

UNIVERSITI PUTRA MALAYSIA

PREVALENCE OF AND FACTORS ASSOCIATED WITH OBESITY AMONG SECONDARY SCHOOL STUDENTS IN PETALING DISTRICT, SELANGOR

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By

JAMILA ABUBAKAR GARBA

Thesis Submitted to the School of Graduate Studies, Universiti Putra Malaysia, in Fulfillment of the Requirements for the Degree of Master of Science

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Abstract of thesis presented to the Senate of Universiti Putra Malaysia in fulfillment of the requirement for the degree of Master of Science.

PREVALENCE OF AND FACTORS ASSOCIATED WITH OBESITY AMONG SECONDARY SCHOOL STUDENTS IN PETALING DISTRICT, SELANGOR

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August 2013

Chairman: Prof. Lekhraj Rampal, PhD

Faculty: Medicine and Health Sciences

Obesity is one of the public health problems that affects all ages in both developing and developed countries with an increasing prevalence globally. Obesity in adolescents can continue up to adulthood and increases the chance of developing non-communicable diseases.

An analytic cross-sectional study was done among secondary school students in Petaling district to determine prevalence and factors associated with obesity. Sampling with probability proportionate to size was used and 5 schools were selected. Self-administered pretested questionnaires in Bahasa Malaysia were used to capture the socio-demographic characteristics, physical activity, dietary pattern, smoking status and psychological factors (self-esteem & body image). Weight was measured to the nearest 0.1kg using a digital bathroom scale (TANITA model HD-319); height was measured by using SECA body meter model 206 to the nearest 0.1cm. The response rate was 90.7%. The prevalence of obesity among the respondents was 13.7% (95% CI= 12.3, 15.1). Males had a significantly higher prevalence of obesity 15.9% (95% CI= 14.4, 17.4) compared to females with 12.3% (95% CI= 10.94, 13.66). Malay respondents had the highest prevalence of 16.2% (95% CI = 14.68, 17.72), followed by Chinese with 11.5% (95% CI= 10.2, 12.8) and then Indians with prevalence of 10.5% (95% CI= 9.23, 11.77).

Those with low physical activity had significantly higher prevalence of obesity than those with high physical activity ($\chi^2 = 237$, df = 1, *p* <0.001). Those with low selfesteem had significantly higher prevalence of obesity than those with normal selfesteem ($\chi^2 = 143$, df =1, *p* <0.001). Prevalence of obesity was also significantly higher among those with body parts dissatisfaction ($\chi^2 = 10$, df = 1, *p* <0.001) and body size dissatisfaction ($\chi^2 = 90$, df = 1, *p* <0.001). However, there was no statistical association between obesity and the dietary patterns (dietary pattern 1 χ^2 = 5.919, df= 3, *p* = 0.116; dietary pattern 2 $\chi^2 = 7.728$, 3, *p* = 0.052; dietary pattern 3 $\chi^2 = 5.923$, df= 3, *p* = 0.115).

Logistic regression was used to determine the predictors of obesity and the significant predictors of obesity were gender (Male's odd ratio (OR) =2.389, 95% CI = 1.7, 3.3, p < 0.001), age (13 to <14 years OR =2.05, 95% CI = 1.1, 3.7, p = 0.019; 14 to <15 years OR =2.95, 95% CI = 1.1, 3.6, p = 0.034), low physical activity (OR = 82.8, 95% CI = 45.5, 151.0, p < 0.001), low self-esteem (OR = 7.77, 95% CI = 5.15, 11.71, p < 0.001), body parts dissatisfaction (OR = 1.479, 95% CI = 1.2, 1.9, p = 0.002) and body size dissatisfaction (OR = 4.705, 95% CI = 2.6, 8.5, p < 0.001).

In conclusion, this study has identified that the prevalence of obesity is high among adolescents and found to be associated with modifiable risk factors which are low physical activity, low self-esteem and body image dissatisfaction. The findings from this study can be used by policy makers to plan preventive measures to tackle the increasing prevalence of obesity.



Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia sebagai memenuhi keperluan untuk ijazah Master Sains.

PREVALENS DAN FAKTOR-FAKTOR YANG BERKAITAN DENGAN OBESITI DIKALANGAN PELAJAR SEKOLAH MENENGAH DI DAERAH PETALING SELANGOR

Oleh

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Obesiti adalah salah satu masalah kesihatan awam yang memberi kesan kepada semua peringkat umur dinegara sedang membangun dan juga negara membangun dengan peningkatan prevalen di peringkat global. Obesiti di kalangan remaja boleh berterusan sehingga ke usia dewasa dan ini boleh meningkatkan risiko untuk mendapat penyakit tidak berjangkit.

