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2 **Recommended ways to be Assertive and** 3 **Committed in overweight and obesity control** 4 **and prevention: A review**

5

6 **Abstract**

7 **Aim**-This article recommends how one who yearns and willing to control/lose weight in order to prevent obesity
8 can be assertive and committed to the intended course.**Study design**–The study started at the last lap of study
9 in United Kingdom 2014 and concluded in Nigeria 2015. The recommendations herein are not for a particular
10 setting, as these may be useful to anyone if the outlined principles are adopted by all affected persons
11 irrespective of ethnicity, gender and location.**Methodology**-A critical online searches were conducted to identify
12 existing strategies and interventions designed to reduce the trend of obesity. Materials comprising of journal
13 publications from PubMed, Science Direct, NIH websites, several books from University and College libraries,
14 personal books as well as books from charity shops covering period from 1992-2014 were accessed and
15 explored.**Findings**- At least 70 articles were accessed, of which 54 were used as sample. Out of the 54
16 materials, 77% stressed regular exercise, adequate sleep and selective/control diet as obesity
17 preventive/control measures, 14% emphasised exercise, diet rich in vegetables and fruits, 6% said
18 avoid stress and ensure communication, while 3% articles advocate diet and surgery as well as
19 reports on nursing staff counselling clients and regular exercises.**Conclusion**-Based on the relevance of
20 the existing programmes, this paper postulates the need to tackle the obesity scourge by applying these two
21 leadership concepts (assertiveness and commitment) to enhance effectiveness (achieve desired weight
22 reduction) of these already existing weight reducing activities .

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24 **Keywords**; obesity; overweight; assertiveness; commitment theories and body mass index.

25 **Introduction**

26 Sequel to the growing concern of the prevalence of overweight/obesity and its
27 attendant consequences that affect humanity⁽¹⁾; this article recommends to anyone
28 who yearns to control or lose weight on how to be assertive and committed (AC) in
29 implementation of the weight reduction or weight control initiatives. These
30 recommendations become imperative following several unsuccessful weight control
31 methods adopted by individuals and also to stakeholders who intend to effectively
32 organise and implement weight reduction programmes in any setting and at any
33 level. With the mindset that these recommendations will further augment and
34 motivate their effort to ensure successful programme outcome.

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35 To control weight, from time unmemorable, individuals and groups have
36 embarked upon several weight reduction programmes, according to some authorities
37 these measures range from dietary, drugs to exercise and others⁽¹⁾. In spite of these
38 line-up, some writers corroborate and added that obesity persists globally affecting
39 anyone irrespective of one`s social status, sex, age, ethnicity, creed or religious
40 affiliation⁽¹⁾. The persistent obesity trend suggests, there is nothing much anybody
41 can do (no programme can be introduced that will not have bearing with the existing
42 activities) other than to espouse AC while adopting the existing programmes. That is
43 the existing programs are good enough to cause the desired change. However,
44 before this article makes any meaningful input on this issue (lofty policy
45 recommendations on how to be assertive and committed) that will cause the desired
46 positive change, this article intends to highlight briefly on the negative impact obesity
47 creates on human being, the global prevalence rate and state the methodology
48 employed to arrive at AC as key concepts to prevent obesity, state the
49 findings (different preventive methods from different authors/ books and journals),
50 while the debate will underscore theories underpinning AC before the discussion of
51 how to be assertive and committed.

