-food and physical exercise of child vs working and non-working women**

	Working women (Sig value)	Non-working women (Sig value)
Fast-food intake	.207	.446
Physical exercise	.278	.273
Observations	200	200

The Table 6.6 shows that there is a positive correlation between consumption fast food with working women. An observation was based in Islamabad. It guided us that the children of working women are a prone of fast food. Because it can be argued that the working women have lack of time management to offer their children's. The working women have abundance of financial resources. In this way, the children are easily access to the fast food. Contrary to it, the women who are not a part of professional career have a dramatic decline in the fast-food consumption. For case they know that the prolonged effects caste by the fast food. The case study of National Food Survey in 2018 revealed that Pakistan is among the fast-growing obesity countries in the world. For the sake, women who are not engaged in the professional field are very cunning about the consumption of fast food.

**Table 6.7 Child obesity and mother attention.**

Response	Frequency	Percentage
Agree	49	26.5%
Disagree	55	23.5%
Do not know	36	18%
Disagree	39	22%
Strongly disagree	23	10.2 %
Total	200	100%

The Table 6.7 shows that most respondents defy that there is a negative correlation between child obesity with the attention of mother. The Islamabad based observation has depicted that mother's affection for her children is the need of hour. Because it can be argued that mother is the positive primary agent of change. The women can transform whole world if she is free from patriarchal practices. Furthermore, the ongoing period of covid19 has proved that the mother care and love can ease difficult situations. The lockdowns and social distancing proved that the Women's foremost mother's love is the way to sail challenging situation. Hence, it is proved that the mother is the primary agent of socialization.

**Table. 6.8 Being a mother, you can control obesity in your child**

Response	Frequency	Percentage
Agree	49	26.5%
Disagree	55	23.5%
Do not know	36	18%
Disagree	39	22%
Strongly disagree	23	10.2 %
Total	200	100%

According to the table 6.8, the respondents positively respond that mother can control obesity in her children's. The growing obesity among young population is the point of concern at nationwide. For example, according to the latest data of National Health Institute (NIH) in 2019 that, every 3<sup>rd</sup> child out of 10 is facing obesity issues. The health hazards are correlated with the lack of sports activities, lack of parks and unbalanced diet. However, the issue can be handled through the primary care, well known mother. The mother is directly associated with her children's health and social engagements. She can properly manage the food cycle, provision of necessities regarding food to counter obesity. In addition, she can properly manage the balance diet, offering recreational activities and look after her children's. Thus, it can be fairly argued that the mother can control obesity in her children's.

**Table. 6.9 Carelessness of mother impact child health.**

Response	Frequency	Percentage
Agree	49	26.5%
Disagree	55	23.5%
Do not know	36	18%
Disagree	39	22%
Strongly disagree	23	10.2 %
Total	200	100%

The table 6.9 shows that carelessness of mother can directly impact her child's health. There is a positive relation between children's behavior and mother tutelage. The majority of respondent fairly commented that mother is a primary agent of change. When mother is caring about her children's career it ultimately affects their health psychology and other social factors. If, mother is reckless about her children career and future it will ultimately affects her children future and status of growth. The child is seeking whatever her mother taught him. In this way, the mother is a primary agent of change. This changing could lead to the nation's transformation. It led to the innovative minds and creativity in the globalized world.

**Table 6.10 Mother should always spend time with child's particularly during meal.**

Response	Frequency	Percentage
Agree	49	26.5%
Disagree	55	23.5%
Do not know	36	18%
Disagree	39	22%
Strongly disagree	23	10.2 %
Total	200	100%

According to the graph 6.10, mother should spend maximum time with her children's especially during meal. The act is driven force of primary socialization among children. For instance, the act will inculcate the primary ethics of food consumption and maintain the ethics of moralism. Adding more to it, the act is an impetus of balance diet as well as to avoid obesity among children. The mother is an agent of positivity to teach her children about morality of food utilization. These factors are mainly inculcated as well as driven by mother. The maximum participation of mother further made her children conscious about social goals, balance diet and avoid fatty issue in children. In Toto, it can be concluded that women must spend maximum time with children during meal.



