

UNIVERSITI PUTRA MALAYSIA

INTERVENTION PROGRAM FOR REDUCTION OF OVERWEIGHT AND OBESITY AMONG 11- TO 15- YEAR OLD SCHOOL CHILDREN IN DISTRICT 1 OF SHIRAZ, IRAN

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By

ROZINA RAHNAMA

Thesis Submitted to the School of Graduate Studies, Universiti Putra Malaysia, in Fulfilment of the Requirements for the Degree of Doctor of Philosophy

November 2015



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DEDICATED

This thesis dedicated to my beloved husband, Mehran (Akbar) Dehghani Ghahfarokhi, to my dear daughter Artonis, my dear son Oorand, my dear mother Mahvash Gharibi and my deceased father Majid Rahnama that I owe them all of success in my life.



Abstract of thesis presented to the Senate of Universiti Putra Malaysia in fulfillment of the requirements for the degree of Doctor of Philosophy

INTERVENTION PROGRAM FOR REDUCTION OF OVERWEIGHT AND OBESITY AMONG 11- TO 15- YEAR OLD SCHOOL CHILDREN IN DISTRICT 1 OF SHIRAZ, IRAN

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ROZINA RAHNAMA

November 2015

Chairman: Faculty:

Professor Lekhraj Rampal, MBBS, MPH, DrPH, FAMM Medicine and Health Sciences

Childhood obesity is one of the most serious public health challenges of the 21st century. The problem is global and is steadily affecting many low- and middle-income countries, particularly in urban settings. In Iran, the overall prevalence of overweight has increased from 10.4% during 2000 to 2004 to 10.8% during 2005 to 2010. The aim of this cluster randomized controlled trial study was to evaluate the impact of an intervention program on BMI, physical activity, diet knowledge and diet behavior for reduction of overweight and obesity among students aged 11-15 years in district 1 of Shiraz/Iran.

Multistage cluster sampling method was used for selection of the sample. Out of 64 schools in District 1 of Shiraz, eight schools randomly selected and assigned to intervention and control group. A self-administered validated questionnaire was used to measure socio-demographic, BMI, physical activity, diet knowledge and diet behavior of the respondents. An educational module adapted based on World Health Organization Guideline for obesity and overweight prevention and delivered by researcher to the intervention groups during one month. Four-hour integrated obesity and overweight prevention program comprising of four structured modules was developed. While, the control group was exposed to normal school program. Descriptive and multivariate statistics were used for analyzing the data using IBM, SPSS version 21. A mixed design repeated measure ANOVA (Generalized Estimating Equation) considering cluster effect and Cohen's range band on effect size (ES) were applied to assess the impact of the intervention.

Data were collected from 2040 students aged 11-15 years that 1040 respondents randomized to the intervention group and 1000 respondents to the control group. The response rate for the intervention group was 97.8% and for the control group was 96.4%. Out of 2040 respondents, 52.1% were male and the majority were Moslem 98.2%. Respondents in the intervention arm after controlling for cluster effect showed

significant improvements in BMI (p=0.003), diet behavior (p<0.001) and diet knowledge (p<0.001) while the physical activity had no improvements (p=0.804).

In conclusion, the developed intervention program related to obesity and overweight prevention was more effective in improving BMI, diet behavior and diet knowledge among Iranian students aged 11-15 years, while it was not effective in increasing physical activity scores. Future school-based interventional research related to prevention of obesity and overweight should be used mixed methodologies while study peer influence among adolescents.



Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia sebagai memenuhi keperluan untuk Ijazah Doktor Falsafah

PROGRAM INTERVENSI UNTUK PENGURANGAN BERAT BADAN DAN OBESITI KALANGAN 11- KE 15- TAHUN SEKOLAH ANAK DALAM DAERAH 1 TAHUN SHIRAZ, IRAN

Oleh

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November 2015

Pengerusi:Professor Lekhraj Rampal, MBBS, MPH, DrPH, FAMMFakulti:Perubatan dan Sains Kesihatan

