

Original Article

Adults' perceptions of being overweight or obese: a focus group study

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The objective of this study was to explore the perception of, feelings and attitudes toward overweight or obesity, and the perceived barriers to weight loss among native adults from lower socio-economic background. A total of six gender- and ethnic-specific focus groups consisted of 38 overweight and obese purposefully and criterion selected adults (21 women and 17 men), participated in this study. An unstructured discussion guide based on the study objectives were used for the focus groups. The results showed that some participants perceived themselves as ugly, felt ashamed of their body size and were frustrated because they did not desire to be overweight. Due to their excess weight, most also expressed they were less effective in their work performances. Although some participants had negative attitudes toward themselves because of excess weight, this appeared to link to self-stigmatization rather than anti-obesity discrimination. The participants remained in the Pre-contemplation stage of losing weight probably because of perceived barriers such as difficulty to resist eating, lack of know how and previous failed attempts to lose weight. Importantly, this study provided some evidence that individuals in the Pre-contemplation stage are unable to take action to lose weight, even if effective strategies are suggested.

Key Words: overweight and obese natives, rural community, purposive sample, focus groups, Malaysia

INTRODUCTION

The Malaysian non-communicable disease surveillance of 2005/2006 reported that 16.3% of Malaysian adults aged 25-64 years were obese,¹ representing a four-fold increase in the prevalence of obesity in 10 years (4.4% in 1996, Malaysia Ministry of Health [MOH]), and an approximate two-fold increase in overweight (from 16.6% to 30% in 1996 and 2006, respectively). In response to this situation, the "Guideline for prevention of obesity in Malaysia" was jointly drawn up by the Malaysian Association for Obesity Study (MASO), MOH, Malaysian Nutrition Association, Malaysian Dieticians' Association and others in 2004² to guide health care workers. However, the prevalence of overweight and obesity continue to increase.

This upward trend of overweight and obesity in Malaysia is of concern, due to the influence of substantial weight gain on chronic diseases, such as diabetes, heart disease, arthritis and stroke. The problem is pervasive, being found equally in urban and rural populations.^{3,4} Another two studies found overweight and obesity affected rural populations in Malaysia.^{5,6} Ng *et al.*⁵ found that 23.5% of male and 46.0% of female adults had an overweight problem and exemplify that the mild to moderate forms of obesity have reached alarming proportions in rural adult populations. In another study of 4600 rural villagers throughout Peninsula Malaysia, Khor *et al.*⁶ found a overweight prevalence of 19.8% (BMI 25-29.9 kg/m²) in males, and 28.0% in females; while obesity (BMI >30 kg/m²) was present in 4.2% of male and 11.1% of female respondents.

Two contributing factors to overweight and obesity: people were unconcerned about their excessive weight,⁷ or that they did not perceive themselves as overweight were identified in Australia.⁸ Similarly, a Malaysian study found that 21.7% of obese subjects perceived themselves to have a normal weight and, thus, had no intention of losing weight.⁹

For those overweight or obese individuals who intend to lose weight, the Transtheoretical Model of Change (TTM) is ideally suited to suggest how a change in body weight may occur.¹⁰ The TTM's key construct, the Stages of Change (SOC), classified individuals into one of the five stages, Pre-contemplation, when individuals are not thinking about changing a behaviour (e.g. losing weight).¹⁰ This occurs because individuals may be ignorant of the effects of their behaviour, or unwilling to attempt change due to previous failed attempts.¹¹ Contemplation describes individuals who are thinking of changing a behaviour in the next six months because they are aware of their problem¹⁰ Preparation describes individuals who plan to change a behaviour in the next 30 days¹⁰ and have already made an attempt recently to do so.¹¹ Individuals in this stage may

