



UNIVERSITI PUTRA MALAYSIA

***DETERMINATION OF PSYCHOSOCIAL, PERSONALITY TRAITS,
LIFESTYLES FACTORS AND WEIGHT STATUS AMONG STUDENTS
IN A PUBLIC UNIVERSITY IN MALAYSIA***

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LIFESTYLES FACTORS AND WEIGHT STATUS AMONG STUDENTS IN
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By

NURUL FAREEZA BT SUHAIMI

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

November 2020

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DEDICATION

This thesis is dedicated to

My respected supervisors, my dear family, and my beloved husband alif



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

DETERMINATION OF PSYCHOSOCIAL, PERSONALITY TRAITS, LIFESTYLES FACTORS AND WEIGHT STATUS AMONG STUDENTS IN A PUBLIC UNIVERSITY IN MALAYSIA

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NURUL FAREEZA BT SUHAIMI

November 2020

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Faculty : Medicine and Health Sciences

The escalating prevalence of overweight and obesity (OW-OB) among university students is a continuous concern. OW-OB raised a public attention as it is considered as one of the risk factors towards development of non-communicable disease including hypertension, cardiovascular disease and diabetes mellitus.

A cross-sectional study was conducted to determine prevalence and factors associated with OW-OB among Universiti Putra Malaysia (UPM) students. Self-administered questionnaires were used to determine sociodemographic background, psychosocial, personality traits, lifestyle factors and weight status. The psychosocial factors consist of self-esteem and social support were determined using Rosenberg Self-Esteem Scale (RSES) and Multidimensional Scale of Perceived Social Support (MSPSS) respectively. Personality traits were assessed using USM Personality Inventory (USMaP-I). Lifestyle factors assessed physical activity and sleep quality using Global Physical Activity Questionnaire (GPAQ) and Pittsburgh Sleep Quality Index (PSQI) respectively. Dietary factors were assessed by Eating Behaviour Questionnaires (EBQ) and Diet Quality Index-Revised (DQI-R). Assessment of nutritional status included measurement of anthropometry included (height, weight, waist circumference, body fat percentage and visceral fat), biochemical data (fasting lipid profiles, fasting blood glucose) and blood pressure. Clinical data on blood pressure were measured using a digital sphygmomanometer.

A total of 240 undergraduates (24.6% male and 75.4% female) with mean (\pm SD) age of 21.22 ± 1.24 years were recruited from four randomly selected faculties in UPM. The classification of body weight status of the respondents indicated that

61.3% had normal weight, 12.9% underweight and 19.6% overweight and 6.3% obese. The prevalence of OW-OB were 25.9% vs 74.1% normal and underweight (UW-NW). Majority of respondents were Malay (79.2%) and mostly resided in hostel (95%). More than half of the respondents received adequate social support from their social circles; mainly from significant other (52.5%), family (68.8%) and friends (56.7%) respectively. Personality traits shows majority of the respondents were having neuroticism (76.2%), openness (59.0%) and conscientiousness (61.5%) traits. Almost two – thirds (65.8%) from total respondents were categorized under moderate physical activity level however, half (50.4%) of them experienced poor sleep quality.

Results on eating behaviour indicated that 42.5% of respondents skipped at least one main meal per day where breakfast (77.9%) was the most frequently skipped meal. More than half (53.3%) ate at western fast food restaurant 1-3 times per months. Overall mean DQI-R was 58.38 ± 13.18 suggested in need of improvement. Average score (\pm SD) of the self-esteem was 18.29 ± 4.67 which indicates respondents had moderate self-esteem. Prevalence of abdominal obesity were 11.3%, 47.9% having high body fat percentage and 7.5% were having high visceral fat level. Assessment of biochemical and clinical data show 26.3% were at risk level for total cholesterol (TC), 3.8% at risk level for triglycerides (TG), 2.1% had low HDL and 60.4% of respondents had at risk level for LDL. All of the respondents had optimal blood glucose level. For blood pressure, about 14.2% and 10.0% from total respondents were at risk level for systolic and diastolic.