Satu kajian keratan rentas analisis telah dilakukan di kalangan pelajar sekolah menengah di daerah Petaling untuk menentukan prevalen dan faktor-faktor yang dikaitkan dengan obesiti. Persampelan dengan kebarangkalian berkadar dengan saiz telah digunakan dan 5 buah sekolah telah dipilih. Soal selidik dalam Bahasa Malaysia digunakan untuk mendapat ciri-ciri sosio-demografi, aktiviti fizikal, corak pemakanan, status merokok dan faktor-faktor psikologi (keyakinan diri dan imej badan). Berat diukur kepada 0.1kg terdekat menggunakan skala penimbang

digital (model TANITA HD-319); ketinggian diukur dengan menggunakan meter badan SECA model 206 meter ke 0.1cm terdekat.

Kadar respon adalah 90.7%. Prevalen obesiti di kalangan responden adalah 13.7% (95% SK = 12.3, 15.1). Lelaki mempunyai Prevalen yang lebih tinggi daripada obesiti 15.9% (95% SK = 14.4, 17.4) berbanding dengan wanita dengan 12.3% (95% SK = 10.94, 13.66). Responden Melayu mempunyai Prevalen tertinggi sebanyak 16.2% (95% SK = 14.68, 17.72), diikuti oleh China dengan 11.5% (95% SK = 10.2, 12.8) dan kemudian India dengan Prevalen 10.5% (95% SK = 9.23, 11.77).

Mereka dengan aktiviti fizikal yang rendah mempunyai Prevalen yang lebih tinggi daripada obesiti daripada mereka dengan aktiviti fizikal yang tinggi ($\chi^2 = 237$, df = 1, *p* <0.001) Mereka yang mempunyai harga diri yang rendah mempunyai prevalen yang lebih tinggi terhadap obesiti daripada mereka dengan harga diri yang normal ($\chi^2 = 143$, df = 1, *p* < 0.001). Prevalen obesiti juga lebih tinggi di kalangan mereka yang mempunyai bahagian badan yang dirasakan tidak memuaskan ($\chi^2 = 10$, df = 1, *p* < 0.001) dan rasa tidak puas hati dengan saiz badan ($\chi^2 = 90$, df = 1, *p* < 0.001). Walau bagaimanapun, tidak ada perkaitan statistik antara obesiti dan corak pemakanan (corak pemakanan 1 $\chi^2 = 5.919$, df = 3, *p* = 0.116; corak pemakanan 2 $\chi^2 = 7.728$, df = 3, *p* = 0.052; corak pemakanan 3 $\chi^2 = 5.923$, df = 3, *p* = 0.115).

Regresi logistik telah digunakan untuk menentukan ramalan obesiti dan ramalan signifikan obesiti ialah jantina (Lelaki OR = 2.389, 95% SK = 1.7, 3.3, p < 0.001), umur (13 hingga <14 tahun OR = 2.05, 95% SK = 1.1, 3.7, p = 0.019; 14 hingga

<15 tahun OR = 2.95, 95% SK = 1.1, 3.6, p = 0.034), aktiviti fizikal yang rendah (OR = 82.8, 95% SK = 45.5, 151.0, p < 0.001), rendah diri (OR = 7.77, 95% SK = 5.15, 11.71, p < 0.001), bahagian-bahagian badan yang dirasakan tidak puas hati (OR = 1.479, 95% SK = 1.2, 1.9, p = 0.002) dan rasa tidak puas hati saiz badan (OR = 4.705, 95% SK = 2.6, 8.5, p < 0.001).

Kesimpulannya, kajian ini telah mengenal pasti bahawa obesiti mempunyai prevalen yang tinggi di kalangan remaja dan didapati berkait dengan faktor-faktor risiko yang boleh diubah dimana aktiviti fizikal yang rendah, keyakinan diri dan imej badan yang rendah rasa tidak puas hati. Hasil kajian ini boleh digunakan oleh penggubal dasar bagi merancang langkah-langkah pencegahan untuk menangani peningkatan prevalen obesiti.

