

# Good example of prospectus: the link between socioeconomic status and obesity wit...

[Sociology](#), [Population](#)



In the recent years, studies have established a correlation between the socioeconomic status, with respect to the level of educational attainment, and high rate of obesity amongst American citizens. However, other studies contradict this postulation and instead suggest that obesity prevention programs target individuals at all levels, rather than just concentrating on those who are considered to be below a given level education. This research project will investigate the relationship between the low socioeconomic status associated with low education levels and obesity in the United States of America.

The research process will involve conducting a quantitative survey on sampled members of the society. The subjects of the research must be twenty five years and above in order to ensure none of them are still schooling. Students will not be subjected to the research because they are still progressing education wise. An ideal research candidate for this survey will be an individual with no ambitions of raising the attained education level and is fully settled in life.

America has a population of millions of people with different levels of education. It is impossible to distribute the survey questionnaire to all Americans throughout the 50 states. Also, it would be ineffective to randomly select streets or given areas. Given areas in America are occupied by a specific population demographic. Streets, such as Telegraph Avenue are wholly occupied by students. Other localities in America are divided along economic status, race, and occupation of the residents. To tackle this challenge, a stratified probability sampling method will be applied.

The sampled population will be divided into three subgroups, each made up

of 100 individuals. The socioeconomic status, with regard to their educational levels will be used as the determinant in this sample segmentation. The final population sample will constitute one hundred individuals whose education levels do not overlap.

The socioeconomic status of each member will be determined by coding done through classification of education levels. There will be three socioeconomic levels: low education (less than high school, meaning ninth grade or less), medium education (high school, meaning 10th to 12th grades), and higher education (college or higher). The three groups indicate low, medium, and high socioeconomic status respectively. The grouping guarantees subjects from each stratum are included in the final sample. The grouping strategy will save a lot of time, effort, and costs of the research as the stratified sampling method generally does not require a large population size. Stratification has a high statistical precision compared to other survey techniques because it has a lower variability within the different groups compared with dealing with the entire population.

The body mass index (BMI) will be used as a parameter to ascertain the level of obesity in a subject. Calculation of the BMI involves comparison of the weight in kilograms and the height in meters. The weight is divided by the square of the height in order to obtain an exact figure. A BMI of 25 or more is considered overweight; 30 or more is considered obese.

BMI data will be collected from a standardized public health center where the survey respondents can easily examine their weight and height. Conducting the survey at a health center is advantageous because it is very important to measure each individual's weight objectively without variation error. Also, a

public health center is a place where everyone can visit despite their socioeconomic standing.

The research process will strongly focus on establishing a relationship between education levels and body weight. Each of the participants' will be subjected to a standard questionnaire on annual income, age, and gender. This is aimed at establishing whether there could be other factors correlated to obesity. Focusing on these three factors will ensure other variants likely to trigger obesity in an individual are addressed.

The respondents will not have an option to self-report their weights and heights after they have measured them using other means other than the health center. The main reason for this is that there is potential danger of data manipulation or use of inaccurate scales. Scales from different manufacturers and at different age of use will give different results for the same individual. According to Desilver, Americans have a sliding scale when it comes to describing their own weight. This means that individuals underestimate or overestimate their own weight with respect to others. Deceiver estimates that only 31% of people said they are overweight, while 63% said their body sizes are "just about right". This contradicts the National Health and Nutrition Examination Survey's statistics that peg obesity in America at 68%. Using standardized measuring instruments to determine the BMI will guarantee against the use of faulty data.

The timing of the survey will be flexible to accommodate all respondents who avail themselves at the healthcare facility. Taking of weight and height measurement will be conducted during work hours on business days. This is because the measurement of the two parameters will not affect normal

operations at the public health centre.

Obesity is a major health problem in America today. A lot of people across the rich and poor divide are suffering from weight related illnesses. It has been suggested that poor people are the most afflicted by obesity. This research will address the controversy that surrounds association of poverty with obesity and try to offer more valid and scientific explanations.

### **Work Cited**

Desilver, Drew. " Obesity and poverty don't always go together". Pew Research Center. Fact Tank, 2013. Web. 13th Nov. 2014