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attempt to discover how to change that particular unhealthy behaviour. In the Action stage, the individuals have been continuously changing a behaviour for less than six months while Maintenance describes individuals who have been continuously changing a behaviour for more than six months.¹⁰ In weight loss effort, individuals are categorized in the Action stage if they consume less than 30% of their calories from fat, and remain vigilant for signs of relapse.¹² Individuals in the maintenance stage are expected to lose 5% or more of their baseline weight, a reduction found to reduce co-morbid risk factors of obesity, such as hyperlipidemia, hyperinsulinemia, hypertension and type 2 diabetes.¹³ Studies have shown that using SOC facilitates the implementation of stage-matched interventions, a crucial factor in determining the effectiveness of interventions.¹⁴

While a considerable number of studies on overweight and obesity have been undertaken in Malaysia,¹⁵ there is little current information regarding the perception of overweight and obesity and weight loss intention in Sarawak, a state of Malaysia. One prevalence study in Sarawak (n = 1379), showed that among the 32.5% overweight adults, 24.5% were natives, while among the 12.3% of obese adults, 10.5% were the natives.¹⁶ Among the overweight natives, the Ibans had the largest percentage, 39.5% (n = 134), followed by the Malay, 38.9% (n = 132), and the Bidayuh 5% (n = 17). With regard to the percentage of obese natives (n=145), the Malays had the largest percentage, 46.9% (n = 68), Ibans, 33.8% (n = 49), and the Bidayuh, 2.1% (n = 3). It is important to note that the Bidayuh only made up of 5.3 % (n= 59) of the total native sample (n = 1119) of this study.

Majority of the natives are rural dwellers¹⁷ and overweight and obesity were found to be a significant problem among the rural population in Malaysia.^{5,6} Thus this study would contribute to some understanding of overweight and obesity in rural population of Sarawak. This present study explores the perception and feeling of being overweight or obese, and perceived barriers to weight loss among adults from lower socio-economic background in Sarawak's rural communities.

MATERIAL AND METHODS

Qualitative focus group discussion was used to explore the perception of overweight and obesity and barriers to weight loss. Participants' intention to lose weight was obtained using TTM Stages of Change Algorithm.¹¹ Ethical approval was obtained from the researchers' organization's ethical committee, and informed consent was obtained from each participant.

Overweight (25-29.9 kg/m²) and obese (>30kg/m²) men and women between the ages of 25 and 60 years, and intellectually capable were recruited. These participants resided in one geographic area and were from three indigenous ethnic groups, the Iban, Malay and Bidayuh. They also shared similar socio-economic backgrounds. To recruit the participants, an announcement of the study was made through the village headman. On the day of appointment, all potential participants gathered in the village community hall, the village meeting venue. The first author explained the purposes of the study. The potential participants were then screened for eligibility and

their intention to lose weight. All villagers who did not meet the inclusion criteria were invited to join the health screening conducted by the accompanied health team.

An unstructured discussion guide, based on the issues of interest, was used for the focus groups. The discussion guide had three main issues that addressed the aims of the study; an introduction and a closure (Refer to Appendix I for the discussion guide). Participants' own languages were used to conduct the focus groups. The sessions lasted from 35 minutes to 75 minutes.

During the session, group interactions were observed, and the free and spontaneous expression of ideas were audio-recorded. The first author conducted all the focus groups. Low to medium level of moderator's involvement was used to focus the discussion yet allowing free expression of participants' perspectives. Participants were briefed on the onset that no idea was considered trivial or wrong. Once a participant expressed an idea, others were encouraged to illustrate further. Each issue was discussed until exhaustion of an idea. Debriefing was done at the end of each session. After the session, the researcher immediately noted down her own impressions and any elements of non-verbal communications that occurred as there was no note taking done.¹⁸

In an effort to enhance 'naturalism',¹⁹ participants who knew each other were selected, in the hope that the group discussion would approximate the discourse of their daily lives.²⁰ The literature suggests that, in certain situations, women do not speak freely among strangers;²¹ and further, recruitment of 'strangers' in rural communities (where the norm is for everyone to know each other) is an impediment to participation.²⁰ Thus it was felt necessary to work with pre-existing groups, which consisted of people acquainted by living, working or socializing together.²⁰ In addition, in view of the traditional custom of the Iban, where men and women are expected to entertain their own gender,²² and the Bidayuh normally keep silences especially mixing with people of different races,²³ thus, it was decided to use gender and race as the break characteristics for the focus groups¹⁸.