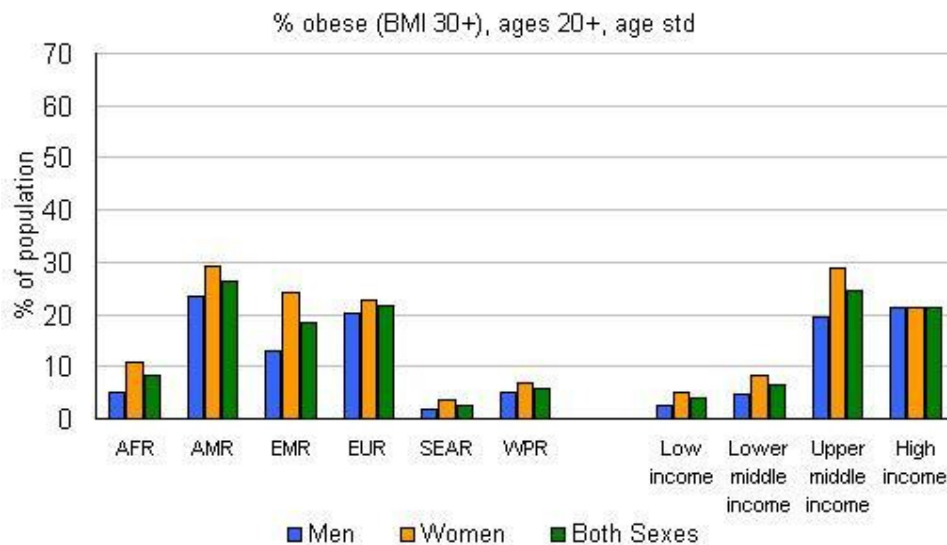
52 The obesity appalling cost on the health sector in global economy and on the
53 sufferer`s health is huge⁽²⁾, for instance, the NHS in Europe spends at least £10
54 billion per annum, while America spends over \$150 billion annually on treatment of
55 obesity related ailments⁽²⁾. Not only that, available data estimates 300,000 yearly
56 premature deaths due to obesity related complications⁽²⁾. In corroboration, another
57 empirical study affirms that, not only does obesity have negative impact on global
58 economy, but it is a significant cause of problem in body systems, it elevates mortality
59 and morbidity⁽³⁾. That could probably be the reason why the NHS and other health

60 institutions spend so much on patients suffering from obesity complications. For
61 instance, the author cited the burden obesity creates on the endocrine system;
62 obesity precipitates type 2 diabetes due to insulin resistance, infertility due to
63 polycystic ovarian syndrome, amenorrhea and hirsutism⁽³⁾. At the cardiovascular
64 system, it induces hypertension, deep vein thrombosis leading to varicosities and
65 cerebro-vascular diseases⁽⁴⁾. Yet others believe obesity results in respiratory system
66 malfunctioning; breathlessness, hypoventilation and other pulmonary
67 problems secondary to excess adipose tissue overlying the chest cage⁽¹⁾. It impedes
68 gaseous exchange, vital capacity and expiratory volume decrease that result to low
69 arterial oxygen tension, high carbon dioxide tension and sleep apnoea.⁽⁵⁾ At the
70 genitourinary system, it results in stress incontinence, gall bladder stones and other
71 related problems⁽⁶⁾. Similarly, obesity affects the muscular-skeletal and
72 gastrointestinal systems; it is a major cause of hypercholesterolemia and some
73 cancers in human⁽⁷⁾. The emotional or psychological consequences of obesity vary
74 from persons to persons, but quite often some obese have low self-esteem, binge-
75 eating, night eating habits, lacks social skill, weak willed and blame others for their
76 predicament⁽⁸⁾.

77 Obesity occurs when the energy intake far exceeds the energy expenditure thereby
78 causing overweight overtime⁽⁸⁾ and it is widely expressed by a number of methods
79 these include: use of height and weight tables, skin fold thickness⁽⁸⁾. Other
80 methods are; hydrostatic weighting, measurement of oxygen intake and bio electric
81 impedance analysis and the body mass index (BMI) in appropriate ratio of weight to
82 height⁽⁹⁾.

83 As regards the prevalence of overweight and obesity, experts view it to be highest in
 84 America, Europe and South East Mediterranean (62% for overweight in both sexes,
 85 and 26% for obesity), out of these figure 50% of women were overweight, but in
 86 South East Asia records 14% overweight in both sexes and 3% for obesity⁽¹⁰⁾. For all
 87 three of these regions, roughly half of overweight women are obese (23% in Europe,
 88 24% in the Eastern Mediterranean, 29% in the America)⁽¹¹⁾. In all WHO regions
 89 including the Sub-Saharan Africa, women were more likely to be obese than men.
 90 Eastern Mediterranean and South East Asia, women had roughly doubled the
 91 obesity prevalence of men attributive to hormones (oestrogen and progesterone)
 92 responsible for childbirth⁽¹²⁾.

