

# **UNIVERSITI PUTRA MALAYSIA**

FACTORS ASSOCIATED WITH BODY WEIGHT STATUS AMONG SECONDARY SCHOOL CHILDREN IN HULU LANGAT DISTRICT, SELANGOR, MALAYSIA

**NOR MAZNI BINTI IBRAHIM** 

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Ву

NOR MAZNI BINTI IBRAHIM

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

January 2017

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

# FACTORS ASSOCIATED WITH BODY WEIGHT STATUS AMONG SECONDARY SCHOOL STUDENTS IN HULU LANGAT DISTRICT, SELANGOR, MALAYSIA

Ву

#### NOR MAZNI BINTI IBRAHIM

January 2017

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Faculty : Medicine and Health Sciences

This cross sectional study was conducted to determine the predictors of body weight status among secondary school students in Hulu Langat District of Selangor. A total of 455 adolescents from five secondary schools aged 13-16 years old were recruited through random cluster sampling. Socio-demographic status (age, gender, ethnicity, religion, parent's income) were collected. Dietary intakes were measured using a 24-hour diet recall and total energy and macronutrient were compared with Recommended Nutrient Intake (RNI) value. Body weight and height were measured and BMI-for-age was calculated. A set of self-administered questionnaires of Physical Activity Questionnaire for Adolescents (PAQ-A), Perceived Stress Scale (PSS), Perception of Teasing Scale (POTS), Secondary School Stressor Questionnaire (SSSQ), Parental Authority Questionnaire (PAQ), Rosenberg Self-Esteem Scale (RSE) and Children Depression Inventory (CDI) were used to measure physical activity, perceived stress, weight teasing, secondary school stressor, parenting style, self-esteem and depression respectively. The mean age of the subjects was 14.33 ± 1.23 years old in which the percentage of males and females was 14.33 ± 1.23 years old in which the percentage of males and females was 50.3% and 49.7% respectively. More than half of the subjects were Malays (69.9%), followed by Chinese (17.1%), Indian (12.5%) and others (0.4%). Majority of the subjects (64.4%) having a normal body weight status, while 6.0% and 30% were severe thinness/thinness and overweight/obese respectively. Compared with RNI value, 92.3% (n=420) and 48.6% (n=221) of subjects had low total energy and protein intake respectively. Body weight status was only correlated with perceived stress (r=-0.097, p=0.04), weight teasing (r=0.514, p<0.000), academic related stressor (r=-0.095, p=0.043) and females adolescent's permissive parenting style (r=-0.154, p=0.021), however not significantly correlated with physical activity(r=0.041, p=0.381) and depression (r=-0.030, p=0.527). Meanwhile, there was a significant difference in total energy (t=4.555, p=0.000), carbohydrate (t=3.781, p=0.000), protein p=0.000and fat intake (t=4.153, (000.0=q)(t=3.846,between overweight/obese and non-obese subjects. In addition, Stepwise Multiple Linear Regression (MLR) analysis was performed and results showed only age (ß=-0.153, p<0.05), weight-related teasing (ß=0.113, p<0.05) and carbohydrate intake (ß=- 0.048, p<0.05) significantly predict of body weight status, R<sup>2</sup> = 0.749,  $\Delta R^2 = 0.746$ , F (4, 450) = 334.94, p<0.001. In term of Logistic Regression (LR) analysis, only one factor that significantly predict body weight status which was weight-related teasing (high weight-related teasing: OR 0.12; 95% CI 0.07, 0.21). Thus, these findings can contribute for future intervention programmes among school-aged students in order to curb the overweight and obesity among adolescents.