Compare across body weight status, OW-OB significantly having lower self-esteem ($p < 0.05$), experienced poorer sleep quality ($p < 0.05$), skipped more main meal ($p < 0.05$), having higher mean of waist circumference (81.70 ± 7.77 cm) ($p < 0.05$), higher mean of body fat (33.10 ± 5.45) and visceral fat (8.40 ± 3.39) ($p < 0.05$), higher mean of TC (4.97 ± 0.67), TG (1.00 ± 0.61), LDL (3.04 ± 0.56), lower HDL (1.47 ± 0.27) ($p < 0.05$) and higher mean for systolic (113.12 ± 13.04) and diastolic (73.98 ± 8.76) blood pressure ($p < 0.05$) compared to UW-NW counterparts. OW-OB also found to have higher social support in all domains, have predominant personality traits of conscientiousness (8.28 ± 1.95), extraversion (9.29 ± 1.89) and agreeableness (9.04 ± 1.67) and higher engagement in physical activity (67.7%) and poorer diet quality however, these association were too small to be significant.

Multivariate logistic regression indicates that the odds of being OW-OB were five times likely if respondents had high LDL level (OR=5.08, CI=1.29-20.11, $p < 0.02$) and frequent skipping meals (OR=4.97, CI=1.06-23.38, $p < 0.04$), three times likely if respondents had high triglycerides (OR=2.55, CI=1.10-5.95, $p < 0.03$) and twice likely if respondents had poor sleep quality (OR=2.10, CI=1.09-4.05, $p < 0.03$). Higher diastolic blood pressure (OR=1.08, CI=1.03-1.12, $p < 0.001$) increased chances of respondents being OW-OB compared to normotensive respondents.

As a conclusion, this study found university students with poor sleep quality frequently skipped meals with poor fasting lipid profiles and elevated blood pressure were at higher risk to be OW-OB. This study highlights the importance of conducting healthy lifestyle and having healthy body weight by modify the modifiable lifestyle behaviour by having good sleep quality, and eating behaviours to improve lipid profiles and blood pressure.



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

PENENTUAN FAKTOR PSIKOSOSIAL, TRAIT PERSONALITI, GAYA HIDUP DAN STATUS BERAT BADAN DALAM KALANGAN PELAJAR UNIVERSITI AWAM DI MALAYSIA

Oleh

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Peningkatan prevalens masalah berat badan berlebihan dan obesiti (OW-OB) dalam kalangan pelajar universiti adalah membimbangkan. OW-OB menarik perhatian umum kerana dianggap sebagai salah satu faktor risiko terhadap penyakit tidak berjangkit seperti tekanan darah tinggi, penyakit kardiovaskular dan kencing manis.

Kajian rentas dijalankan untuk menentukan prevalens dan faktor berkaitan dengan OW-OB dalam kalangan pelajar Universiti Putra Malaysia (UPM). Soal selidik sendiri telah digunakan untuk mendapatkan latar belakang sosiodemografi, psikososial, personaliti gaya hidup dan status berat badan. Faktor psikososial terdiri daripada harga diri dan sosial telah dinilai menggunakan *Rosenberg Self-Esteem Scale (RSES)* dan *Multidimensional Scale of Perceived Social Support (MSPSS)* masing-masing. Trait personaliti telah dinilai dengan menggunakan *USM Personality Inventory (USMaP-I)*. Faktor gaya hidup telah dinilai dengan menggunakan *Global Physical Activity Questionnaire (GPAQ)* and *Pittsburgh Sleep Quality Index (PSQI)* masing-masing. Faktor diet telah dinilai menggunakan *Eating Behaviour Questionnaires (EBQ)* dan *Diet Quality-Revised Index (DQI-R)*. Penilaian status pemakanan terdiri daripada ukuran antropometri (berat, ketinggian, ukur lilit pinggang, peratus lemak badan dan lemak viseral) dan data biokimia (profil lipid dan glukosa berpuasa). Data klinikal tekanan darah telah diukur dengan menggunakan *sphygmomanometer*.