Masalah obesiti di kalangan kanak-kanak merupakan antara cabaran pemasalahan bagi kesihatan awam yang semakin membimbangkan di abad 21 ini. Ia juga telah dikenalpasti telah menular ke peringkat global dan sedang menular di kalangan populasi umum di negara-negara berpendapatan rendah dan pertengahan terutamanya yang melibatkan penduduk-penduduk yang tinggal di kawasan bandar. Di negara Iran sahaja, pemasalahan obesiti yang dikesan berlaku di kalangan kanak-kanak telah menunjukan peningkatan yang tidak memberangsangkan dari 10.4 % kepada 10.8% bagi data terkumpul antara tahun 2000 hingga 2004 dan 2005 hingga 2010. Kajian ujikaji terkawal terhadap kluster kanak-kanak yang telah dipilih secara rawak (Cluster Randomized Controlled Trial) adalah disasarkan untuk menilai impak yang berlaku dari aspek berat badan berlebihan dan obesiti sekiranya usaha-usaha intervensi dilaksanakan melalui program BMI, penglibatan dalam aktiviti fizikal, pengetahuan diet dan amalan pemakanan bagi pelajar-pelajar sekolah di antara umur 11 hingga 15 tahun di Daerah 1, Shiraz, Iran.

Persampelan kluster berperingkat (Multistage Cluster Sampling) telah diaplikasikan dalam menentukan pemilihan sampel bagi tujuan kajian ini. Secara keseluruhan terdapat 64 buah sekolah di Daerah 1, Shiraz di mana lapan sekolah dari jumlah tersebut telah dipilih secara rawak dan pelajar-pelajar terlibat telah dibahagikan kepada kumpulan intervensi dan kumpulan kawalan. Setiap pelajar yang terpilih sebagai responden dalam kajian ini telah diedarkan dengan satu set soalan kajian yang telah disahkan bagi mengukur demografi sosio, BMI, penglibatan dalam aktiviti fizikal, pengetahuan diet dan amalan pemakanan. Dalam kajian ini pengkaji telah menyampaikan sebuah modul pembelajaran selama jangkamasa sebulan terhadap pelajar-pelajar dalam kumpulan intervensi di mana isi kandungan modul tersebut telah diadapatasi dari Garis Panduan Pertubuhan Kesihatan Sedunia (World Health Organization Guideline) bagi menangani pemasalahan obesiti dan berat badan berlebihan. Sebuah program bersepadu yang berdurasi empat jam melibatkan empat modul terstruktur telah dibangunkan bagi menangani pemasalahan obesiti and berat badan berlebihan. Pelajar-pelajar yang terpilih sebagai sampel dalam kumpulan kawalan telah didedahkan kepada program rutin di sekolah masing-masing. Analisis data telah dilaksanakan dengan menggunakan kaedah

statistik Descriptive and multivariate melalui aplikasi perisian IBM, SPSS versi 21. Bagi mengukur impak intervensi, pengkaji menganalisis data terkumpulan melalui kaedah Mixed Design Repeated Measure ANOVA (Generalized Estimating Equation) dalam mengambilkira kesan kluster dan Cohen's Range Band untuk mengukur Effect Size (ES). Hasil pengukuran yang diperolehi ditafsirkan berdasarkan garis dasar dan enam bulan post intervensi.

Data yang diperolehi telah melibatkan responden seramai 2040 orang pelajar di antara umur 11 hingga 15 tahun dari sekolah disekitar Daerah 1, Shiraz. Di mana dari jumlah tersebut seramai 1040 responden telah dipilih secara rawak bagi menyertai kajian sebagai sampel dalan kumpulan intervensi manakala selebihnya 1000 orang pelajar diklasifikasikan sebagai kumpulan kawalan. Initiatif pengumpulan data merekodkan response rate bagi kumpulan intervensi pada 97.8% manakala bagi kumpulan kawalan adalah 96.4%. Pecahan jantina bagi 2040 responden yang terpilih secara rawak telah melibatkan sebanyak 52.1% lelaki dan majoriti adalah penganut agama islam iaitu 98.2%. Hasil kajian menunjukan responden di kalangan kumpulan intervensi selepas mengambilkira kawalan terhadap kesan kluster (Controlling for Cluster Effect) menunjukan terdapat kesan yang positif di mana terdapat perubahan yang signifikan bagi BMI (p=0.003), amalan pemakanan (p<0.001) dan pengetahuan diet (p<0.001) manakala penglibatan dalam aktiviti fizikal tidak menunjukan apa-apa peningkatan atau perubahan (p=0.804).

