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# *ASSOCIATIONS OF NUTRTIONAL AND SOCIO-CULTURAL FACTORS WITH SELF-ESTEEM AMONG UPPER PRIMARY SCHOOL CHILDREN IN KUALA LUMPUR*

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# ASSOCIATIONS OF NUTRTIONAL AND SOCIO-CULTURAL FACTORS WITH SELF-ESTEEM AMONG UPPER PRIMARY SCHOOL CHILDREN IN KUALA LUMPUR

**BY**

**YONG TZE YING**

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A project submitted as a partial fulfillment of the requirement for the degree of Bachelor of Science (Nutrition and Community Health) from the Faculty of Medicine and Health Sciences, Universiti Putra Malaysia.

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## ABSTRACT

## ASSOCIATIONS OF NUTRTIONAL AND SOCIO-CULTURAL FACTORS WITH SELF-ESTEEM AMONG UPPER PRIMARY SCHOOL CHILDREN IN KUALA LUMPUR

**Yong Tze Ying**

Self-esteem is one of the most important psychological predictors for well-being and quality of life. This cross-sectional study aimed to determine associations of nutritional and socio-cultural factors with self-esteem among upper primary school children in Kuala Lumpur. A total of 272 pairs of children and their parents from four randomly selected primary schools in Kuala Lumpur were involved in this study. Children's body weight and height were measured by the researcher. A set of self-administered trilingual (Malay, Mandarin and Tamil) questionnaire, which assessed body image perception, perceived parenting styles and self-esteem, was completed by children. Their parents were required to complete a set of parent-administered questionnaire, which assessed child eating behaviours. In the present study, there were 45.6% boys and 54.4% girls, with a mean age of 10.16 ± 0.66 years. Overall, the prevalence of low self-esteem among upper primary school children in present study was 20.6%, with a mean total score of 17.66 ± 3.94. The present study found that children who were unaware of their father education background (they came from single family background due to father passed away or divorce) and had father who did not receive any formal education had significantly lower self-esteem when compared to children who had fathers' with higher educational levels ($F = 3.855$, $p = 0.005$). There was a significant difference in self-esteem by perception of body weight status ($F = 2.940$, $p = 0.034$), whereby the children who perceived themselves as obese had lower self-esteem. In addition, the less satisfied the child with his/ her body parts, the lower the self-esteem in him/ her ($r = 0.191$, $p = 0.002$). For child eating behaviours, children with higher satiety ($r = -0.126$, $p = 0.038$), slower in eating speed ($r = -0.138$, $p = 0.023$) and more emotional under-eating ($r = -0.148$, $p = 0.015$) were correlated with lower self-esteem. In conclusion, future intervention programs are suggested to emphasize on advocating healthy eating and healthy body weight status in order to improve the self-esteem of the children. Furthermore, the school counsellors are recommended to focus more on the children who came from single family background and had no educated father in improving their self-esteem.

## *ABSTRAK*

## PERKAITAN ANTARA FAKTOR-FAKTOR PEMAKANAN DAN SOSIO-BUDAYA DENGAN HARGA DIRI DALAM KALANGAN MURID SEKOLAH RENDAH DI KUALA LUMPUR