Sejumlah 240 mahasiswa (24.6% lelaki dan 75.4% perempuan) dengan purata umur 21.22 ± 1.24 direkrut melalui persampelan rawak mudah dari empat fakulti terpilih di UPM. Prevalens menunjukkan berat badan berlebihan ialah 19.6%, obesiti 6.3%, kurang berat 12.9% dan berat badan normal 61.3%. Majoriti

responden ialah perempuan (75.4), Melayu (79.2%) dan majoriti tinggal di asrama (95%). Skor purata bagi harga diri ialah 18.29 ± 4.67 menunjukkan harga diri responden dalam kategori sederhana. Dari segi sokongan sosial lebih separuh daripada responden mendapat skor tinggi daripada pasangan (52.5%), keluarga (68.8%) dan rakan-rakan (56.7%). Ini menunjukkan lebih daripada separuh responden mendapat sokongan sosial yang mencukupi. Trait personaliti menunjukkan majoriti responden mendapat skor tinggi bagi personaliti *neuroticism* (76.2%) dan lebih daripada separuh responden mendapat skor tinggi bagi personaliti keterbukaan (59.0%) dan *extraversion* (61.5%). Faktor gaya hidup dari segi aktiviti fizikal dan kualiti tidur menunjukkan hampir dua pertiga (65.8%) daripada responden termasuk dalam kategori aktiviti fizikal yang sederhana namun separuh (50.4%) daripada responden mengalami kualiti tidur yang kurang baik.

Dalam 42.5% responden telah melangkau sekurang-kurangnya satu hidangan utama setiap hari di mana sarapan pagi (77.9%) ialah waktu makan yang paling kerap dilangkau. Lebih separuh (53.3%) daripada responden melaporkan sering makan di restoran makanan segera sekali hingga tiga kali pada setiap bulan. Purata skor kualiti diet dalam kalangan pelajar ialah 58.38 ± 13.18 menunjukkan keperluan untuk penambahbaikan. Perbandingan antara status berat badan OW-OB dengan kurang berat badan dan berat badan normal (UW-NW) menunjukkan OW-OB lebih kerap melangkau waktu makan ($p < 0.05$), memiliki harga diri yang lebih rendah ($p < 0.05$), mengalami kualiti tidur yang lebih rendah ($p < 0.05$), mempunyai lilitan pinggang tinggi ($p < 0.05$), peratusan lemak badan ($p < 0.05$) dan lemak visceral yang tinggi ($p < 0.05$), purata kolesterol tinggi ($p < 0.05$), lemak trigliserida tinggi ($p < 0.05$), HDL rendah ($p < 0.05$), LDL tinggi ($p < 0.05$) dan tekanan darah sistolik dan diastolik yang lebih tinggi ($p < 0.05$) berbanding UW-NW. Kajian mendapati OW-OB mempunyai sokongan sosial yang lebih tinggi dalam semua domain, mempunyai ciri keperibadian yang tinggi bagi ciri personaliti *conscientiousness* (8.28 ± 1.95), *extraversion* (9.29 ± 1.89) dan *agreeableness* (9.04 ± 1.67), penglibatan yang lebih tinggi dalam aktiviti fizikal (67.7%) juga mempunyai kualiti diet yang lebih rendah berbanding UW-NW namun perbezaan ini terlalu kecil untuk menjadi signifikan.

Penilaian status nutrisi antropometri menunjukkan 11.3% memiliki ukur lilit pinggang yang berisiko tinggi, 47.9% mempunyai peratus lemak badan yang tinggi dan 7.5% mempunyai paras lemak visceral yang tinggi. Penilaian data biokimia dan klinikal menunjukkan 26.3% responden mempunyai lemak kolesterol berisiko tinggi, 3.8% mempunyai lemak trigliserida berisiko tinggi, 2.1% mempunyai lemak HDL yang rendah dan 60.4% responden mempunyai lemak LDL yang berisiko tinggi. Semua responden mempunyai tahap glukosa darah yang optimum. Bagi tekanan darah, kira-kira 14.2% dan 10.0% daripada jumlah responden mempunyai tekanan sistolik dan diastolik yang berisiko tinggi.