# FAKTOR-FAKTOR YANG BERKAITAN DENGAN STATUS BERAT BADAN DALAM KALANGAN PELAJAR SEKOLAH MENENGAH DI DAERAH HULU LANGAT, SELANGOR, MALAYSIA

Oleh

#### NOR MAZNI BINTI IBRAHIM

Januari 2017

Pengerusi : Zuriati binti Ibrahim, PhD

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Kajian keratan rentas ini dijalankan untuk menentukan faktor peramal bagi status berat badan <mark>dalam kalangan pelajar sekola</mark>h menengah di daerah Hulu Langat di Selangor. Seramai 455 remaja daripada 5 buah sekolah yang berumur 13-16 tahun telah dipilih melalui persampelan kelompok rawak. Status sosio-demografi (umur, jantina, etnik, agama dan pendapatan ibu bapa) telah diambil. Pengambilan pemakanan telah diperolehi menggunakan satu hari ingatan diet 24-jam dan jumlah tenaga dan makronutrien telah dibandingkan dengan nilai Pengambilan Nutrien Disyorkan (RNI). Berat badan dan tinggi telah diukur dan BMI-for-age telah dikira. Satu set borang soal selidik kendiri yang terdiri daripada Physical Activity Questionnaire for Adolescents (PAQ-A), Perceived Stress Scale (PSS), Perception of Teasing Scale (POTS), Secondary School Stressor Questionnaire (SSSQ), Parental Authority Questionnaire (PAQ), Rosenberg Self-Esteem Scale (RSE) and Children Depression Inventory (CDI) telah digunakan untuk mengukur aktiviti fizikal, tahap stress, ejekan berat badan, stresor sekolah menengah, gaya keibubapaan, tahap keyakinan dan kemurungan. Min umur subjek adalah 14.33 ± 1.23 tahun yang mana peratusan lelaki dan perempuan masingmasing adalah 50.3% dan 49.7%. Lebih daripada separuh subjek terdiri daripada Melayu (69.9%), diikuti oleh Cina (17.1%), India (12.5%) dan lain-lain (0.4%). Majoriti subjek (64.4%) mempunyai status berat badan normal, manakala 6.0% dan 30% masing-masing mempunyai berat badan kurus teruk/kurus dan berlebihan berat badan/obes. Jika dibandingkan dengan nilai RNI, 92.3% (n=420) dan 48.6% (n=221) subjek masing-masing mempunyai jumlah pengambilan tenaga dan protin yang rendah. Status berat badan hanya berkorelasi dengan tahap stres (r=-0.097, p=0.04), ejekan berat badan (r=0.514, p<0.000), stresor berkenaan akademik (r=-0.095, p=0.043) dan gaya keibubapaan permisif bagi remaja perempuan (r=-0.154, p=0.021), walau bagaimanapun, tiada kolerasi yang signifikan diperolehi bagi aktiviti fizikal (r=0.041, p=0.381) dan depresi (r=-0.030, p=0.527). Sementara itu, terdapat perbezaan yang signifikan dalam jumlah pengambilan tenaga (t=4.555, p=0.000), karbohidrat (t=3.781, p=0.000), protin (t=3.846, p=0.000) dan lemak (t=4.153, p=0.000) antara subjek yang berlebihan berat badan/obes dan tidak obes.Tambahan pula, analisis Stepwise Multiple Linear Regression (MLR) telah dijalankan dan keputusan menunjukkan hanya umur (ß=-0.153, p<0.05), ejekan berat badan (ß=0.113, p<0.05) dan pengambilan karbohidrat (ß=-0.048, p<0.05) secara signifikan meramalkan status berat badan ,  $R^2 = 0.749$ ,  $\Delta R^2$ = 0.746, F (4, 450) = 334.94, p<0.001. Daripada segi analisis Logistic Regression (LR), hanya satu faktor sahaja yang secara signifikan meramalkan status berat badan iaitu ejekan berat badan (ejekan berat badan yang tinggi: OR 0.12; 95% CI 0.07, 0.21). Oleh itu, keputusan ini boleh menyumbang kepada program intervensi yang akan dilaksanakan pada masa akan dating dalam kalangan pelajar sekolah bagi membendung berat badan berlebihan dan obesiti dalam kalangan remaja.

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I certify that a Thesis Examination Committee has met on 19 Januari 2017 to conduct the final examination of Nor Mazni Binti Ibrahim on her thesis entitled "Factors Associated with Body Weight Status Among Secondary School Children in Hulu Langat District, Selangor, Malaysia" 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.