**Yong Tze Ying**

Harga diri adalah salah satu peramal psikologi yang paling penting untuk kesejahteraan dan kualiti hidup. Kajian keratan rentas ini bertujuan untuk mengkaji perkaitan antara faktor-faktor pemakanan dan sisio-budaya dengan harga diri dalam kalangan murid sekolah rendah di Kuala Lumpur. Sejumlah 272 pasangan kanak-kanak dan ibu bapa mereka dari empat sekolah rendah yang dipilih secara rawak di Kuala Lumpur terlibat dalam kajian ini. Berat badan dan ketinggian badan kanak-kanak diukur oleh penyelidik. Satu set borang soal selidik (Bahasa Melayu, Mandarin dan Tamil) yang megenai dengan persepsi imej tubuh badan, gaya keibubapaan dan harga diri telah dilengkapkan oleh kanak-kanak. Manakala, ibu bapa mereka dikehendaki melengkapkan satu set borang soal selidik ibu bapa yang mengenai dengan tingkah laku pemakanan kanak-kanak. Dalam kajian ini, terdapat 45.6% murid lelaki dan 54.4% murid perempuan dengan min umur 10.16 ± 0.66 tahun. Secara keseluruhannya, hasil kajian ini mendapati bahawa prevalens harga diri yang rendah ialah 20.6% dengan purata skor harga diri ialah 17.66 ± 3.94. Kajian ini mendapati bahawa kanak-kanak yang tidak menyedari latar belakang pendidikan bapa mereka (mereka berasal dari latar belakang keluarga tunggal kerana bapa meninggal dunia atau bercerai) dan bapa tidak menerima pendidikan formal mempunyai harga diri yang lebih rendah apabila dibandingkan dengan anak-anak yang mempunyai bapa yang menerima tahap pendidikan yang lebih tinggi ($F = 3.855$, $p = 0.005$). Terdapat perbezaan yang ketara di anatara persepsi status berat badan dengan harga diri ($F = 2.940$, $p = 0.034$), di mana kanak-kanak yang menganggap diri mereka sebagai obes mempunyai harga diri yang lebih rendah. Selain itu, semakin kanak-kanak tidak berpuas hati dengan bahagian badannya, semakin rendah harga dirinya ($r = 0.191$, $p = 0.002$). Bagi tingkah laku pemakanan kanak-kanak, kanak-kanak yang lebih senang kenyang ($r = -0.126$, $p = 0.038$), lebih lambat semasa makan ($r = -0.138$, $p = 0.023$) dan lebih emosi bawah makan ($r = -0.148$, $p = 0.015$) berkorelasi dengan rendah harga diri. Kesimpulannya, program intervensi masa depan dicadangkan untuk memberi penekanan untuk menganjurkan pemakanan yang sihat dan status berat badan yang sihat untuk meningkatkan harga diri kanak-kanak Selain itu, kaunselor sekolah disediakan untuk memberi tumpuan lebih kepada anak-anak yang berasal dari latar belakang keluarga tunggal dan tidak mempunyai bapa yang berpendidikan dalam meningkatkan harga diri mereka.

# CHAPTER 1

# INTRODUCTION

## 1.1 Background of Study

Self-esteem has been considered as an important psychological predictor for well-being and quality of life in the past twenty years (Pop, 2016). Self-esteem is defined varying by different researchers in their studies (Şahin, Barut, Ersanli, & Kumcağız, 2014). In the early years, Rosenberg (1965) defined self-esteem as an evaluation of personal worth and positive or negative perception toward oneself. The more positive perception about oneself, the higher the self-esteem; whereas, the more negative perception towards oneself, the lower the self-esteem will be (Rosenberg, 1965). Self-esteem is seen to be associated with self-actual discrepancy (Moretti & Tory Higgins, 1990) and developed by external feedbacks and social comparisons (Robins & Trzesniewski, 2005). For example, the perceptions and opinions of others toward one would affect how the individual values himself or herself. Self-esteem is described as an image of a person develops throughout his/ her lives, whereby the image is created based on the experiences and activities he/she encounters with others (Crocker, Brook, Niiya, & Villacorta, 2006). In other words, the understanding of self-esteem can be defined as how much people accept or value themselves (Baumeister, Campbell, Krueger, & Vohs, 2003).

According to Brown and Marshall (2006), there were three different ways to describe about self-esteem which include global self-esteem, state self-esteem and domain specific self-esteem. Global self-esteem is identified as overall view and feeling toward self; state self-esteem is described as the individual's feeling good or bad toward self is

temporary; while domain specific self-esteem is explained as the self-worth of individual depends on a particular area or situation (Brown & Marshall, 2006). Self-esteem can be measured by different tools. The most widely tool used in measuring self-esteem is the Rosenberg Self-esteem Scale that developed by Rosenberg (1965). The Rosenberg Self-esteem Scale assesses the global self-esteem that focused on the feeling about the self in general (Rosenberg, 1965). According to Choi and Kim (2014), the Rosenberg Self-esteem Scale was highly recommended to be used in measuring the self-esteem of school-age children because of its high reliability and validity.

There was a significant difference in self-esteem between Europeans and Asians whereby Europeans had been reported with the higher self-esteem when compared to Asians (Filipe & Geraldine, 2013). In 2015, another study conducted among the European students reported that about half of the students had low self-esteem (Fanaj, Melonashi, & Shkëmbi, 2015). On the other hand, an Asian study conducted in India found that the mean self-esteem score of Indian students aged 12 to 14 years old was $20.30 \pm 4.51$ which was in the normal range (Joshi & Srivastava, 2009). Another Asian study reported that the Hong Kong school children scored a mean score of each item in Rosenberg Self-esteem Inventory ranged from $1.67 \pm 0.60$ to $2.67 \pm 0.69$ which indicated that the self-esteem of children was considered as low (Ho, 2003). In Malaysia, a study found that there were 61.2% of the students aged 13 to 16 years old had lower self-esteem (Uba, Yaacob, Juhari, & Talib, 2010). These studies showed that the self-esteem of Asians are lower than Europeans.