Secara keseluruhan boleh disimpulkan bahawa program intervensi yang dibangunkan untuk menangani pemasalahan obesiti dan berat badan berlebihan adalah lebih berkesan bagi BMI, amalan pemakanan dan pengetahuan diet di kalangan pelajar-pelajar di Iran bagi lingkungan umur 11 hingga 15 tahun. Walaubagaimanapun program ini dilihat tidak begitu berkesan untuk meningkatkan penglibatan pelajar dalam aktiviti fizikal. Bagi tujuan kajian di masa hadapan terutamanya yang melibatkan kajian program intervensi menangani obesiti dan berat badan berlebihan di tahap sekolah, focus kajian disarankan menggunakan metodologi bercampur disamping mengembangkan kajian terhadap faktor pengaruh rakan dan remaja sebaya.

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- supervision responsibilities as stated in the Universiti Putra Malaysia (Graduate Studies) Rules 2003 (Revision 2012-2013) are adhered to.

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LIST OF ABBREVIATIONS

ADA	American Dietetic Association
BMI	Body Mass Index
CDC	Centres for Disease Control and Prevention
CI	Confidence Interval
ECLS	Early Childhood Longitudinal Survey
FBDG	Food-Based Dietary Guidelines
FFQ	Food Frequency Questionnaire
HBM	Health Belief Model
NHANES	National Health and Nutrition Examination Surveys
NLSY	National Longitudinal Survey of Youth
OR	Odds Ratio
PAQ-A	Physical Activity Questionnaire for Adolescent
PAQ-C	Physical Activity Questionnaire for Children
РА	Physical Activity
RCT	Randomized Control Trial
SPARK	Sports, Play and Active Recreation for Kids
WHO	World Health Organization

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CHAPTER 1

INTRODUCTION

1.1 Background

One of the most serious public health challenges of the 21st century is childhood obesity. This is a universal issue and constantly affecting many low and middle income countries, particularly in urban settings (World Health Organization, 2014). The prevalence of childhood overweight and obesity is consistently increasing and has drastically risen in the past decades (Olshansky *et al.*, 2005). Obesity has become a global epidemic, and the children of this generation are the ones who will be the most affected by this drastic up rise (Spruijt-Metz, 2011). With increasing the rate of obesity in each decades, the World Health Organization declared obesity as a global epidemic in 2001 (Spruijt-Metz, 2011). This silent disease is not restricted to any one class, culture, nation or socioeconomic status (Olshansky *et al.*, 2005). Childhood obesity is growing issue of concern in many countries such as United States, United Kingdom, Australia, Asian communities and European countries such as Germany, France, Portugal (Flegal *et al.*, 2006).

The global scale of the problem is evident not only in the WHO initiative, but also in the large international research on the primary and secondary prevention of childhood overweight and obesity. Since 1980 obesity prevalence among children and adolescents has almost tripled (Centers for Disease Control and Prevention, 2010). Worldwide, more than 1.1 billion adults are overweight, and 312 million of them are obese and at least 155 million children are overweight or obese (Haslam & James, 2005). It is estimated that at least 2.8 million people die each year as a result of being overweight or obese (WHO, 2014). In Iran, the overall prevalence of overweight has increased from 10.4% during 2000 to 2004 to 10.8% during 2005 to 2010. This increase for girls were from 4.8% between 2000 and 2004 to 5.7% between 2005 and 2010 and for boys were 5.8% and 7.5%, respectively (Kelishadi et al., 2014). In Malaysia, prevalence of obesity amongst Malaysians 18 years and above has increased from 4.4% in 1996 to 12.3% in 2004, 14.2% in 2006 and 15% in 2011 (Ministry of Health, 1997; Rampal et al., 2007; Ministry of Health, 2008). Obesity among Malaysian children with the age below 18 years is also increased and was higher among boys than girls (12.5% compared to 5.0%) (Mohamud et al., 2011).

Childhood obesity is also correlated with a higher risk of heart disease independent of a diagnosis of diabetes (Daniels, 2006; Barker, 2005). It also increases the risk of morbidity and mortality among the obese (Kiess *et al.*, 2001). Other chronic illnesses that have been associated with childhood overweight and obesity include metabolic syndrome (Cruz *et al.*, 2005; Daniels *et al.*, 2005), polycystic ovarian syndrome (Cruz *et al.*, 2005; Daniels, 2006) hypertension (Daniels *et al.*, 2005; Lee, 2009) arteriosclerosis (Daniels *et al.*, 2005) obstructive sleep apnea (Daniels *et al.*, 2005; Lee, 2009) dyslipidemia (Daniels, 2006; Lee, 2009) hyperlipidemia, pseudotumor cerebri, and Blount's disease which all significantly contribute to increased morbidity. Overweight

and obese children are likely to stay obese into adulthood and more likely to develop non-communicable diseases. These are largely preventable. Prevention of childhood obesity therefore needs high priority (WHO, 2014).