**Table .6.11 Mothers thought regarding junk food leads to obesity in children**

Response	Frequency	Percentage
Agree	81	40.5
Disagree	21	10.5
Strongly agree	81	40.5
Strongly disagree	7	3.5
Neutral	10	5.0
Total	200	100.0

According to the table 6.11, mother can prohibit children to take fast-food. The respondents are merely Islamabad based. They are of the view that mother can directly interfere while her child taking fast food. The mother can halt the consumption. She can easily replace the usage of fast-food items with domestic made food products. For example, mother can replace the market-based fries with homemade one. Further, she can also replace the hotel meals with her own made ones. Therefore, it can be fairly debated that mother can easily prohibit children to take fast food.

**Table. 6.12 Working women’s have not that much time to take care about child lunch**

Response	Frequency	Percentage
Agree	49	26.5%
Disagree	55	23.5%
Do not know	36	18%
Disagree	39	22%
Strongly disagree	23	10.2 %
Total	200	100%

According to the table 6.12 Working women’s have not that much time to take care about child lunch? The processional parents are off the fatigue due to their dual role. The official hours and the prolonged working strategies have exhausted their ongoing stamina to look after their children. For example, its hard to find and paly double role as a Women guardian as well as staff at the same movement. According to the report of the ILO, the unfair division of working class among peasants has been creating sense of deprivation among them. Hence, it can be easily argued that the working families have hard and not much time to manage the children affairs too.

**Table 6.13 Mothers should consult doctor about your child's dietary plan**

Response	Frequency	Percentage
Agree	49	26.5%
Disagree	55	23.5%
Do not know	36	18%
Disagree	39	22%
Strongly disagree	23	10.2 %
Total	200	100%

As per the Table, 6.13 argued that Mothers should consult doctor about their child's dietary plan. Its an obvious factor that mother is a primary guardian. She is well known and directly linked with the physical and mental status of her childrens. For example, if a child is facing some mental disorderd she emphazizely consult a mental specialist. Adding more to it, if children is facing digestive issues she ultimately consult the concern spealist. Thus, it can be faily argued that the mother is a primary agent of fostering. Ultimately she is a true guardian of her children diety plan. She is taking responsibility of diety plan and timely consult a specilist incase of any disorder

**Table 6.14 Childs are looking intelligent if they are not obese**

Response	Frequency	Percentage
Agree	49	26.5%
Disagree	55	23.5%
Do not know	36	18%
Disagree	39	22%
Strongly disagree	23	10.2 %
Total	200	100%

The Table 6.14 shows that Children are looking intelligent if they are not obese. In fact, the children mentality is direct proportion of his health. If children are facing corpulent and bulky health conditions, he will be unable to grow his mental sharpness. Contrarily to it, children who are not facing murky issues they will ultimately engaged in recreational activities, assisting to their families in petty matters and so on. For example, the developed states like Japan, United States and South Korea are fine examples of the societies where children are facing least issues of obesity. Truly, these societies are allowing and granting recreational curriculum, parks and well-equipped educational institutions which are directly uplifting the mental status and health status of children. Thus, it can be fairly argued that the children are looking intelligent if they are not obsessed.

**6.15 Mothers views that they should always spend time with children particularly during meal**

Response	Frequency	Percentage
Agree	49	26.5%
Disagree	55	23.5%
Do not know	36	18%
Disagree	39	22%
Strongly disagree	23	10.2 %
Total	200	100%

The table 6.15 shows that obese children are more not more talented than healthy children. In fact, the children mentality is direct proportion of his health. If children are facing corpulent and bulky health conditions, he will be unable to grow his mental sharpness. Adding more to it, children who are facing murky issues

they will not engaged in recreational activities, not assisting to their families in petty matters and so on. For example, the poor states like Yemen, Afghanistan and Sudan are fine examples of the societies where children are facing more issues of obesity. Truly, these societies are not allowing and granting recreational curriculum, parks and well-equipped educational institutions which are directly uplifting the mental status and health status of children. Thus, it can be fairly argued that the children are lacking intelligent if they are obsessed.