Data analysis

The reliability of the data was ensured based on Kidd and Parshall's²⁴ three criteria: stability, equivalence and internal consistency. Stability was achieved by having carefully selected the participants, using one moderator and pre-determined topics and questions across the groups. Consistency of the moderator would ensure equivalence while using purposive samples had giving the researchers confidence over the generated data and thus attaining the internal consistency of the data.

The first author translated all the transcripts into English and two research assistants back translated the transcripts into the three native languages. Discrepancies were discussed and finalized. The translated transcripts were then categorised and coded using the Nvivo 07 software.²⁵ The categories were reasons for pre-contemplating to lose weight, perception of own body weight, and feeling and attitude towards overweight or obesity. The second author and third author examined the coded materials. Any discrepancies were discussed until there was total agreement on the coded materials. The

themes were then identified and condensed from the coded materials. The emerging themes were also discussed and agreed by the three authors.

RESULTS

Six groups consisted of 17 men and 21 women that were recruited. Group sizes ranged from three to eight participants for the male groups, and seven participants each for the female groups.

Except for one male group (3 participants) which was considered smaller than ideal, the rest of the group size was acceptable.²⁶ The three-participant male group was the last focus group, and since the discussion was lively and the findings were consistent with the other five focus groups, an additional group was not done. All groups consisted of participants who were pre-contemplating weight loss. The mean BMI for the overweight female participants was 27.4 kg/m² (range, 26.1 – 29.6 kg/m²), while for the males, it was 28.1 kg/m² (range, 27 – 29.6 kg/m²). The mean BMI for the obese female participants was 31.9 kg/m² (range, 30.6 – 33.9 kg/m²), while for the males, it was 32.3 kg/m² (range, 30.3– 35.0 kg/m²). Table 1 showed the focus groups characteristics.

Perceived barriers to weight loss

Some of the participants in different groups had previous failed attempts at weight loss and were not contemplating to lose weight at the time of the study. From the data, three themes emerged which included “lack of know how”, “failed attempts” and “difficulty to resist eating”. These three themes constitute participants’ perceived barriers to weight loss.

Lack of know how

“Lack of know how” meant that the overweight and obese individuals were aware of their excessive body weight and its physical effects, but not knowing how to go about losing weight or what weight loss methods were appropriate. Participants’ awareness of the duration and effects of their weight is illustrated by the following excerpts:

- I think I’m overweight for the last ten years already (Farmer, Group 3, Female).
- Me? I think I’m overweight for a long time, may be more than 12 years (Farmer, Group 4 Male).

Physical effects felt by participants were expressed as:

- I’ve to stop a few times before I could reach my farm as I cannot breathe well if I continue the journey... I feel so tired if I do so (Farmer, Group 4, Male).
- When I’m overweight, well...I think it is not good

for me to be overweight. When I walk here and there, I feel bad when I am overweight. When I’ve to climb up hill to my farm, very-- difficult, very tired (Farmer, Group 2, Female).

When the question “Since you have experienced tiredness and breathless due to your weight, can you tell me why you have not thought of losing weight?” some of responses indicated their lack of know how to lose weight:

- I don’t know how (Labourer, Group3, Male).
- Like me, I don’t know. I work, non-stop, I’m not eating properly and yet I still put on weight... (Laughing, but sound frustrated). What is the best way to lose weight? Sometimes by 10 or 11 a.m., I still don’t have my breakfast, yet I’m still putting on weight. What to do? If there is slimming pill, it would be good. I’m having headache thinking about my weight (Farmer and Homemaker, Group 4, Female).
- I really don’t know, may be I will try to exercise, but then... I join aerobic every Friday. I can’t run because I feel tired. I don’t feel healthy (Labourer, Group 5, Male).