Regresi logistik multivariate menunjukkan bahawa kemungkinan respondent mengalami masalah OW-OB adalah lima kali ganda jika responden mempunyai tahap LDL yang tinggi (OR = 5.08, CI = 1.29-20.11, $p < 0.02$) dan kerap melangkau

makanan (OR = 4.97, CI = 1.06- 23.38, p <0.04), tiga kali ganda jika responden mempunyai trigliserida tinggi (OR = 2.55, CI = 1.10-5.95, p <0.03) dan dua kali ganda jika responden mempunyai kualiti tidur yang kurang baik (OR = 2.10, CI = 1.09-4.05, p <0.03). Tekanan darah diastolik yang lebih tinggi (OR = 1.08, CI = 1.03-1.12, p <0.001) akan meningkatkan peluang responden mengalami masalah OW-OB berbanding dengan responden yang memiliki diastolik yang optimum.

Sebagai kesimpulan, kajian ini mendapati pelajar-pelajar universiti yang mempunyai kualiti tidur yang kurang baik, kerap kali melangkau waktu makan, memiliki profil lipid semasa berpuasa yang tinggi dan tekanan darah yang tinggi akan meningkatkan risiko mengalami masalah OW-OB. Kajian ini menunjukkan kepentingan menjalankan gaya hidup sihat dan mempunyai berat badan yang ideal dengan mengubah gaya hidup kearah lebih baik seperti tidak melangkau waktu makan, mendapat kualiti tidur yang baik serta memiliki profil lipid dan tekanan darah yang optimum.

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LIST OF ABBREVIATIONS

BMI	Body mass index
BMR	Basal metabolic rate
BP	Blood pressure
EI	Energy intake
FFQ	Food frequency questionnaire
GPAQ	Global physical activity questionnaire
HDL	High density lipoprotein
LDL	Low density lipoprotein
MPSS	Multidimensional scale of perceived social support
NHMS	National health and morbidity survey
NW	Normal weight
OB	Obese/obesity
OW	Overweight
PSQI	Pittsburgh sleep quality index
RNI	Recommended nutrient intake
TC	Total cholesterol
TG	Triglyceride
UW	Underweight

CHAPTER 1

INTRODUCTION

1.1 Background of the study

Prevalence of overweight and obesity (OW-OB) are increasing at alarming rate with an estimation of 57.8% adult population (3.3 billion people) will becoming obese by 2030 (González-Muniesa et al., 2017). OW-OB raised a public concern as it is considered as one of the risk factors towards development of non-communicable disease including hypertension, cardiovascular disease and diabetes mellitus (World Health Organization, 2018). According to first law of thermodynamic, OW-OB results from disequilibrium between energy intake versus expenditure (González-Muniesa et al., 2017). This translates leading a sedentary lifestyle and overconsumption of energy compared to body requirement results in OW-OB.

However, the problem is beyond this simplistic aetiology as studies showed OW-OB results from more complex relationship between genetic, behaviour, community and environment. These complex relations are systematized in socio-ecological model (SEM) theoretical framework factors that attempt to understand the impact on individual health by capturing from a larger perspective at the community level (local state, federal policies and laws) to physical environment level (rules, regulation policies), narrow down to social environment level (intrapersonal network, family and peers) and further focused on an individual level (interpersonal knowledge, attitude, belief and behaviour).

In order to control increasing prevalence of obesity, at community level several initiatives have been made by local government to tackle the obesity issue such as implementation of *MyWeight MyHealth* program, *MySihat* and 10 000 steps a day campaign and some focusing younger age group such as *Mybody fit and fabulous @ school* to encourage physical activity among Malaysia population. Moreover, local government had made continuous commitment in promoting healthy eating to improve nutrition among population by implementing various nutrition programme under National Plan of Action for Nutrition of Malaysia III from year 2016 until 2025 focusing pregnant women, infants and young children, school children, adults and elderly (Ministry of Health, 2016).