**Table 6.16 Lunch box must be full of vegetables instead of fast-food**

Categories	Frequency	Percent
Agree	95	47.5
Disagree	17	8.5
Strongly agree	70	35.0
Strongly disagree	10	5.0
Neutral	8	4.0
Total	200	100.0

The Table 6.16 shows that Lunch box must be full of vegetables instead of fast-food. Fruit is an essential ingredient of balance diet. It is ensuring the consistent provision of proteins to the human body. In other words, fruit is guarantying physical as well as mental sharpness of the human body. According to the research, the human body is requiring at least 60% of diet daily to avoid murky and other physical disorders. The diet is must full of fruits.

Adding more to it, the child lunch must be full of fruits. The fruit is an essential ingredient of their physical fitness and growth of the body. Further, it is guarantying the mental sharpness of children's body. The survey is purely conduct on this basis. What is an impact of fruit in the diet of the body? So, it is fairly argued that fruit is an essential element of children growth. Thus, it ultimately snubbed the lust to use fast food.

**Table 6.17 lunch box must be made by mothers instead of maids**

Response	Frequency	Percentage
Agree	49	26.5%
Disagree	55	23.5%
Do not know	36	18%
Disagree	39	22%
Strongly disagree	23	10.2 %
Total	200	100%

According to the Table 6.17 it is mentioned that lunch box must be made by mothers instead of maids. It is fair to argue that the mother is primary agent of Women guardian. She is aware of her children health, physical and mental acceptance. Further, she is also primary responsible factor of change in the behavior and controller of health issues among her children's. For example, she can take care of cleanness, maintenance of her kitchen; grocery used in kitchen must be properly equipped. In that manner, the lunch box of her children is well prepared. However, when the

lunch box is prepared by maids have a negative consequence. In many times the maids are lacking hygienic issues. In hasty manners they are not properly looked the health and hygienic standards. In this way, it is fair to decide that the maids should abstain while making lunch box for children.

**6.18 Tough routine of mother can negative impact of children's**

Response	Frequency	Percentage
Agree	49	26.5%
Disagree	55	23.5%
Do not know	36	18%
Disagree	39	22%
Strongly disagree	23	10.2 %
Total	100	100%

The Table 6.18 depicts that's the Tough routine of mother can negative impact on children. As per discussion, the women who are engaged with profession's they have failed to give proper time to their children's. The ongoing period of economic prevalence has deprived the social fabric of human society. The parents who are engaged in commercial activities are mostly relying over day cares and rehabilitation centers. These centers are mostly run for the commercial purposes. For example, China is the finest example of day care centers. The parents are engaged in commercials activities. They have a hard period to give time to their children's. so, the children are lacking social and Women term and values. Therefore, it is fair to argue that the tough routine of mother can negative impact on children.

**Table 6.19 Due to over burden of daily tasks mother ignore diet of children's**

Response	Frequency	Percentage
Agree	49	26.5%
Disagree	55	23.5%
Do not know	36	18%
Disagree	39	22%
Strongly disagree	23	10.2 %
Total	200	100%

The Table 6.19 shows that, due to over burden of daily tasks mother ignore diet of children. The case study reveals that the mother who are performing overburden tasks have failed to provide the proper diet to their children's. It is directly proportional that the extra activities will create bother and burden on human body. For example, if a women or mother engaged in commercial or any other profession, she can give proper time either to Women or a career. However, in our country due to financial strains and other family issues, the mother can easily lean to commercial engagements. These engagements easily suffer the health status of the Women. The maids who are hair on wage basis are of failed to provide or fairly done their duties ion fair basis. Therefore, it is fair to argue that the women who are engaged in commercial or fairly dominated by domestic engagements can easily ignore the diet of their children.