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#### LIST OF ABBREVIATIONS

AMDR Acceptable Macronutrient Distribution Ranges

ARS Academic Related Stressor

BMI Body mass index
BMR Basal metabolic rate

CDI Children Depression Inventory

CHD Coronary heart disease

COMPASS Combating Obesity in Māori and Pasifika Adolescent

School-children Study

FFQ Food frequency questionaire

GSHS Global School-based Health Survey

GSRS Social Related Stressor

InterRS Interpersonal Related Stressor
IntraRS Intrapersonal Related Stressor
JPN Jabatan Pendidikan Negeri

LTRS Learning and Teaching Related Stressor

MHS Mental Health Survey
MLR Multiple linear regression

MSNS Malaysian School-Based Nutrition Survey

PA Physical activity

PAQ Parental Authority Questionnaire

PAQ-A Physical Activity Questionnaire for Adolescents PAQ PAQ-C Physical Activity Questionnaire for Old Children

PE Physical education

POTS Perception of Teasing Scale
PPD Pejabat Pendidikan Daerah
PSS Perceived Stress Scale

RNI Recommended Nutrient Intake
RSE Rosenberg Self-Esteem Scale

SAR Subcutaneous abdominal adipose tissue

SES Socioeconomic status
SSSM Secondary School Stressor
TRS Teacher Related Stressor

US United States

VAT Visceral adipose tissue VIF Variance inflation factor

#### **CHAPTER 1**

#### INTRODUCTION

#### 1.1 Introduction

Obesity is the most common nutritional problem in both developing and developed countries. It is recognised as a major public health problem occurs in children and adolescents. Adolescence period is a crucial period for the development of nutritional problem. The problem will continuously happened in the period of adulthood and projecting risk of chronic diseases if no preventive measure taken (Story, Neumark- Sztainer, & French, 2002; Goran, Ball, & Cruz, 2003). Apart from their high nutrient requirements at this stage of life, the rising rates of obesity among children and adolescents need to be concerned (Ogden et al., 2006; Lee, Okumura, Davis, Herman, & Gurney, 2006). The development of nutritional problems experienced by young youth led to the increasing in the prevalence of overweight and obesity (de Onis et al., 2007).

In the United States (US), there was an increment in the prevalence of obesity among adolescents between 5% in 1976 to 18% in 2008 (Ogden, Carroll, Curtin, Lamb, & Flegal, 2010). Almost 9 million of children and one-sixth of the adolescents (17%) were considered to be overweight (Bibbins-Domingo, Coxson, Pletcher, Lightwood, & Goldman, 2007). Even though the prevalence of obesity in all populations in most of the countries in Asia Pacific Region was relatively low across low, middle and high-income populations (Khambalia & Seen, 2010), however there is a rapid increasing in the prevalence of obesity among children and adolescents especially in Malaysia (Mohd Ismail et al., 2009; Reilly, 2006).

A study conducted by Moy, Gan, and Zaleha (2004) found that the prevalence of obesity among school children aged 7-16 years old in Kuala Lumpur was 7.3%. Apart from that, a national study showed that the prevalence of overweight children and adolescents age 18 years old and below was 5.4% (Ministry of Health Malaysia, 2008). Moreover, Institute of Public Health (unpublished IPH, MOH) reported the prevalence of obesity were 6.7%, 6.3% and 4.9% for the age groups of 5.0-9.9, 10.0- 14.9 and 15.0-17.9 years old respectively (Khor, 2012). Although the prevalence of overweight and obesity in Malaysia was relatively low as compared to western countries, it still requires concern due to the later life consequences on individual health.