Meanwhile at social level, university students are at risk to develop obesity as they undergo significant lifestyle changes including attending university, living independently and shift of social support (Poobalan & Aucott, 2016). University students devoted most of their time and energy towards study and exam subsequently compromised their dietary behaviour. Previous studies showed university students had limited finances, low nutritional knowledge, lack of food preparation skills (Larson, N., Perry, C., Story, & Neumark-Sztainer, 2006),

inadequate time to plan healthy meal. The problem further compounded by physical environment of university that includes lack of facility to prepare nutritious food and bounded to limited food choices to establishment surrounding campus cafeterias (Munt, A., Partridge, S., & Allman-Farinelli, 2017). These eventually associated to dietary factors associates with obesity including poor eating behaviour (Thanawala, Rubinow, Roga, & Liou, 2018) and poor diet quality (Roy et al., 2017a).

However, the root factors for obesity among Malaysian population may not be adequately addressed as the prevalence of obesity remained to increase especially among university students. This is observed from National Health and Morbidity Survey (NHMS) for Malaysian young adults between aged 20 to 24 years old showed prevalence of overweight increased from 18% to 20% between 2011 and 2015 (Institute for Public Health, 2015a). Meanwhile, prevalence for obesity also showed elevating trends from 11% in 2011 to 12% in 2015 (Institute for Public Health, 2015a). Among Malaysia university students prevalence of overweight (BMI ≥ 25) ranged between 9% (Gan, W., Nasir, Zalilah, & Hazizi, 2011), 11% (Gan & Yeoh, 2017; Sugathan, S. & Bagh, 2014), 16% (Hadipour, Wan Muda, & Leng, 2015) to 26% (Najwa & Appukutty, 2018) and prevalence of obesity (BMI ≥ 30) ranged between 3% (Gan, W. et al., 2011; Gan & Yeoh, 2017; Sugathan, S. & Bagh, 2014) to 6% (Hadipour et al., 2015).

1.2 Problem statement

Although university students represent a transient life transition, it is found that this population has a high incidence of OW-OB. Despite their young age, they were also found to have high risk of developing young hypertension, hypercholesterolemia and suffered from poor mental health (Radzi et al., 2019; Cheah et al., 2015; Hussein et al., 2018). Due to the debilitating effects of OW-OB and its devastating role on the development of non-communicable disease, it is urgent needs to address this problem as this population will be the future young workforce for this country.

From previously published studies, research on OW-OB among this population had been limited to sociodemographic involving non-modifiable factors of gender, ethnicity, marital status and source of income (Jamaluddin, Mokhtari, Jamaluddin, & Saad, 2015; Kabir, Salmiah, & Suriani Ismail, 2014; Nor Afiah M. et al., 2014). In dietary aspect despite numerous published data, the previous study showed this population typically suffered from food insecurity, excessive sugar sweetened beverage, frequent skipping meal, micronutrient deficiency especially vitamin B, calcium and iron with unsatisfactory dietary pattern (Nur Atiqah, Norazmir, Khairil Anuar, Mohd Fahmi, & Norazlanshah, 2015; Koo, Hadirah, Airina, R, & Faziela, 2019).

In terms of dietary, despite numerous work conducted in terms of dietary intake, more expansion is required to cover their overall diet quality. For example, previous research found poor dietary intake by analysed proportion of macronutrient and total calorie intake consumed (Gan, W. et al., 2011) and eating behaviour (Nor Afiah M. et al., 2014) as possible factors associated to OW-OB among university students. However, as food consumed varies between days and individual consumed various type of food from one food group. It has been realised that diet quality over diet quantity will be more relevant to include in this study. Moreover, limited availability in research conducted to assess overall diet quality of university students.