93 Figure 1. An excerpt from global health observatory trend in obesity



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98 In same vein researchers affirmed 35% of adults aged 20+ were overweight (BMI ≥

99 25 kg/m²) of which 34% men and 35% of women⁽¹²⁾. The worldwide prevalence of

100 obesity has nearly doubled between 1980 and 2008. Same report in 2008 states

101 10% of men and 14% of women in the world were obese (BMI ≥ 30 kg/m²),
102 compared with 5% for men and 8% for women in 1980are obese ⁽¹²⁾. An estimated
103 205 million men and 297 million women over the age of 20 are obese⁽¹³⁾. In other
104 words, more than half a billion adults worldwide are identified to be obese⁽¹³⁾.
105 Scholars further observed the raised BMI prevalence with income level of countries
106 stating that, the prevalence in high income (HI) and upper middle income (UMI)
107 countries was more than double that of low income(LI) and lower middle income
108 (LMI) countries⁽¹³⁾.The same paper also affirm that, more than triple from 7% obesity
109 in both sexes in LMI countries to 24% in UMI countries and that women's obesity
110 was significantly higher than men`s with the exception of HI countries where it was
111 similar⁽¹³⁾. In low and MI countries, obesity among women was approximately double
112 among men⁽¹³⁾.

113 **Methodology**

114 This study started at the last lap (semester) of study in 2014 in the UK, had a break,
115 then continued and concluded in 2015 in Nigeria. What this implies is that, the
116 recommendations herein are not meant for a particular setting, age, geographical
117 location or sex, as these suggestions may be useful to everyone irrespective of
118 status. The accessed materials (population) carried obesity subject matter generally.
119 However, the reviewed were basically on weight reduction and prevention activities
120 regardless of the context the data emanated from,then those articles that never had
121 weight reduction measures even though it discussed obesity were excluded in order
122 to narrow it down to the interest subjects. The study articles included were from
123 Europe, Sub-Saharan African, South East Asia and America, meaning it covers
124 every region.

125 The following data bases were searched critically,online, offline as well as books
 126 covering period from 1992-2014 except one article that was found relevant to the
 127 study dated back 1976.The sites were Medline(PubMed), science direct journal
 128 articles, from South Bank University library,Oasis Charity bookshop, personal books,
 129 College of Health Library, NIH website, gazette, white paper, grey literature and
 130 television weight reduction program.At least 70 articles were accessed, but 54were
 131 preferred and reviewedas sample for obesity reduction or prevention interventions,
 132 while others were discarded.As earlier said, the major areas that concerns obesity
 133 reduction were noted.

134 Findings

135 Table 1 *Details of some overweight and obesity studies reviewed and preventive/control measures*
 136 *found*

SNO	Author`s name	Year of study	Material accessed/reviewed	No. of data	Findings (type of obesity prevention intervention)
1	Alexander and Schroeder ¹⁶	1976	Textbook	1	Theory of assertiveness applicable to study
2	Cawson et al ⁷	1992	Pathological mechanism of diseases	1	Diet, exercise and surgery
3	Watson and Royle ⁸	1992	Medical surgical nursing	1	Diet exercise and surgery
4	Rodley ¹⁸	1993	UN special rapportuer	1	Theory of commitment applicable to study
5	Mac cane and Huether ⁹	1994	Patho- physiology	1	Avoid starvation, regular but little meal at a time
6	Dyer ⁴	1994	Traditional treatment does it work?	1	Sleep, exercise and drugs