Failed attempts

For participants who have had a previous weight loss experience, use of inappropriate weight loss methods had contributed to their failed attempts. For example, one obese participant said:

- I had tried for one month. I ate less, I also avoided meat. I didn’t take my afternoon nap. However, I would only do it for a month, after that I couldn’t continue. I felt I had no energy, feeling my energy was reducing, not strong enough. I couldn’t continue. I felt my strength weakened (Farmer, Group 1, Male).

Another participant in the same group shared his story:

- Always, I always tried. Always (Emphasising his point). I’m not lying. Sometimes in the morning, I skipped my breakfast. When I didn’t want to take breakfast, then I felt giddy, my stomach made such noise like “claw, claw, claw”. In the end, I felt I couldn’t do it, if I have gastric pain, what to do? In the end, I eat normally. When I look at my abdomen, it is getting bigger again (used intonation to emphasise his point) (Farmer, Group 1, Male).

The female participants talked of using different weight loss methods, which was equally unsuccessful:

- Last time I tried jogging in the morning, but my

Table 1. Information of the six focus groups

| Group number | Number of participants | Participants’ characteristics | | | | |
|--------------|------------------------|-------------------------------|-----------|-------------------|-----------------------|--|
| | | Gender | Ethnicity | Age range (years) | Weight status | |
| 1 | 8 | Male | Bidayuh | 40–52 | 2 obese, 6 overweight | |
| 2 | 7 | Female | Bidayuh | 28–46 | 2 obese, 5 overweight | |
| 3 | 6 | Male | Iban | 52–60 | 2 obese, 4 overweight | |
| 4 | 7 | Female | Iban | 21–39 | 2 obese, 5 overweight | |
| 5 | 3 | Male | Malay | 46–63 | All obese | |
| 6 | 7 | Female | Malay | 25–53 | 3 obese, 4 overweight | |

body weight never decreased, instead it increased further ... Then I drank lime juice, lime water, twice a day. However, my body weight maintained. There was no increase, no decrease, maintain only... (lengthen the pronunciation of the word "only" for emphasis, Homemaker, Group 6, Female).

The following excerpt brings out the best illustration:

- I had tried everything, diet, medication, exercise, drink tea to induce diarrhoea, Ah! I had tried everything. I spent, almost cost me RM800.00, for all these products... No more (shaking her head to indicate she is not doing it anymore) (Homemaker, Group 6, Female).

Difficulty to resist eating

Although some participants agreed that eating too much could be the contributing factors to their weight problem, however, they admitted that they would not succeed to lose weight as they had difficulty resisting eating. Participants discussed how appetizing foods affected their appetite, which was supported by other participants either by laughing or nodding in agreement. The following excerpts reflect how appetizing foods affect some participants:

- When the rice is tasty, especially the new rice from hill paddy, it's not enough to eat one plate, not enough (lengthen the pronunciation of the word "enough" to emphasise, Farmer, Group 3, Male).
- When there is an appetizing dish, such as salted fish or fermented durian, Wow! if you eat with new rice, you would forget when to stop eating... (followed by the whole group laughing and nodding in agreement, Farmer, Group 2, Female).

Due to the presence of appetizing foods, some participants ate more, and the vicious circle continued as suggested by the following participant:

- Ha, I'll eat more, especially if the food is very appetizing, the more appetizing, the best, thus, I put on more weight (laughing, Homemaker, Group 6, Female).

Another participant summed it all:

- ...Morning, afternoon, evening, always eating. It's just like a car, always full of petrol, how can the weight been reduced? (Shaking his head, and laughed which was supported by the group, Farmer, Group 3, Male).