The causes of obesity are complex and multifactorial, an interaction between biological and environmental factors. A positive energy balance, which is defined as an excess energy intake to energy expenditure ratio, ultimately leads to weight gain. There is a strong genetic component contributing to the development of obesity. Other biological factors contributing to childhood obesity include genetic disorders and hormone imbalances, such as leptin, and insulin resistance (Farooqi & O'Rahilly, 2008).

Effective interventions to reduce childhood obesity must address multiple levels of influence (Filbert *et al.*, 2009). Previous studies examining the higher-level influences from families, communities, and the healthcare system have found school-based interventions to be effective in some aspects of obesity prevention, either through nutrition education or physical activity (Danielzik *et al.*, 2007; Doak *et al.*, 2006). Researchers have also found that family and community involvement is an essential aspect of obesity intervention or prevention programs (Gittelsohn & Kumar, 2007). Interventions aimed at preventing overweight and obesity in children have reported positive short-term outcomes (Shaya *et al.*, 2008), however, studies have not reported long-term successes (Kropski *et al.*, 2008; Kamath *et al.*, 2008).

Based on research, children and adolescent are at increased risk of developing overweight and obesity, therefore targeting these communities should be a top priority (Wang & Beydoun, 2007; Kumanyika, 2007). Intervention research for overweight children and adolescents has spanned more than 30 years (Kumanyika, 2000). Unhealthy social and cultural factors have exponentially impacted the prevalence of obesity. Healthcare providers, psychologists, nutritionists, epidemiologists, educators and exercise physiologists have yet been unable to overcome, with their advice and programming, this pervasive unhealthy atmosphere. The escalation of obesity research in the last 10 years is attempting to address and reverse this alarming trend by developing intervention programs that target specific at risk behaviors and cognitions that contribute to the problem of childhood obesity.

1.2 Problem Statement

Obesity is a major health problem in Iran (Rahmani *et al.*, 2015). Approximately 70% (385,000) of all recorded mortalities in 2002 in Iran have been attributed to chronic diseases, the most important reason of which is obesity and overweight (Stice *et al.*, 2006). Iran has experienced a rapid "nutrition transition" during the last decade, with urbanization and decreases in physical activity, and increases in calorie and fat intake (Mirmohammadi *et al.*, 2011). In recent years, various prevalence rates for childhood overweight and obesity have been reported (Kelishadi *et al.*, 2014). It was reported that the prevalence of overweight and obesity among Tehrani students aged 11-17 years was 21.1% and 7.8%, respectively (Moayeri *et al.*, 2006). In Tabriz, west Iran, the prevalence of overweight and obesity in high school girls aged 14 -20 years was 11.1% and 3.6%,

respectively (Gargari *et al.*, 2004). In Shiraz, south Iran, the prevalence of overweight and obesity among adolescents aged 13- 18 years was 11.3% and 2.9%, respectively (Mostafavi *et al.*, 2005). Iran has a high prevalence of obesity and related disorders, such as metabolic syndrome and diabetes in different age groups (Delavari *et al.*, 2009, Kelishadi *et al.*, 2014). Research shows that among different types of interventional programs for management of childhood obesity in Iran, a multidisciplinary approach in schools can be the most feasible and effective approach (Kelishadi *et al.*, 2014).

Modern society promotes overconsumption through television, billboards, product packaging, and magazine ads. Often times high sugar cereals and prepackaged snack items target young children through the use of familiar animated characters and bright colors. Even grocery store shelf placement of these items is designed to target children, for more times than not, parents will buy the foods they think their child will eat (Glanz et al., 2012). Advertising or marketing appears to be a strong influence on children's food consumption, but simple exposure methods may also influence eating behavior in adults and children. In children, there is also evidence that exposure or visibility as well as decisions of peers may influence children's food consumption (Bevelander et al., 2013). Also, the modern way of living has become more sedentary. In children, increased time spent watching television and playing video games are two major factors to increased sedentary behavior. Additionally, modern sedentary activities promote overconsumption. In recent years, Iran has been experiencing a nutrition transition (Ghassemi et al., 2002), and overweight and obesity have been identified as a serious growing problem (Azizi et al., 2005; MOHI, 2009), particularly among the children and adolescents (Mohammadpour-Ahranjani et al., 2004; Moayeri et al., 2006). There are some models and theories that reflect effective interventions that could be applied to improve the quality of life by reducing some of risk factors. This study reflects underpinning of health belief model.