7	James et al ⁵	2004	Obesity epidemic, future preventive strategies	2	Diet, exercise and liberal fluid intake
8	Kohn et al ¹⁴	2006	Journal of adolescent health-position paper	2	Preventing obesity; surgery and counseling
9	Jean-Pierre ⁶	2006	European heart journal	1	Abdominal obesity; diet, exercise and more water intake than fruit juice
10	NOF ³	2006	Gazette- National obesity forum	1	Impact of obesity; health education on diet, exercise and drugs
11	Gupta & Ghai ¹⁰	2007	Textbook- prevention/social medicine	1	Obesity: causes, prevention; diet and exercise
12	Parks K ¹¹	2007	Textbook- prevention/social medicine	1	Obesity: causes, prevention; counseling and diet
13	Kosier, et al ¹	2008	Textbook-fundamentals of nursing practice	1	Obesity: causes, prevention, BMI etc-moderation, activity, avoid starvation, counseling
14	Ikenyiri & Thomas ¹⁵	2010	Textbook-Family life & Emerging health issues	1	Assertiveness
15	NASO ¹³ /I	2010	Summary report-	1	Obesity prevention
16	Global health observatory ¹²	2010	Position paper-	1	Obesity situation; moderation in diet exercise,
17	LSBU ¹⁷	2012	Coincide career guide-textbook	1	Commitment
18	BBC ²	2013	News report-	4 times	Effects/prevention of obesity; diet, exercise, rest
19	Derby ²⁰	2013	UK, television program	1	Weight management-exercise/diet and communication

20	National Institute of Health ¹⁹	2014	Weight control article	1	Weight reduction/control-exercise diet, avoid stress and adequate rest
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138 Some of the articles used while in the UK could not be accessed; these are not
139 all that were reviewed. However, out of the 54 materials, 77% stressed regular
140 exercise, adequate sleep and selective/control diet as obesity preventive/control
141 measures; 14% emphasised exercise; diet and drugs; 6% said avoid stress and
142 ensure communication while 3% articles advocate diet and surgery as well as
143 reports on nursing staff counselling clients and regular exercises⁽¹¹⁾ and ⁽¹⁾. These
144 results simply imply that, the core weight prevention and control measures are
145 adopted by all those who had made frantic efforts to reduce weight by themselves or
146 are been told to do so by a program designers (personal physicians, dieticians and
147 other fitness/ wellbeing programmers). However, the effectiveness of these
148 programmes were not ascertain as this was not the aim of study. Again, the search
149 also identified recommendation from position paper in preventing and treating
150 obesity published in the Journal of adolescent health. The writer emphatically
151 enjoined “*all adolescent healthcare advocates would have to work assertively to*
152 *achieve the needed change*”⁽¹⁴⁾. Although this article does not intend to flaw the
153 preposition of ⁽¹⁴⁾, rather, it builds upon their work. Therefore, these suggestions in
154 this article are made with the view to encourage those concerned to work assertively
155 and with utmost commitment, these are to be adopted and followed by all age
156 groups while trying to reduce or prevent weight, rather than for adolescents alone as
157 recommended by ⁽¹⁴⁾.

158 AC are hypothesized to be best options given that the traditional programmes so far
159 designed as indicated at the table above are appropriate to cause the desired weight
160 lose, yet the impact is sluggish or in some instances not palpable. Meaning, there is
161 an area implementers or beneficiaries are not getting it right. And considering the
162 fact what is not right cannot be ascertain, AC are viewed to be appropriate measures
163 to reduce and prevent overweight and obesity.

164 **Discussion**

165 In this article, these words (assertiveness and commitment) are inextricable based
166 on their relevance and what these words present. Although not bearing same literal
167 meaning, but in this instance, both words could serve to demonstrate the
168 significance of the idea behind the issue at stake.

169 Literally, assertiveness is described as the ability of someone to express his or her
170 opinion without infringing into other people`s right ⁽¹⁵⁾. In view of the fact that weight
171 control is an uphill task for the affected he or she does by setting up one`s own
172 priorities, being reasonable and determine to venture into an overwhelming weight
173 reduction action. However, if the obese or institutions responsible for weight reduction
174 focuses at specific problem and decides to set up the routine control activities with
175 determination without infringing into other people`s right, obviously they will easily
176 achieve the purpose for which assertiveness is employed, hence, the decision for
177 this article to consider the theory of assertiveness to support this point.