Self-esteem has its influences on behavior, social and psychological development of children and adolescents (Paxton, 2005). In view of health, low self-esteem has

negatively impact on mental health (Li, Chan, Chung, & Chui, 2010). An individual with lower self-esteem has higher risk to get mental health problems such as depression, anxiety, suicide and substance abuse in children and adolescents (Baumeister et al., 2003; Mann, Hosman, Schaalma, & Vries, 2004; Orth, Robins, & Conger, 2014). In addition, many studies have shown that children who had lower self-esteem had higher chances to get withdrawn from people, poor health related quality of life, problems related to interact with others in school (Lee, Cheah, Chang, & Siti, 2012; Paxton, 2005; Uba, Yaacob, Juhari, & Talib, 2010). Furthermore, children with lower self-esteem might have poorer cognitive development and poorer academic performance in school than their peers (Baumeister et al., 2003).

Given the high evidence and consequences of low self-esteem among children and adolescents, studies are needed to determine the potential risk factors of low self-esteem in order to effectively overcome low self-esteem.

## 1.2 Problem Statement

Self-esteem plays a crucial role in human being of all ages and it has changed across the lifespan. According to Robin and Trzesniewski (2005), self-esteem is high in young children and drops gradually throughout the childhood stage. Self-esteem will continue to decline during adolescence, rises in adulthood stage and drops again throughout elderly stage (Robins & Trzesniewski, 2005). In term of the stability of self-esteem, a meta-analysis study presented that childhood (aged 6 to 11 years) had significantly lower stability of self-esteem when compared with adolescence and



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adulthood, except for older age group (aged 60 to 82 years) (Trzesniewski, Donnellan, & Robins, 2003).

Most of the studies on self-esteem in Malaysia were focused on secondary school students and university students (Andrea, 2011; Sherina et al., 2008; Uba et al., 2010; Yaacob, Juhari, Talib, & Uba, 2009). For instance, a local cross-sectional study found that the 61.2% of the secondary school students had low self-esteem (Uba et al., 2010). However, the study of self-esteem among Malaysian children is limited and none of the local study was focused on upper primary school children. Thus, the present study focused on determining the self-esteem of the upper primary school children and its associated factors in the context of Malaysia.

According to Lee, Cheah, Chang and Siti (2012), sex and ethnicity would influence the self-esteem among the children. The study found that boys had higher self-esteem than girls and Chinese had the highest self-esteem when compared to other ethnicity such as Malay and Indian (Lee, Cheah, Chang, & Siti, 2012). A cross sectional study conducted among Canadian children aged 10 to 11 years showed that there was a significant association between household income and self-esteem of children (Wu, Kirk, Ohinmaa, & Veugelers, 2016). Conversely, Mandara and Murray (2000) stated that household income did not influence the self-esteem. As seen, further study is needed as there were mix findings on sex, ethnicity and household income in self-esteem.

Body weight status in the context of nutritional factors has been suggested to promote and maintain emotional and physical well-being in children and adolescents (Brann, 2017). There were inconsistent studies on body weight status in relation to self-esteem. According to a study in India, overweight and obese children were found to have

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lower self-esteem compared to their normal weight counterparts (Mendiratta, 2014). In contrast, a study among Malaysian children found that the overweight and obese children had the higher self-esteem than normal weight children (Lee, Cheah, Chang, & Siti, 2012). Nelson, Jensen and Steele (2011) presented that there was no association between body weight status and self-esteem among primary schools children. Due to these contradictions, the present study is aimed to determine the association between body weight status and self-esteem among upper primary school children.

Besides that, nutritional factors such as eating behaviours are vital in maintaining the psychosocial health, besides promoting the physical well-being (Fu, Cheng, Tu, & Pan, 2007). Eating behaviours play a crucial role throughout life and it develops since young. However, undesirable eating behaviours occurred when people undergoes the transition from late childhood to adolescence (Birch, Savage, & Ventura, 2007). A cross-sectional study conducted in Korea found that the students consumed the fast food once or more in a week scored higher self-esteem score than those who did not consume the fast food (Park, Kim, Park, Suh, & Lee, 2016). A local study presented that only binge eating had significantly associated with self-esteem but not restrained eating among secondary school students (Soo, Shariff, Taib, & Samah, 2008). However, there is none of the published research in Malaysia had examined the association between child eating behaviours and self-esteem among upper primary school children. Hence, the present study is aimed to determine the association between child eating behaviours and self-esteem.