As a consequence of increasing prevalence of obesity, adolescent who is overweight may begin to experience various weight-related illness in later life (Cheah et al., 2011). Several studies have reported that obesity at adolescence period is associated with serious medical problems, including cardiovascular disease (David, Mei, Srinivasan, Berenson, & Dietz, 2007), diabetes mellitus (Li, Ford, Zhao, & Mokdad, 2009), high blood pressure, coronary heart disease (Stice, Presnell, Shaw, & Rohde, 2005), breast cancer (Kushi et al., 2012), bone and joint problems and sleep apnoea. In addition, an obese adolescent is at risk of having social and psychological problems such as weight teasing, bullying and low self-esteem (Jackson, 2009; Daniels et al., 2005). Apart from the medical problems, an obese adolescent has the potential of having psychological and emotional consequences (Cheah et al., 2011). Childhood, particularly adolescent who had an excessive weight had the higher possibility to become an obese person in adulthood life (Guo, Wu, Chumlea, & Roche, 2002).

The identification of the determinants or contributing factors to obesity is very crucial in order to prevent and reduce the occurrence of health complications in later life. The risk factors of obesity include several factors that related to the accumulation of adipose tissue, such as money, time, lifestyle, dietary practices of the individuals, and the availability of food acquisition (Khor, 2012). In addition, increasing urbanisation and the globalisation of food markets are found to be the contributing factors of obesity (Abu Baker & Daradkeh, 2010). The dietary patterns shifted to energy dense foods which are high in fat, salt and sugar (National Heart Lung and Blood Institute, 2010). In Malaysia, due to improvement and progression in the food system, there is an increased in food availability, which contribute to the consumption of varieties of foods that are high in sugar (Lipoeto, Geok Lin, & Angeles-Agdeppa, 2013). In line with the current progression in food system, the food choices and dietary intake of adolescents also have changed (Aounallah-Skhiri et al., 2011).

In addition, behavioural factors also contribute to the increasing in the prevalence of obesity. Obese adolescents are more likely to be physically inactive, in which they spend less time on sports, playing games and so on during their free time (Aeberli, Kaspar, & Zimmermann, 2007). Apart from being physically inactive, psychosocial factors play a role in the increasing prevalence of obesity among adolescents (Nieman & Leblanc, 2012). Youth who experienced stressful events, depressive and low self-esteem have a higher tendency to become overweight and obese (Gunstad et al., 2006; Danielsen et al., 2012; Loke, 2002). Besides that, previous study found that parents who have controlled too much over their children's eating habits have contributed to the development of childhood overweight and obesity (Van Strien, van Niekerk, & Ouwens, 2009). Thus, understanding these multidimensional factors related to overweight and obesity is crucial to address the public health problems among adolescents.

#### 1.2 Statements of problem

Currently, obesity has become a prominent and leading public health concern worldwide in which the number of children and adolescents who are overweight or obese is alarmingly high (Rivera et al., 2013). Based on the identified factors, multiple approaches and recommendations were suggested by physicians for treatment of children and adolescents who are overweight and obese. Generally, the factors contributed to weight gain included imbalance between energy intake and expenditure, sedentary lifestyle and physically inactive (Spear et al., 2007). However, these findings are not the eventual findings. This is because previous studies revealed that either energy intake or energy expenditure as well as physically inactive were not the primary determinants of adolescent obesity (Aeberli, Kaspar, & Zimmermann, 2007; Adams, 2006; Lagiou & Parava, 2008). Therefore, more research are needed to determine the relative contribution of nutritional components as well as physical activity on the obesity among adolescents.

Furthermore, the emergence of knowledge pertaining to psychosocial factors may contribute to the complexity of the obesity epidemic (Nieman & Leblanc, 2012). Children and adolescents are considered as the potential groups to experiencing physical and mental health implications due to psychosocial stressor exposure (Gundersen, Mahatmya, Garasky, & Lohman, 2011). Stress and depression were contributed to increment of body weight. Stress is defined as a process of adaptation in response to the challenge either physical or psychological challenge, meanwhile depression is a feeling of sad that can interfere the daily life (Kim et al., 2009; Health National Institute of Mental, 2011). There is a need to study both variables because of contribution to body weight status. Psychosocial stressor (stressful life events) and less social support were identified as the components that may contribute to the increment in the probability of being overweight or obese in adolescents (Lohman, Stewart, Gundersen, Garasky, & Eisenmann, 2009; Mackenbach, Simon, Looman, & Joung, 2002; Martikainen, Bartley, & Lahelma, 2002). Parenting style which is one of the components in the psychosocial factors also plays an important key role towards increasing prevalence of obesity. Parenting style may influence children's daily activities, eating habits, emotional functioning, and ultimately the risk of being overweight among them Lumeng, Appugliese, Kaciroti, & Bradley, 2006; Jackson, 2009). Therefore, the link between psychosocial factors and obesity should not be neglected.