1.3 Significance of the Study

Prevention of overweight and obesity in adolescent is crucial in controlling the obesity epidemic and global health crisis. Results of this study can help to highlight areas of deficiencies in adolescent's daily practices that could assist educators and public health officials in providing strategies for promoting healthy diet and physical activity that can be integrated into a comprehensive health education tool for adolescents. If adolescents are able to engage in reflection and self-monitoring of certain target behaviors, they may be able to develop better decision-making skills regarding physical activity and dietary practices, as was seen in a previous study that showed that self-monitoring was positively associated with weight loss in adults (Stevens *et al.*, 2007). The results of this study may make it possible to assess the diet and physical activity level, along with other perceived risk factors, in efforts to prevent or reduce the prevalence of obesity among adolescents in Shiraz/Iran.

It is perceived that this type of health promotion will result in an environment that is healthier, safe and satisfying. The information provided can help to create a healthy society by displaying areas where personal and social development can be enhanced through further education and training in positive life skills. This health promotion will provide opportunities for young people to make choices favorable to health. This education and training will result in attitude modification and an emphasis on the provision of health services, which is desperately needed in order to reverse the current trends of increases in obesity levels and increases in the prevalence of cardiovascular disease.

It is intended that by participating in this study, the student population will begin to critically evaluate their practice of optimistic bias as they use the opportunities and activities provided to increase their awareness of the dangers of negative practices and its eventual negative impact on their health status. Their participation in this study should motivate them to change their attitudes towards diet and physical activity, and to adopt more positive behaviors as they reflect on their current practices. This participation will be a start in the battle against premature morbidity and mortality, which, if sustained, will result in a healthier adult community as they grow older.

The benefit of this study in local level, is to improve knowledge and attitude of the students regarding prevention of obesity and overweight. It also increases perceived risk of obesity and help students to practice healthy lifestyle. In national level, this study will add some information to the existing one and plays an important role in student's lifestyles. It can also be contributed to health policy makers to develop intervention strategies targeting students and to find the most effective strategies for preventing obesity and overweight among students at this age.

1.4 Research Questions

1. Is there any significant differences in BMI scores between the intervention and control groups after 6 months post-intervention?

2. Is there any significant differences in physical activity scores between the intervention and control groups after 6 months post-intervention?

3. Is there any significant differences in diet behaviors towards obesity and overweight prevention between the intervention and control groups after 6 months post-intervention?

4. Is there any significant differences in diet knowledge towards obesity and overweight prevention between the intervention and control groups after 6 months post-intervention?

1.5 Research Objectives

1.5.1 General objective:

To develop, implement, and evaluate the impact of an intervention program on obesity prevention among students aged 11-15 years in district 1 of Shiraz, Iran.

1.5.2 Specific objectives:

i. To determine baseline information on socio-demographic factors (gender, age, religion, monthly pocket money, family income, father's education, mother's education and family size) of students aged 11-15 years in district 1 of Shiraz, Iran.

ii. To develop and implement an intervention program to prevent obesity among students aged 11-15 years in district 1 of Shiraz, Iran.

iii. To compare Body Mass Index (BMI) at baseline and 6 months post intervention among students aged 11-15 years in district 1 of Shiraz, Iran.

vi. To compare physical activity score at baseline and 6 months post intervention among students aged 11-15 years.

v. To compare knowledge and behavior regarding diet at baseline and 6 months post intervention among students aged 11-15 years.

1.7 Research Hypothesis

This obesity behavioral intervention study tested the following hypotheses: 1. There is significant decrease in BMI scores between the intervention and control groups after 6 months post-intervention.

2. There is significant increase in physical activity scores between the intervention and control groups after 6 months post-intervention.

3. There is significant increase in diet behaviors towards obesity and overweight prevention between the intervention and control groups after 6 months post-intervention.

4. There is significant increase in diet knowledge towards obesity and overweight prevention between the intervention and control groups after 6 months post-intervention.

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