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Childhood ObesityMat540: Statistical Concepts for Research I Childhoodobesityis a growing problem in the United States. According to the Centers for Disease Control and Prevention, around 12. 5 million children and teens are obese. There are many things that contribute to this epidemic like poor diet and lack of physical activities to name a few. In this paper I will figure out if there is a correlation between childhood obesity and school cafeteriafood. Many people feel that school cafeteria food is partly to blame for childhood obesity. I believethis is an example of correlation and causation.

Data analysts often jump to unjustified conclusions by mistaking an observed correlation for a cause-and-effect relationship. A high sample correlation coefficient does not necessarily signify a causal relation between two variables (Johnson, (2010). Though I believe schools play a particularly critical role by establishing a safe and supportiveenvironmentwith policies and practices that support healthy behaviors. Schools also provide opportunities for students to learn about and practice healthy eating and physical activity behaviors. But they should not be blamed schools for childhood obesity.

Studies regarding childhood obesity need to consider: socio-economic background, genetics, what is tough at home, and if parents are obese; before schools can be blamed. Obesity is a problem that affects Americans at an alarming rate across all age, race, and gender categories. No single group is immune to the causes, occurrences, and the recent increases in the rate of obesity. However, what may be of greatest concern for researchers is the fact that while Americans enjoys an increasingly higher standard of living; obesity among children continues to grow.

Nevertheless, there is to date no cure, or even universal treatment for the problem of childhood obesity. This is partly due to an inability to precisely pinpoint the cause, or causes, of the increases. Thus, we are left with a debate over which causes play the greatest role in childhood obesity and a plethora of prevention and treatment theories. Yet at the same time, it is clear that the occurrence of childhood obesity places those afflicted at increased risk ofhealthproblems now and in the future.

Overweight and poor nutrition of children in the United States are becoming issues of increasing concern for public health. Dietary patterns of U. S. children indicate that they are consuming too little fruits and vegetables and too many foods high in fat and sugar. Contributed to this pattern of food consumption is snacking, which is reported to be on the increase amongst adults and children alike. One place where snacking is under increased scrutiny, where it is being increasingly criticized, is in U. S. chools, where snack foods are often to sold to supplement inadequate budgets (Crooks, (2003). “ Essentially overweight and obesity result from energy imbalance. The body needs a certain amount of energy (calories) from food to sustain basic life functions. Body weight is maintained when calories eaten equals the number of calories the body expends, or “ burns. ” When more calories are consumed than burned, energy balance is tipped toward weight gain, overweight, and obesity. Genetic, environmental, behavioral, and socioeconomic factors can all lead to overweight and obesity” (Butte, (2007).

Although some school cafeterias get a failing grade in nutrition, others are working hard to serve healthy meals for breakfast and lunch and to banish junk food from the premises. According to a new survey (Alliance for a Healthier Generation, 2009), most parents want schools to limit students’ access to high-calorie, low-nutrient chips, sodas, and candy and to provide more opportunities for physical activity throughout the day. I remember my days in school when lunch consisted of fries, pizza and burgers. Today schools are trying to give their students some healthier options.

However teachers cannot force children to eat healthy food and exercise on a regular basis. They can provide children with a good idea of what foods that they should and should not eat. However this information is rendered useless if parents do not follow up on it at home. Ideally parents should take the time to teach their child what they should eat so that they grow up strong and healthy. They can do this by teaching their children about good nutrition and backing it up with healthy breakfasts, lunches and dinners.

Parents should lead by example as children look to their parents for tips on how they should behave. This is evidenced by the fact that most obese children have obese parents. Parents can teach their kids to lead a healthier lifestyle by educating them on the importance of good food, regular exercise and how calories work. By doing this they will be able to take charge of their weight by making educated choices on their food and exercise routines. Whether in matters of social development or physical health, parents are typically considered the primary agents of children’s socialization and well-being.

Also suggested to help curb childhood obesity parents need to improve their knowledge of child nutrition and decrease television viewing (Gable and Lutz, (2000). In conclusion the childhood obesity problem cannot be placed solely in the hands of schools. Childhood obesity is a global health challenge with no single cause and no single solution. This challenge demands more than individual efforts. It demands changes in public health policies and in the built environment at the local, state, and federal levels to prevent obesity beginning in early childhood and to make treatment available to overweight and obese children and adolescents.

Without a concerted, cohesive effort to reverse the obesity epidemic, today’s children will have shortened lives filled with chronic illness. After all, schools seem to be natural places in which to enact cost-effective interventions on children. But schools do not seem to be good at drastically changing a student’s weight, and the elimination of junk food sales in schools is unlikely to upend the child obesity epidemic. The challenge is to develop interventions that reach into the home and community.

Perhaps those interventions can start with schools, but they must reach beyond them to be effective. References Butte, Nancy F. ; Christiansen, Edmund and Sorensen, Thorkild I. A. (2007) Energy ImbalanceUnderlying the Development of Childhood Obesity, http://www. nature. com/oby/journal/v15/n12/full/oby2007364a. html Crooks, Deborah L. (2003) Trading Nutrition forEducation: Nutritional Status and the Sale ofSnack Foods in an Eastern Kentucky School Medical Anthropology Quarterly, NewSeries, Vol. 17, No. 2 (Jun. , 2003), pp. 82-199; Blackwell Publishing on behalf of theAmerican Anthropological Association Gable, Sara; Lutz, Susan (2000) Household, Parent, and Child Contributions to ChildhoodObesityFamilyRelations, Vol. 49, No. 3 (Jul. , 2000), pp. 293-300, National Council onFamily Relations Johnson, R. A. , & Bhattacharyya, G. K. (2010). Statistics: Principles & methods. -             Sixth Edition. John Wiley & Sons Inc. Tamsin McMahon. (2011, June 11). Out to lunch? ; Policing snacks and BMI grades are no wayfor schools to fight flab: critics. National Post, A. 6. Retrieved March 13, 2012, fromBanking Information Source. (Document ID: 2373557331).