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Approval sheet

I certify that a Thesis Examination Committee has met on 27th of Ausust, 2013 to conduct the final examination of Jamila Abubakar Garba on her thesis entitled "Prevalence and factors associated with obesity among secondary school students in Petaling district, Selangor" in accordance with the Universities and University Colleges Act 1971 and the Constitution of the Universiti Putra Malaysia [P.U. (A) 106] 15 March 1998. The Committee recommends that the student be awarded the Master of Science degree.

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DECLARATION

I declare that the thesis is my original work except for quotations and citations, which have been duly acknowledged. I also declare that it has not been previously or concurrently submitted for any other degree at Universiti Putra Malaysia or other institution.

JAMILA ABUBAKAR GARBA

Date: 27th August, 2013

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LIST OF ABBREVIATIONS

%	Percentage
ANOVA	Analysis of variances
BASS	Body Area Satisfaction Scale
BMI	Body Mass Index
CDC	Centers for Disease Control
CI	Confidence Interval
CPG	Clinical Practice Guidelines
CVD	Cardiovascular Disease
Df	Degree of freedom
DPAS	Diet, Physical activity & Health
FAO	Food and Agriculture Organization
IOTF	International Obesity Task Force
Kcal	Kilocalories
Kg/m ²	Kilogram per meter square
MGRS	Multicentre Growth Reference Study
mmHg	Millimetres of mercury
МОН	Ministry of Health
N	Number
NA	Not available
NCD	Non-Communicable Disease
NCHSS	National Centre for Health Statistics
NHMS	National Health and Morbidity Survey
NSP-NCD	National Strategic Plan for Non-Communicable Diseases

OR	Odds Ratio
Р	α level of significance
PAQ-A	Physical Activity Questionnaire for Adolescents
PAQ-C	Physical Activity Questionnaire for Children
RM	Ringgit Malaysia
SD	Standard deviation
SPSS	Statistical package for the Social Sciences
UK	United Kingdom
UN	United Nations
USA	United States of America
U.S.D.H.H.S	United States Department of Health and Human Services
WHO	World Health Organization

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CHAPTER 1

INTRODUCTION

1.1 Background

The World Health Organization reported that there is an increase in the prevalence of overweight and obesity globally; about 1.5 billion adults were overweight and 500 million were obese (WHO, 2011a). Almost 43 million children below the age of five were overweight in 2010 and projected to reach 60 million by 2020 (de Onis et al., 2010; WHO, 2011a). The global prevalence of obesity in childhood was 4.2% in 1990 which increased to 6.7% in 2010 and is projected to reach 9.1% by 2020 (de Onis, et al., 2010).

The average prevalence of childhood obesity for developing countries in 2010 was 6.1% and predicted to reach 8.6% by 2020 while for developed countries it was 11.7% in 2010 and predicted to reach 14.1% by 2020 (de Onis et al., 2010). Several low and middle-income countries are now encountering both health problems of communicable diseases and infectious diseases; while they continue to have the problems of infectious disease and under-nutrition, they are encountering an increase in non-communicable disease risk factors like overweight and obesity (WHO, 2011a). It is common to have under-nutrition and obesity co-existing together in the same household, same community and the same country (WHO, 2011a).

In Asia, the prevalence of obesity in 2010 was 4.9% and predicted to be 6.8% by 2020 (de Onis et al., 2010). In South East Asian region, there were 300,000 deaths due to overweight and obesity (WHO, 2011a). In Malaysia, the Third National Health and Morbidity Survey (NHMS III) in 2006 showed a prevalence of obesity to be 14% in adults 18 years and above while it was 5.4% in children (MOH, 2008).

There are several causes of childhood and adolescent obesity and more causes are still being investigated (CPG, 2003). The aetiological factors are genetic factors, unhealthy diet, physical inactivity, endocrine disorders and in some cases a combination of above (WHO, 2003a). Many factors may affect eating habits and as a result may also affect obesity; these factors include depression, stress, anxiety, ethnicity, education, social support and income (Andersen 2003; Biro & Wien, 2010; Rohrer 2004).

Obesity in adolescents can continue up to adulthood and increases the chance of developing non-communicable diseases both in childhood and adulthood (Andersen, 2003). Some of the factors that could lead to persistence of childhood obesity at adulthood include degree of obesity and genetic factors (WHO, 2003a). Obesity is a significant risk factor for a number of morbidities and increases mortality at an early age (Pi-Sunyer, 2009). Obesity and overweight caused about 5% of global mortality (WHO, 2009). The complications that can result from obesity include cardiovascular disease, diabetes, some cancers, sleep apnea, early onset asthma and psychological disorders (Andersen, 2003; Pi-Sunyer, 2009; WHO, 2003a).