178 The theory of assertiveness as propounded by ¹⁶is on the premise in this article that,
179 every individual possess some basic human rights to be involved in an activity, right
180 to have one`s need and the right to make mistakes without feeling guilty. In this
181 context, the policy makers or implementers at all level before embarking on weight

182 reduction programme should unequivocally agree with the targeted audience or
183 person on what is involved in other not to impose programmes against the
184 beneficiary`s will. The idea is to gain their cooperation and support which are
185 essential for uninterrupted program participation. Likewise, another idea is that,
186 during implementation of weight reduction activity, rather than being frightened and
187 uncertain about the outcome, when errors are identified (s) he should take
188 advantage of the error made to review the process and re-strategize.

189 Again, bearing in mind the theory of assertiveness has positive correlation ship with
190 behaviour and communication with other people, in view of that fact, those who yearn
191 to reduce weight must cultivate the habit of constantly communicating with interest
192 groups to eschew problems that might result from lack of understanding in the
193 process. Accurate understanding through effective communication is essential for
194 effective weight prevention and control programme in a direct, honest and
195 appropriate manner ⁽¹⁷⁾. Understand the process and procedures; understand diet
196 and other programs aimed at achieving the set weight reduction goals.

197 On the other hand, commitment is absolute dedication to a particular course of action
198 that one truly believes ⁽¹⁸⁾. This the group, individual or organisation sticks to, follow
199 up and put in the best of one`s effort and ability.

200 In building and sustaining commitment toolbox, it states commitment as the
201 backbone of any set goal especially in obesity control, because the greater
202 commitment any group or individual shows in an exercise, the greater the assurance
203 of attaining positive result ⁽¹⁸⁾. Like the assertiveness, this theory could be applied to
204 support this concept. It postulates commitment as an expression of an obligation of
205 total support of an issue agreed upon even when you are unhappy or encounter

206 difficulties along the line⁽¹⁸⁾. This is sequel to the fact that you have invested time,
207 finance and other resources into this venture. This theory is applicable in this
208 instance because, a writer believes, time and again formulated programmes sound
209 laudable at the face value, but in real sense, implementation processes are weak,
210 enforcement is unlikely and cost of non-compliance are low⁽¹⁸⁾. To ensure
211 effectiveness of any weight reduction approach, stakeholders should not dwell on the
212 challenges, rather be strengthened by the challenges to achieve the desired
213 purpose(s).⁽¹⁹⁾

214 Another essence of applying the theory of commitment to reduce weight is, no doubt,
215 weight reduction is frustrating and boring as it involves depriving oneself of activities
216 (s)he has been indulging in for a considerable length of time. Regardless of obvious
217 challenges that situate on the assignment, it requires interest group to show
218 remarkable devotion to achieve set goals. Assertiveness and commitment are
219 possible means to avert the distress, negative prejudice and stress all resulting from
220 the looks have created on the obese and their families. Appreciable commitment to
221 the weight reduction course would irrefutably grant legitimacy in the eyes of all, both
222 individuals who intend to lose weight and program implementers alike. Based on the
223 following explanations, be it an individual, group, organisations or government
224 institutions, adopting AC would motivate others to be faithful in implementation or
225 response to achieve positive outcome in obesity reduction/prevention. In view of the
226 above reasons, this article makes the following lofty recommendations;

227 It is apparent, AC will not occur abruptly, but overtime, sometimes might be lifelong
228 activity. As such, If significant success is to be attained by any of the stakeholders
229 involved in the programme, then it needs a concerted effort and a fundamental

230 attitude of success through;developing a positive mental attitude, ascertain the
231 situation and have the details of programme at hand, anticipate other people`s
232 behaviour as well as identify specific behaviour the asserter would prefer (system of
233 communication). The best way to apply these theories isto refer tothe precepts in ⁽¹⁵⁾,
234 ⁽¹⁶⁾. Implementers are advised to assess the strengths weaknesses opportunities and
235 treats (SWOT analysis) of the program, if need be form a coalition or a
236 consortiumwithout derogating each other, take unanimous decision, avoid
237 duplicating programmes, ensure and encourage continuity.This article also enjoins
238 implementers to show undivided AC, by being; open and clear about the mission and
239 intended achievable goals. Likewise, relevant stakeholders should carryout regular
240 periodic process monitoring to ascertain response of participants, carryout critical
241 observation, review and evaluation of outcomes.