Factors associate with OW-OB are not straightforward as some study suggested pre-existing condition of OW-OB influenced individual to adapt poorly to weight related behaviour and further aggravated their problem. For instance, OW-OB individual commonly stigmatized and prejudiced as lazy, low in motivation, inadequate willpower, getting less attention and consequently results in having low social support and lower self-esteem (Karsay & Schmuck, 2017). Stigmatized by obesity, feeling left out and low self-esteem naturally creates psychological distress that predisposed them to adopt poor lifestyle choice such as low physical activity and poor sleep quality further aggravates OW-OB problem (Karsay & Schmuck, 2017). Moreover, lack of information regarding personality traits of this population and whether it play roles on OW-OB.

Although, university students are assumed to outgrow the problem once they graduated. Realising accumulative associated factors of OW-OB gained during young adult persisted and intensify into later adulthood (Yan Zheng et al., 2017). It becomes important to identify which of these factors are to be relevantly associated with OW-OB to empower future health intervention for individualised recommendation.

Hence, this study was conducted to address research questions as below:

1.3 Research questions

- i. What is the prevalence of OW-OB among Universiti Putra Malaysia (UPM) students?
- ii. What are the associated factors with OW-OB among UPM students.

1.4 Objectives of the study

a) General objective:

To determine the prevalence and factors associate with OW-OB among UPM students.

b) Specific objectives:

- i. To determine the prevalence of OW-OB, socio-demographic, psychosocial (self-esteem and social support), personality trait, lifestyles (physical activity and sleep quality) and nutritional status (dietary, anthropometric, biochemical and blood pressure) among UPM students.
- ii. To determine the association between OW-OB and underweight and normal weight (UW-NW) in sociodemographic, psychosocial (self-esteem and social support), personality trait, lifestyles (physical activity and sleep quality) and nutritional status (dietary, anthropometric, biochemical and blood pressure) among UPM students.
- iii. To determine factors that associate with OW-OB among UPM students.

1.5 Research hypothesis

- i. There is significant association between OW-OB and UW-NW in sociodemographic, psychosocial (self-esteem and social support), personality trait, lifestyles (physical activity and sleep quality) and nutritional status (dietary, anthropometric, biochemical and blood pressure) among UPM students.
- ii. Sociodemographic, psychosocial (self-esteem and social support), personality trait, lifestyles (physical activity and sleep quality) and nutritional status (dietary, anthropometric, biochemical and blood pressure) are significant factors that associated with OW-OB among UPM students.

1.6 Significance of the study

Identification of possible factors associate with OW-OB help early prevention at individual level by initiating the dietary and lifestyle modification. Elaborating on various associated factors may improve understanding on OW-OB. The findings from this study is unique as it apprehends to fit the developing body of knowledge by tackling intrapersonal factor (dietary, personality traits and lifestyles) and interpersonal factor (psychosocial) to understand how these factors collectively associated to overweight and obesity. Therefore, as compared to outcome from existing previous study, the outcome of this study may inform public to recognise

the associated factors not only limited by dietary and lifestyle narrowed down to their psychosocial and personality traits that commonly undervalued and underinvestigated in order to improve personal aspect of their life.

1.7 Conceptual framework

Figure 1.1 presents the conceptual framework where the independent variables (IV) assessed in this study refer to associated factors of OW-OB among study population. The independent variables (IV) of 1) intrapersonal or individual influences include socio-demographic, personality traits, lifestyles and nutritional status 2) interpersonal psychosocial and environments. All of these independent variables were assessed with dependent variables: weight status measured using body mass index (BMI).

Socio-demography assessment is important to know whether or not sample population may able to be generalised to other population (Zaccai, 2004). In socio-demographic characteristics, background of respondents are to be retrieved by obtaining current age in years, gender (male or female), race (Malay, Chinese, India, or others) and residential background through answering the structured questionnaires given. Residential background is important in order to identify whether student currently living in the campus or outside campus. Living arrangement can determine possibility of food acquisition and choices which may differ according to their residing area. Financial support included may act as cofounder to limit the food selection and food habits of respondents.