Eventhough there were many western studies examining the psychosocial stressor and physical health implications, studies on psychosocial stressor and obesity in Asia particularly in Malaysia are still scarce. In addition, there is very limited published data pertaining to the association between parenting style and obesity in the Malaysia context. Nutritional components and behavioural factor such as physical activity among adolescents need to be further investigated due to the rapid changes in food development and organisation. More information is needed in order to improve nutritional status among

adolescents. Thus, understanding the factors contributed to obesity is crucially required in order to provide effective intervention for overweight and obese youths.

Hence, this study aimed to ascertain the determinants of body weight status among secondary school students. In attempt to this study, the following research questions are addressed:

- i. What are the socio-demographic status, dietary intake, physical activity, psychosocial factors and body weight status of adolescents in Hulu Langat District?
- ii. Is there any significant difference in term of socio-demographic status, dietary intake, physical activity, parenting style, secondary school stressor and body weight status between male and female respondents?
- iii. Is there any significant difference in term of socio-demographic status, dietary intake, physical activity, psychosocial factors and body weight status between non-obese and overweight/obese respondents?
- iv. Is there any association between socio-demographic status, dietary intake, physical activity, psychosocial factors and body weight status among adolescents?
- v. Is there any significant contributions of socio-demographic status, dietary intake, physical activity, psychosocial factors on the body weight status among adolescents?

## 1.3 Objectives

#### 1.3.1 General Objective

To determine factors associated with body weight status among adolescents in Hulu Langat District, Selangor.

## 1.3.2 Specific objectives

- i. To determine socio-demographic status, dietary intake, physical activity, psychosocial factors and body weight status among adolescents.
- ii. To determine significant difference in term of sociodemographic status, dietary intake, physical activity, parenting style, secondary school stressor and body weight status between male and female respondents.
- iii. To determine significant difference in term of sociodemographic status, dietary intake, physical activity, psychosocial factors and body weight status between non-obese and overweight/obese respondents.

- iv. To determine the association between socio-demographic status, dietary intake, physical activity and psychosocial factors with body weight status among adolescents.
- v. To determine the contribution of socio-demographic status, dietary intake, physical activity, psychosocial factors on body weight status among adolescents.

# 1.4 Null hypotheses

- There is no significant difference in term of sociodemographic status, dietary intake, physical activity, parenting style, secondary school stressor and body weight status between male and female respondents
- ii. There is no significant difference in term of sociodemographic status, dietary intake, physical activity, psychosocial factors and body weight status between non-obese and overweight/obese respondents
- iii. There are no significant associations between socio demographic status, dietary intake, physical activity, psychosocial factors with body weight status among adolescents
- iv. There is no significant contribution of socio-demographic status, dietary intake, physical activity and psychosocial factors on body weight status.

#### 1.5 Conceptual framework

The Six-Cs ecological model (Harrison & Bost, 2011) was used as the theoretical framework for this study. It serves as a guidance to examine the potential risk factors of socio-demographic status, dietary intake, physical activity and psychosocial factors on body weight status among secondary school students. The model has six-spheres embedded together in a big sphere. The model highlights that childhood body weight status is depending on five spheres of environmental influences (child, clan, community, country and culture) and one sphere of genetic influence (cell) (Figure 1.1) (Harrison & Bost, 2011). In this model, it illustrates that child's body weight status is not only influenced by the dietary intake but also have influenced by family, community, country as well as the culture since it embeds within one ecology sphere (Harrison & Bost, 2011). There are numerous of contributing factors associated with body weight status. However, this current study only focusing on selected level and variables in the ecological model because of limitation of time and cost.