The themes emerged that from the data indicated that the lack of knowledge on how to reduce weight, failed attempts and having difficulty resisting eating had contributed to the barrier for participants to lose weight, and thus, their pre-contemplation to do so.

Perceptions and feelings

The perceptions and feelings of being overweight or obese are closely linked. The majority of the female participants perceived themselves ugly due to increased

waist line. This perception had led to a feeling of shame among the women and frustration among both genders. The majority also felt less effective in terms of their ability to work due to the physical impacts of their excess body weight.

Ugly

The perception of ugliness was expressed in term of their bigger waist line or in relation to the fit of clothing. The following excerpts illustrate:

- Oh, I look horrible, a lot of "tyres" (a local expression referring to the fat accumulated in the waistline) (Homemaker, Group 2, Female).
- I was slim in the past, but after I delivered my children, I started to put on weight. See my layer of fat here, so much fat here (holding her waist to indicate) (Homemaker, Group 4, Female).
- If you ask me, I dislike been overweight. If you are overweight, it is difficult to look for clothing. When you are slim, you have no difficulty to buy any type of clothing (Homemaker, Group 4, Female).
- Yes, not fitting (refer to her clothing). I have to use corset to compress my abdomen before I can fit into my dress, the waist part... It's difficult to look for trousers, or jeans. Wow, when use jeans, the waist line really look huge (using her hands to indicate hugeness, Homemaker, Group 6, Female).

Shameful

Having difficulty to find the size of clothing can elicit the feelings of shamefulness, and induce the avoidance of particular clothing style. This feeling was expressed by the women only:

- Shame, I feel very ashamed of myself, seeing my waist line bulging (Farmer, Group 4, Female).
- Of course, when we are overweight, if we use dress or skirt, they (refer to other people in the village) will laugh at our shape (Farmer, Group 2, Female).

Frustrations

Frustration was a feeling expressed by participants across gender and ethnicity as their excess weight impacted their psychological quality of life. Although some participants did not desire to be overweight, but found themselves in that situation, and wondered why:

- It is not that I ask for it (being overweight). If I've to buy it, I won't want to do so, but it comes (loud voice)... If anybody asks me whether I want to buy "overweight", I would say, I don't want it, but it comes, what to do? (He spoke loudly with an expression of frustration) (Farmer, Group 1, Male).

Another participant expressed her frustration:

- Oh no, I really don't like my body size. I always compare my body with others. I look at others, they're so slim. My own body? Apo (an expression of frustration)! There is no need to be really slim, medium size is good enough, but then, I never have a body size like that... Like those people who are slim, who said to me, "it is really good for you to be

overweight”, so I answered them, “If you want it, take it, if you really want” (sound really frustrated) (Homemaker, Group 4, Female).

Less effective

The area most discussed was experiencing the physical impact of being overweight or obese. Most participants discussed how their weight had slowed them down, depleting their energy easily, and making them less effective. Most of them related their experiences in term of going to their farm. One of them related:

- As for me, with my body like this, I find it difficult to go up hill to work in the farm. I’ve to go slow, I’ve to walk slowly. In the past, it was like, I could skipped all the way to work. That is the problem with overweight, you can’t climb up hill, difficult, your body is too heavy (Farmer, Group 1, Male)
- I feel tired when I climb up the hill to my farm, when I come down hill I feel scared as well (Farmer, Group 2, Female).

Attitude toward overweight or obese

Although the participants expressed negative attitude towards their own body, majority claimed that they did not experience any anti-overweight or anti-obesity discrimination either from their significant others or people in their communities. Occasionally the participants were teased, but most of them did not regard that as discriminations. The following are the examples of excerpts:

- No, nobody laugh at me, they just tease me or ask me why I am getting “rounder” (laughing, Farmer, Group 1, Male)
- No, they just say, “Oh, you are getting fatter, may be your life is better now” (Farmer, Group 3, Male)

However, the negative attitude toward their bodies was obvious as the following excerpts illustrated:

- No, I don’t like my body to be big like this, I am jealous to see people who are slim (Farmer, Group 4, Female).
- If possible, I want to have my “tummy” smaller (Farmer, Group 3, Male)
- If possible, I would like to have my body smaller, smaller than this now (Homemaker, Group 6, Female).