**Table no 20 Varieties of meals are offered to children in meal**

Response	Frequency	Percentage
Agree	49	26.5%
Disagree	55	23.5%
Do not know	36	18%
Disagree	39	22%
Strongly disagree	23	10.2 %
Total	200	100%

A Table 20 shows that Varieties of meals are offered to children in meal can transform his body growth. The respondents are based in Islamabad are of the view that variety of meals are beneficial for child's growth. The act can increase the immune system. Further, it is also beneficial to balance the food diet and provision of other necessity items for the body. For example, if the menu contains variety of food items can increase the consumption and utility as well. The menu is full of pulses, rice, meat, and grains will be more beneficial to the human body. Adding more to it, the developed societies of the world and the research institutions are of the view that there must be balanced of diet in the human food consumption. Therefore, the conclusion guides us that the varieties of meals are offered to children in meal can transform his body as well as mental growth.

**Table no 6. 20 breakfast includes**

Categories	Frequency	Precent
Oblate	64	32.0
Tea and paratha	66	33.0
Chana tea paratha	29	14.5
Other	41	20.5
Total	200	100.0

In table 6.21 results revealed that mostly mothers served Anda paratha and tea as literature exposed that if child should take a breakfast like oily thinks, it can have consequences to obesity and here in above mentioned tables mostly children are served by Anda paratha and chi which in high in fat composition another 33 percent of respondents are having their breakfast with only tea and paratha.

### **Hypothesis**

Non-working mother are more attentive towards child's daily routine as compared to working mother.

**Cross tabulation test**

**Table 6.20**

		Time duration		Degree of participation
		Hour	Min	
Working mother	Eating with child	00	50	0.42
	Eating at home	00	30	0.34
	Eating away from home	00	20	0.4
	Food preparation	00	20	0.90
	Physical activities	00	10	0.20
Nonworking mother	Eating with child	01	00	0.27
	Eating at home	01	00	0.27
	Eating away from home	00	00	0.2
	Food preparation	02	00	0.88
	Physical activities	02	02	0.14

**Explanation of table 6.20**

As researcher claimed that there is significant relationship between working mother and child obesity and comparative study of working mothers and ideations of obesity in her children and non-

working mothers and child obesity. The results of the study in the above table showed that children of working-mothers are more likely to be obese than the children of non-working mothers. The reason to prove in the research that working mothers always depends upon fast food particularly in lunch box they prefer fast food due to their busy routines they can make home made foods for their children and the economic condition of working mother is good than non-working women and this factor also influence the childhood obesity. In above table 6.20 also shoed that the physical time of working mother is much less that the mothers who are at home which also affects the health of children and leads to childhood obesity

## **CHAPTER 7**

### **Discussion and Conclusion**

The regression results confirm that the mother's employment (measured by the mother's average weekly hours of work) is highly related to the possibility for a child to suffer from overweight. However, no evidence provides statistical significance to the mechanism by which the childhood obesity is affected by the maternal employment. Regardless, some of the mechanisms were still explored to design the model for associating the obesity with maternal employment. Such as one mechanism encompass the how frequently a child tends to clean their own room whereas a second mechanism could entail how frequently a child is expected to do their house chores. While the third mechanism may involve how frequently must a child make the bed by himself. Based on these mechanisms, it could be assumed that maternal employment may eventually affect childhood obesity through any of these mentioned channels. It is because mothers having and attending an employment on daily basis, tend to have less time to manage their children activities. Therefore, instead of the mother the children tend to decide for themselves regarding how to spend spare time. Moreover, without the supervision of the mothers, the children could also decide what to eat, which could impose negative impact on their weight, depending upon their choice of food and activities. These children probably eat unhealthy food while spending time on lazy activities such watching TV, playing video games. However, according to the data sample used in this study, none of these channels are considered significant whereas, childcare services rather provided more surprising results. The results of this study indicate that children who have well socio-economic conditions less likely to be overweight than children who have weak economic conditions, even though this association is also not statistically significant. Moreover, the results from this study evaluated that the probability of children being obese is rather