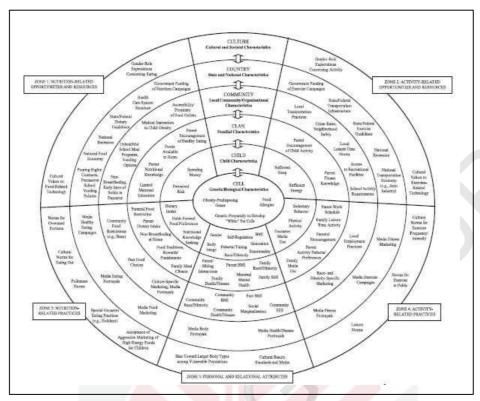


Figure 1.1: The Six-Cs developmental ecological model of determinants of overweight and obesity. (Source: Harrison & Bost, 2011).

Thus, as adapted from the theoretical framework from Harrison and Bost (2011), Figure 1.2 shows potential risk factors or determinants that are associated with body weight status (BMI-for-age) among adolescents. In this current study, body weight status among adolescents is expected to be affected by various factors including socio-demographic status, dietary intake, physical activity and psychosocial factors. Socio-demographic status consisted of age, socioeconomic status (SES), gender, ethnicity (McLaren, 2007; Naidu et al., 2013; Zalilah et al., 2006), household size (Tesfalem, Singh, & Debebe, 2013) and parental education level (Oh et al., 2011; Yen et al., 2010).

Physical activity and dietary intake which accounted for total energy, carbohydrate, protein and fat intakes were also assessed in this study (Chee, Roseline Yap, & Siti Sabariah, 2008; Zalilah, Khor, Mirnalini, Norimah, & Ang, 2006; Aeberli, Kaspar, & Zimmermann, 2007). Also, psychosocial factors consisted of self-esteem, depression (Bjornelv, Nordahl, & Holmen, 2011a), perceived stress (van Jaarsveld, Fidler, Steptoe, Boniface, & Wardle, 2009), weight teasing (Gan, Mohd Nasir, Zalilah, & Hazizi, 2011), parenting style (Rhee et al., 2006) and stressor (Falkner et al., 2001) were included in the study.

In summary, the proposed conceptual framework was developed to determine the four main potential risk factors (socio-demographic status, physical activity, dietary intake and psychosocial factors) that influence the body weight status of adolescents.



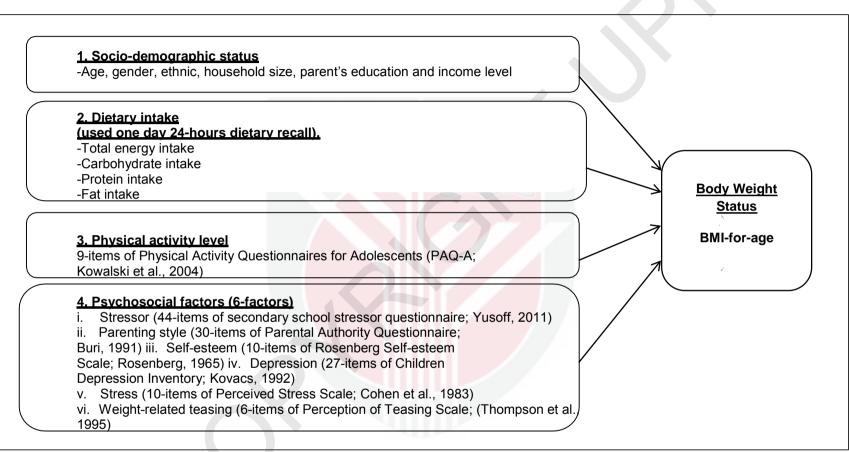


Figure 1.2: Conceptual framework of the study

#### 1.6 Significance of the study

Obesity is linked with an adverse nutritional and health related problems in all age groups including adolescents. By determining the potential factors associated with increasing prevalence of overweight and obesity, it will provide a better understanding of the cause of the problem. The findings from this study will contribute to the body of knowledge in nutrition related to body weight status among adolescents in Malaysia.