DISCUSSION

Focus group discussions are effective in exploratory studies because it encourages participants to talk to each other, exchanging views, trading ideas and commenting on each others’ point of view.²⁶ Among the reasons elicited during the focus group discussions for pre-contemplating to lose weight was: lack of know how, failed attempts and difficulty to resist eating. Lack of know how would result in failed attempts to lose weight which in turn would demoralise an individual. Consistent with TTM,¹¹ participants in this study appeared to be demoralized due to failed attempts and thus remained in the Pre-contemplation stage of losing weight.

When individuals have difficulty to resist eating, they perceived themselves to have low self-efficacy for eating control. Perceived self-efficacy refers to individuals’ be-

lief as to how capable they are to handle situations that affect their lives.²⁷ Self-efficacy influences how people behave based on how they feel, think and their level of motivation. Individuals with a low sense of self efficacy doubt their own capabilities and avoid difficult tasks. When face with difficulties or failure, they easily give up.²⁷

Within the context of TTM, individuals who transit from the Pre-contemplation to the Contemplation stage of weight control have a higher sense of self efficacy to control eating.²⁸ Bandura²⁷ proposes that one of the sources of self-efficacy is through the mastery of experience. After every successful experience, the belief of one’s personal efficacy is enhanced. Failures dent self efficacy especially when it is not firmly established. This study’s findings appeared to indicate the occurrence of a vicious cycle that commenced with a low sense of self-efficacy to control eating which led to failed attempts to lose weight, and in turn lowered the perceived self-efficacy to resist eating and discourage the participants to attempt weight loss altogether.

Self-perception of ugliness due to weight gain and change of waist line was expressed by some of the male and female participants in this study. The change of waist line was also expressed in term of difficulty to buy appropriate size of trousers and suitable clothing. This finding is congruent with studies in western societies in which dissatisfaction with body is linked to the desire to look good.²⁹ Thus, the study showed that although the participants were from lower socio-economic backgrounds, desired to look good was also important to them.

The perception of ugliness resulted in the feeling of shamefulness and frustrations. Some participants expressed their frustrations using their tone of voice (loud voice to emphasise a point), and use of words (I don’t want it, but it comes). Feeling of shamefulness and frustration may be influenced by the cultural ideal of thinness which has impacted negatively on women’s body image.^{30,31} In addition, almost all participants expressed their experience of the physical impacts of their weight. Subsequent to these impacts, participants felt that they were less effective in their work performance. As the participants in this study consisted of farmers, labourers or homemakers, having optimal physical condition in order to be effective could be important.

The frustrations and shameful feelings over their body weight had led to the participants’ negative attitude toward themselves, which was expressed as “dislike of body size”, “wishing to have smaller body size” and “jealous of slim people”. This frustration appeared not linking to anti-obesity discrimination from others as the participants appeared not to regard occasional teasing as a form of discrimination. This finding was in contrast with many previous studies where anti-obesity discrimination had resulted in negative attitude against oneself.^{32,33} However, the negative attitude finding appeared to be more of self-stigmatization. Self-stigma is an anti-obesity attitude, a bias of internalized attitude about oneself.³⁴ Durso and Latner³⁴ believe that this form of self-stigmatization is formed through internalization of negative social messages about being overweight. Those who had internalized weight bias have body image concerns,

stress and lower self esteem. However, Durso and Latner's³⁴ finding that a higher level of weight bias internalization would result in a higher level of drive for thinness and greater eating disorders was not reflected in the study. Many participants in this study revealed that they had been overweight for many years without attempting to lose weight, thus contrasted with Durso and Latner's³⁴ higher drive for thinness. Although some of the participants had self-stigmatization, they appeared not to suffer eating disorders but rather admitted that they had difficulty to resist eating, which was associated with eating appetizing food and new rice.