242 Another rightful step is to work on the situations appropriately; on food (type,
243 quantity, quality and regularity), exercise and regular check-ups. Again, stakeholders
244 are to maintain self-control, practice fogging that is, to assert to any truth embedded
245 in policies, be persistent and rehearse what you are practicing repeatedly to be
246 acquainted to the activity. Beside these, other ways of being assertive and
247 committed to the activity are politeness with relative firmness during policy
248 implementation, total conformity to planned process, accept helpful criticisms and
249 express positive and negative emotions again that is: a form of communication. It is
250 also imperative to imitate best practice: listen to success stories and eschew
251 traditions and values that do not make sense that have hitherto promoted obesity. It
252 will also not be out of place for the obese to identify his inner motivator and take
253 responsibility for personal behaviour. For instance, do not be too formal in
254 implementing programmes, allow your body to be use to your routine weight

255 reduction programmes, in so doing you would be reminded naturally if forgotten, as
256 you will instinctually have sense of incompleteness.

257 AC likewise entails making personal sacrifices, find meaning and purpose behind the
258 target you are ensuing in order to achieve objectives and by being passionate about
259 the mission. Another positive step in the right direction is the determination to
260 withstand and tackle challenges. As challenge often presents in any activity and
261 spurs one towards larger accomplishments. Again staying assertive and committed
262 might necessitate working in synergy with others, on the part of the beneficiary, he
263 can involve friends in order to bond to arrive one`s destination.

264 In a weight reduction television program, the program coordinator encouraged her
265 programme participants to have inner drive that would enable them to declare
266 `enough is enough of the extra calories they are moving with` and work towards
267 shedding these excess calories⁽¹⁸⁾. This is a classical example of
268 assertiveness/commitment, which programme stakeholders should emulate to
269 enhance positive outcome of weight reduction programmes. Finally be committed to
270 high fruits and vegetables intake, exercise, avoid starvation of any sort and eat little
271 portion at a time. Likewise, drink more water than energy drinks and avoid fatty foods
272 ⁽¹⁹⁾. This article also highly recommends one to be assertive and committed to the“Six
273 steps to healthy you” pyramid.⁽¹⁾ These six steps are;

- 274 • Activity; Activity is represented by the steps and the person climbing them, as
275 a reminder of the importance of daily physical activity.
- 276 • Moderation; Moderation in intake of fatty and oily food. However, the more
277 active you are, the more these foods can fit into your diet.

- 278 • Personalization; ⁽¹⁾ describes as finding the right food to be taken each day to
279 satisfy your personal desire.
- 280 • Proportionality is shown at the pyramid by the different width of the food, that
281 is, how much each food substance to be chosen.
- 282 • Variety; the variety indicates that all food substances are needed each day for
283 good health and
- 284 • Gradual improvement suggests that individuals can benefit from continually
285 taking small steps at a time of whatever activity and gradually improve on
286 these steps, which ¹ describes as steps to a healthier you.

287 These prescriptions are directed at those saddled to design and implement these
288 programmes and the beneficiaries. It enjoins these stakeholders to consider and
289 redouble their effort towards being assertive and committed to guarantee the
290 effectiveness of these interventions

291 **Conclusion**

292 This article has made quintessential recommendations to obesity policy makers,
293 programme implementers and beneficiaries of the need to be assertive and
294 committed to the course of overweight and obesity reduction. Based on the relevant
295 programmes in place, this paper postulates the need to tackle the scourge by
296 applying these two leadership concepts (assertiveness and commitment) to enhance
297 effectiveness of these programmes.

298 For assertiveness, it was said, there is no subjection for any person to participate in
299 any programme. It therefore requires stakeholders to consider and respect human
300 rights in programme design and implementation. As regards commitment,

301 itadmonished all parties to show absolute support, participation, review and update
302 programmes to ensure effectiveness and sustainability.

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