In addition, the findings on overweight and obesity obtained from this study can serve as a baseline data for future research to determine prevalence and other predicting factors to obesity. It will also contribute to the development of appropriate intervention programs to reduce obesity related diseases in the future.

The rising rate of overweight and obesity may elevate the cost of healthcare. Hence, the identification of the potential risk factors for obesity may help in the prevention of the obesity as early as possible. It is important in order to reduce the cost to treat the complications from the obesity problems. Also, early prevention of the obesity will improve the quality of life of the individuals.

# 1.7 Conceptual and operational definition

#### 1.7.1 Socio demographic status (SES)

SES is one of the crucial factors that has been identified related to obesity. SES for the children and adolescent can be measure by their parental marital status, income, occupation and education level (Knai, Lobstein, Darmon, Rutter, & McKee, 2012). The socio-demographic status of interest for this study was parental income, occupation and education level of the respondents.

## 1.7.2 Dietary intake

Dietary intake is estimation of food intake using several methods either assessed by subjective or objectives observation (Shim, Oh, & Kim, 2014; Johnson, 2002). For the current study, dietary intake operationally defined as all food and beverages consumed within 24 hour period; using 24-hour diet recall to assess current nutrient intake. Only total intake of energy, carbohydrate, protein and fat were analysed.

#### 1.7.3 Physical activity

Physical activity is defined as any bodily movement produced by skeletal muscles that requires energy expenditure (WHO, 2017). For the current study, physical activity was operationalised using Physical Activity Questionnaire for Adolescents (PAQ-A) developed by Kowalski, Crocker and Donen (2004) for assessing physical activity (leisure time, physical education, lunch, after school, evening activities.

#### 1.7.4 Stressor

Stressor is defined as possible sources of stress that can develop from employnment, social strain and schooling (Yusoff et. al. 2011). For the current study, stressor of the respondents were operationalised using Secondary School Stressor (SSSM) developed by Yusoff et al. (2011). It was grouped into 6 domains consisted of Academic Related Stressor, Interpersonal Related Stressor, Intrapersonal Related Stressor, Learning and Teaching Related Stressor, Social Related Stressor and Teacher Related Stressor.

## 1.7.5 Parenting style

Parenting style is described as a characteristic of the parent that is stable over time and constitutes the environmental and emotional context for child-rearing and socialization and categorised into four parenting style: authoritative, authoritarian, permissive, and neglectful (Strauss & Pollack, 2001; Darling, 1993) For the current study, parenting style were operationalised using Parental Authority Questionnaire (PAQ) developed by Buri (1991) by measuring three parenting style (permissive, authoritative and authoritarian).

#### 1.7.6 Self-esteem

Self-esteem is the judgement a worth and the feelings of individual towards themselves (Rosenberg, 1965a). For the current study, self-esteem was operationalised using self-reporting questionnaire in a 4-point Likert scale which is Rosenberg Self-esteem Scale (Rosenberg, 1965a).

### 1.7.7 Depression

Depression is a feeling of sad that can interfere the daily life (Health National Institute of Mental, 2011). For the current study, depression was operationalised using a self-report questionnaire, Children Depression

Inventory (CDI) for assessing symptoms of depression last two weeks among children and adolescents (Kovac, 1992).

#### 1.7.8 Stress

Stress is defined as a process of adaptation in response to the challenge either physical or psychological challenges (Kim et al., 2009). For the currents study, stress was operationalised using a self-report questionnaire, Perceived Stress Scale in which to assess stress response of the subject last one month (Cohen, Kamarck, & Mermelstein, 1983).

### 1.7.9 Weight Teasing

Teasing has been defined as a personal communication from agent to a target that combines elements of humour, aggression or ambiguity (Shapiro, Baumeister, & Kessler, 1991). Weight teasing commonly happened to overweight children and adolescents (Eisenbergh, Neumark-Sztainer, Story, 2003). For the current study, weight teasing was operationalised using a self-report questionnaire, Perception of Teasing Scale (POTS; Thompson, Cattarin, Fowler, & Fisher, 1995).

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