The main contributing factors for the increase in prevalence of obesity are physical inactivity and unhealthy diet (WHO, 2003a) and despite the various strategies on diet and physical activity, there is still an increasing prevalence of obesity (M.O.H, 2010a); hence, there is need to identify other factors such as the psychological and social factors in addition to unhealthy diet and physical inactivity that may be associated with obesity.

1.2 Problem Statement

Obesity and overweight are serious health problem globally both in children and adults (WHO, 2003a). In Malaysia, there is an increasing trend in the prevalence of obesity among adults 18 years and above; it was 4.4% in 1996 (MOH, 1997), increased to 12.3% in 2004 (Rampal et al., 2007a) and 14.2% in 2006 (MOH, 2008). In adolescents, the prevalence of risk of overweight and overweight was 11.4% and 8.2% respectively in 2005 among secondary school students in Klang district (Rampal et al., 2007b) and another study among adolescents in Putrajaya in 2010 showed prevalence of 12.5% and 11.7% respectively (Rampal et al., 2011).

Adolescent obesity can strongly lead to adult obesity and predispose to early mortality and increased chance of developing non-communicable diseases at an early age (Goodman & Whitaker, 2002; WHO, 2008a; WHO, 2011a). They are also prone to discrimination, poor self-esteem, body image dissatisfaction and other psychological disorders which may likely persist into adulthood (Andersen, 2003). The consequences of obesity have serious impact on the healthcare cost due to the

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expensive cost in treatment and rehabilitation (M.O.H, 2010a); hence, there is need for preventive measures which are cheaper.

1.3 Significance of the Study

The study will determine the prevalence and factors associated with obesity. It will also identify how socio-demographic characteristics, lifestyle factors and psychological factors predict development of obesity. The information can be use by policy makers to plan preventive measures by focusing on the significant predictors of obesity among adolescents.

1.4 Objectives of the study

1.4.1 General objective

To determine the prevalence and factors associated with obesity among secondary school students in Petaling district, Selangor

1.4.2 Specific objectives

- to determine the socio-demographic characteristics, physical activity, dietary pattern, smoking status, self-esteem, body parts satisfaction and body size perception,
- ii. to determine the prevalence of obesity,
- iii. to determine the association between socio-demographic characteristics and obesity,

- iv. to determine the association between physical activity, dietary pattern and smoking; with obesity,
- v. to determine the association between psychological factors (selfesteem, body parts satisfaction and body size perception) and obesity,
- vi. to determine predictors of obesity,

1.5 Research hypothesis

- i. There is an association between socio-demographic characteristics and obesity.
- ii. There is an association between physical activity, dietary pattern and smoking with obesity.
- iii. There is an association between psychological factors and obesity.
- iv. Socio-demographic characteristics, physical activity, dietary pattern, smoking and psychological factors are significant predictors of obesity.

1.6 Conceptual framework



Socio-demographic characteristics such as age, gender, ethnicity, socioeconomic status and educational status have been shown to influence the lifestyle of an individual and predispose to development of obesity (Ismail et al., 2002; Moy et al., 2004; Ghazali et al., 2006; Rampal et al., 2007b). Lifestyle factors such as smoking habits, unhealthy dietary pattern and low physical activity may enhance the development of obesity (WHO, 2003a; Biro & Wien, 2010). It has been

documented that overweight occur as a result of imbalance between energy intake and energy expenditure and the calorie intake from foods is an important determinant of energy balance (WHO, 2003a; Woodward-Lopez et al., 2006). Physical activity is a significant determinant of energy output and thus essential to balance in energy and control of weight (WHO, 2011b). Heavy smokers may be predisposed to risky behaviours like low physical activity and poor dietary habits which can lead to obesity (Chiolero et al., 2008).

Psychological disorders have been shown to be associated with obesity either as risk factors or as consequences of obesity (Mustillo et al., 2003; Hamzaid, 2011). Some psychological disorders such as body image dissatisfaction, low self-esteem and depression can lead to eating disorders like binge eating which can cause obesity (Nieman & LeBlanc, 2012). On the other hand, stigma and discrimination related to obesity can affect self-esteem, body image and other psychological characteristics (Andersen, 2003; Pi Sunyer, 2009).



Figure 1.1 Risk factors associated with obesity

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