negatively correlated with the average quarterly income. It implies that children are less likely to become overweight if they have parents whose incomes high, as compared to the children with parents receiving lower incomes, while all other factors are held stable. However, this association is not significant. In addition, the child's race is an important factor explaining the obesity of Hispanic children. The probability of overweight for non-working women children is 7.8 percentage points lower than for working women's children. Although some studies, such as the study by Huffman et al. (2010) highlighted that child belonging to single-parent families are observed to be overweight as compared to those children belonging to a family of two-parent. My research results show that whether fathers live with their mothers is not an important factor in explaining childhood obesity. Although some research like Stamatakis et al. (2010) and Akil and Ahmed (2011) suggested that children belonging to lower socioeconomic class (measured by household income level) are more likely to be overweight as compared to those with higher socioeconomic class. My research results show that income level is related to socioeconomic. There is no significant relationship between classes. Childhood obesity.

### **7.1 Conclusion**

There is a strong dependency of the childhood obesity on the changes in the lifestyle of parents. It implies that alteration in parents' lifestyle greatly decides the health of the child. One of the significant changes in parents' lifestyles is the increased participation rate of mothers in the labor force which has been more highlighted in the research in past few decades. Therefore, it could be safely interpreted that raised maternal employment is directly associated with the sudden surge in childhood obesity. Based on this interpretation, this study investigates the possible

association and link between mothers' employment rate and childhood obesity, and whether this link is indeed significant. The results obtained from the questionnaire in this study confirm that there is a significant positive correlation between maternal employment and childhood obesity. These results are like that obtained by Feting et al. (2009) and Anderson et al. (2003). According to the findings of this study, the greater the mother's educational level, the less probable her child will be overweight. Breastfeeding also lowers the chances of a child becoming overweight. Children of non-working mothers are less likely to be overweight than children of working mothers. Furthermore, the older a youngster becomes, the less probable he or she is to be overweight. Although there is a strong positive link between mother's employment and child obesity, none of the mechanisms via which mothers' job influences children's obesity are as predicted as the number of times the youngster cleans his room or gets cleaned. Expect to perform chores and find that the child frequently makes the bed on his own. As a result, more research is required to determine the key mechanism or channel through which childhood obesity is influenced by mother's employment. As a result, a bigger sample size and more detailed information on the physical activities of the children, such as time spent on watching TV, or playing outside, and the type of food consumed, could improve this study, as these have been demonstrated to be major determinants determining childhood obesity. Before learning, there are a few things to consider. Furthermore, with a bigger sample size and more thorough information for each variable, the results are more accurate. Because the activities performed by a two-year-old child are significantly different from that performed by a 12-year-old child, grouping the samples according to the mother's educational level and the age of the



children may yield better results. For the same reason, family with higher education levels may have a different impact on childhood obesity than mothers with lower education levels. According to the findings of this study, children of moms who work longer hours are more likely to be overweight. As a result, legislators, businesses, and institutions should develop regulations to promote a family-friendly workplace so that working women can achieve a healthy balance between work and life. Moreover, breastfeeding is another important factor that plays a crucial role in reducing childhood obesity. Therefore, there is a need for the government, companies, and institutions to implement effective policies regarding breastfeeding that could assist employed mothers to breastfeed their babies without a hindrance. One significant method to achieve this goal is to compulsorily extend maternity leave, allowing mothers to breastfeed their babies for a longer period. Finally, the results of this study also show that mothers with higher education levels are less likely to give birth to obese children. Therefore, the government and school officials should increase the education of mothers.

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