CONCLUSION

Our study showed that many overweight or obese participants disliked their altered body shape as some of them were ashamed and frustrated as they perceived themselves as being ugly. Others expressed that they were less effective in terms of work performance as they experienced tiredness and breathlessness easily. However, the participants' negative attitude toward themselves appeared to link to self-stigmatization rather than anti-obesity discrimination from others. Nevertheless, the effects of excess body weight were insufficient to motivate participants to lose weight. Their perceived barriers to weight loss included lack of know how, failed previous attempts and difficulty to resist eating.

Although one of the focus groups in this study consisted of three participants which was less than ideal, the findings were consistent with other five focus groups, which suggested that the data were valid. The present study was exploratory and clearly more research is needed to further illuminate the perception, feeling and attitude of rural populations on overweight and obesity. Importantly, our findings provided some evidences that individuals in the Pre-contemplation stage may be unable to take action to lose weight, even if effective strategies are suggested. Thus, emphasizes the importance of matching weight loss strategies to individuals' Stages of Change in order to facilitate effective weight loss.

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AUTHOR DISCLOSURES

Ching Thon Chang, Kam Hock Chang and Whye Lian Cheah, no conflicts of interest.

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Appendix 1. FOCUS GROUP DISCUSSION GUIDELINES

Topic 1. Perception of body weight

- 1.1 How long have you been having a body size like this?
(Probe: months, years, after marriage, after having children, how old is the child)
- 1.2 How do you describe your body size now?
(Probe: normal, big, too big, reasons for saying so)
- 1.3 Just now I told you that your body weight exceeds the normal, do you agree with me?
(Probe: reasons for agree or disagree)

Topic 2. Feeling and attitude towards overweight or obese

- 2.1 Can you describe to me how you feel about your body size and shape?
(Probe: like, dislike and reason for saying so, which parts?)
- 2.2 Have you experienced others comment about your body size and shape?
(Probe: spouse, relatives, friends, and others in the village)

Topic 3. Pre-contemplation to lose weight

- 3.1 Can you tell me why you have not thought of losing weight?
(Probe: do they realize that they are overweight? Had they tried before?)

Topic 4. Knowledge regarding overweight or obesity

- 4.1 Can you describe to me what is overweight or obese?
(Probe: differences between normal weight, overweight and obesity)
- 4.2 Can you describe to me the consequences of been overweight or obese?
(Probe: health problems that need medical treatment, do they suffer any?)

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Original Article

Adults' perceptions of being overweight or obese: a focus group study

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成人對過重或肥胖的知覺：焦點團體研究

本篇研究主要探討較低社經背景的馬來西亞原住民成人對於過重與肥胖的認知、感覺與態度，以及他們對於減重的認知障礙。共有 6 個特定性別和種族的焦點團體，包括 38 位過重和肥胖，且經由立意取樣及特定標準選擇的成人（21 位女性和 17 位男性）參與本研究。團體座談時，使用符合研究目標的無結構性的討論提示。結果顯示，一些參與者認為自己是醜陋的，他們對於自己的體型感到羞恥和沮喪，因為他們不希望自己是過重。多數表示，由於過重，他們的工作表現成效較差。雖然有些參與者因為過重，而看輕自己，這似乎是自我的烙印，而不是因為對肥胖的歧視。參與者停留在預沉思階段的減重，可能是因為認知障礙，例如抗拒飲食的困難度、不知如何進行減重和以往嘗試減重的失敗。重要的是，本篇研究的證據表明，即使提供有效的策略建議，個人在預沉思階段終究無法採取行動以減輕體重。

關鍵字：過重和肥胖原住民、農村社區、立意取樣、焦點團體、馬來西亞