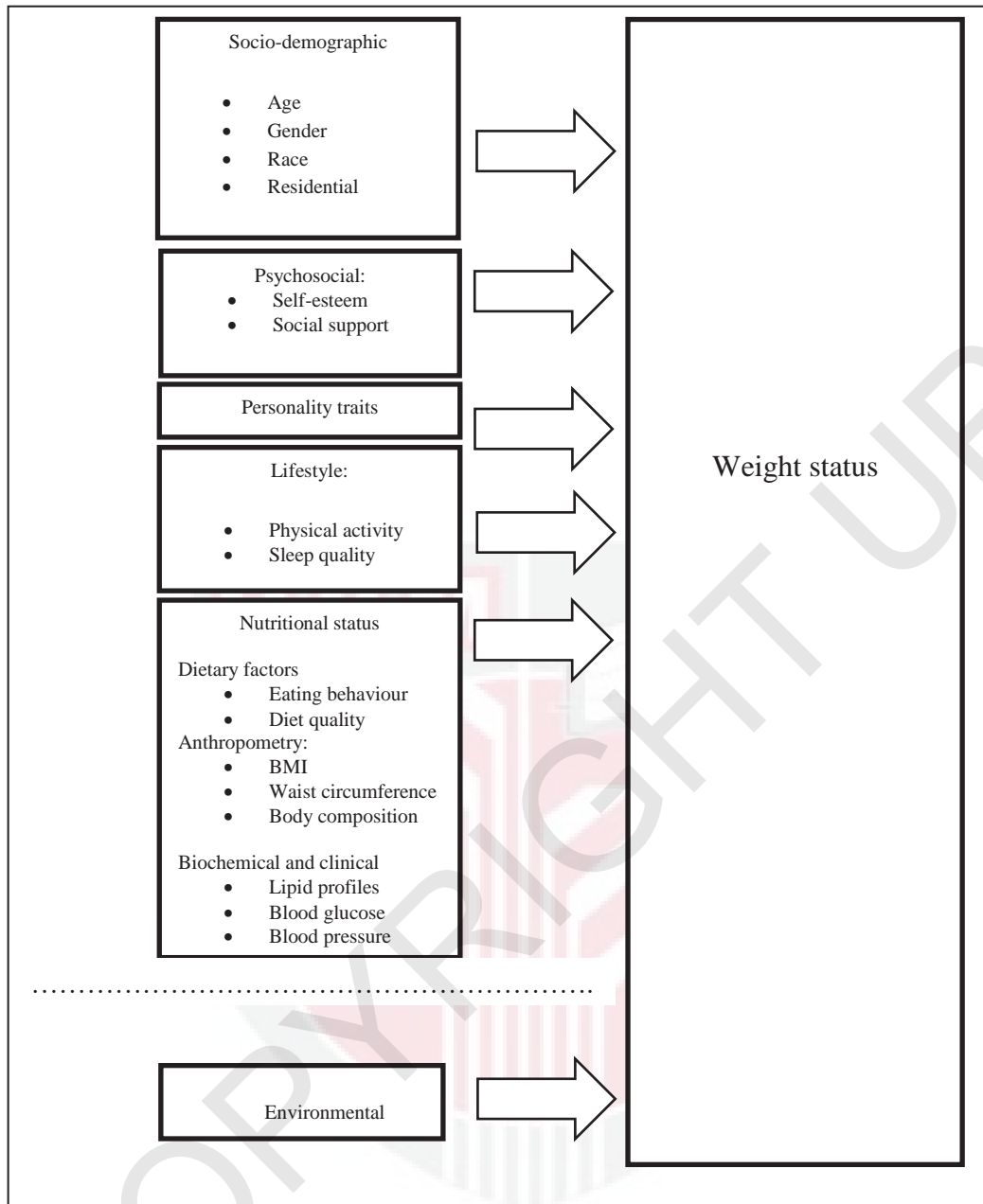


Figure 1.1 : Conceptual framework of the study

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