Socio-cultural has been suggested as an important factor that influences the upbringing of the children (Ayokunle, Wuraola, & Obuchi, 2013) and their mental health

(Goforth, Pham, Chun, & Castro-Olivo, 2017). Socio-cultural factors such as body image perception and parenting styles were known to be associated with self-esteem (Awad & Voruganti, 2004; Goforth et al., 2017). For body image perception, previous studies found that body image may leave an impact on self-esteem in every stage of life (Koyuncu, Tok, Canpolat, & Catikkas, 2010; Nnaemeka & Agu, 2014). According to Barker and Bornstein (2012), children who were unsatisfied with their appearance during the age of 10 showed a decline of self-esteem level throughout the period from 10 to 14 years old. A cross-sectional study was conducted among university students had discovered that university students with body image dissatisfaction and poor body image perception had significantly lower self-esteem than their counterparts who did not (Gan, Nasir, Siti, & Zalilah, 2012). Another study in Malaysia found that there was a significant association between body image dissatisfaction with self-esteem among the university students (Wong & Say, 2013). However, none of the study done on the association between body image perception and self-esteem among upper primary school children in Malaysia. Thus, the present study is carried out to fill in this gap.

Parenting styles are known as one of the essential socio-cultural factors that influence the development of children in every aspect of life (Ayokunle et al., 2013). Perceived parenting styles may related to the self-esteem of the children. Based on the recent study in Iran, the findings showed that authoritative parenting style was significantly associated with self-esteem among children aged 8 to 11 years (Moghaddam, Validad, Rakhshani, & Assareh, 2017). In Malaysia, most studies focusing on the association between parenting styles and self-esteem among the college and university students (Hong, Long, & Abdull Rahman, 2015; Tam, Chong, Kadirvelu, & Khoo, 2012).

However, little is known about the assocaition between perceived parenting styles and self-esteem among the primary school children in Malaysia. Thus, the present study focused on determining the association between perceived parenting styles and self-esteem among upper primary school children.

In short, the aim of the present study was to determine the associations between socio-demographic characteristics, nutritional factors (body weight status and child eating behaviours), socio-cultural factors (body image perception and perceived parenting styles) and self-esteem among upper primary school children in Kuala Lumpur. This study addressed an important research question:

Are there any associations between socio-demographic characteristics, nutritional factors (body weight status and child eating behaviours), socio-cultural factors (body image perception and perceived parenting styles) and self-esteem among upper primary school children in Kuala Lumpur?

## 1.3 Significance of the Study

The present study could provide information on factors associated with self-esteem among upper primary school children. The findings on the possible associated factors can provide better approaches to increase the self-esteem among the children. Furthermore, researchers can fill in the gap of the existing knowledge on the associated factors of self-esteem.

Besides that, the results of the current study can serve as the baseline data for future study among primary school children in Malaysia. The findings can provide the

beneficial information to policy maker and health care providers to raise the awareness and develop appropriate health promotion programs to raise the self-esteem of children. Health educators and school counsellors can work together in order to educate the children to develop positive self-esteem through nutrition education and counselling session at school.

Last but not least, the results of the present study can be used to identify the eating behaviours of children and provide a better guideline to parents on their role in educating their children to adopt healthy eating behaviours.

## 1.4 Objectives

### 1.4.1 General Objective

To determine the factors associated with self-esteem among upper primary school children in Kuala Lumpur.

### 1.4.2 Specific Objectives

1. To assess the socio-demographic characteristics (age, sex, ethnicity, parents' education level and monthly household income), nutritional factors (body weight status and child eating behaviours) and socio-cultural factors (body image perception and perceived parenting styles) among upper primary school children in Kuala Lumpur.

2. To determine the self-esteem of the upper primary school children in Kuala Lumpur.

3. To determine the associations between socio-demographic characteristics (age, sex, ethnicity, parents' education level and monthly household income), nutritional factors (body weight status and child eating behaviours), socio-cultural factors (body image



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perception and perceived parenting styles) and self-esteem among upper primary school children in Kuala Lumpur.

## 1.5 Alternative Hypotheses

There are significant associations between socio-demographic characteristics (age, sex, ethnicity, parents' education level and monthly household income), nutritional factors (body weight status and child eating behaviours), socio-cultural factors (body image perception and perceived parenting styles) and self-esteem among upper primary school children in Kuala Lumpur.

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## 1.6 Conceptual Framework

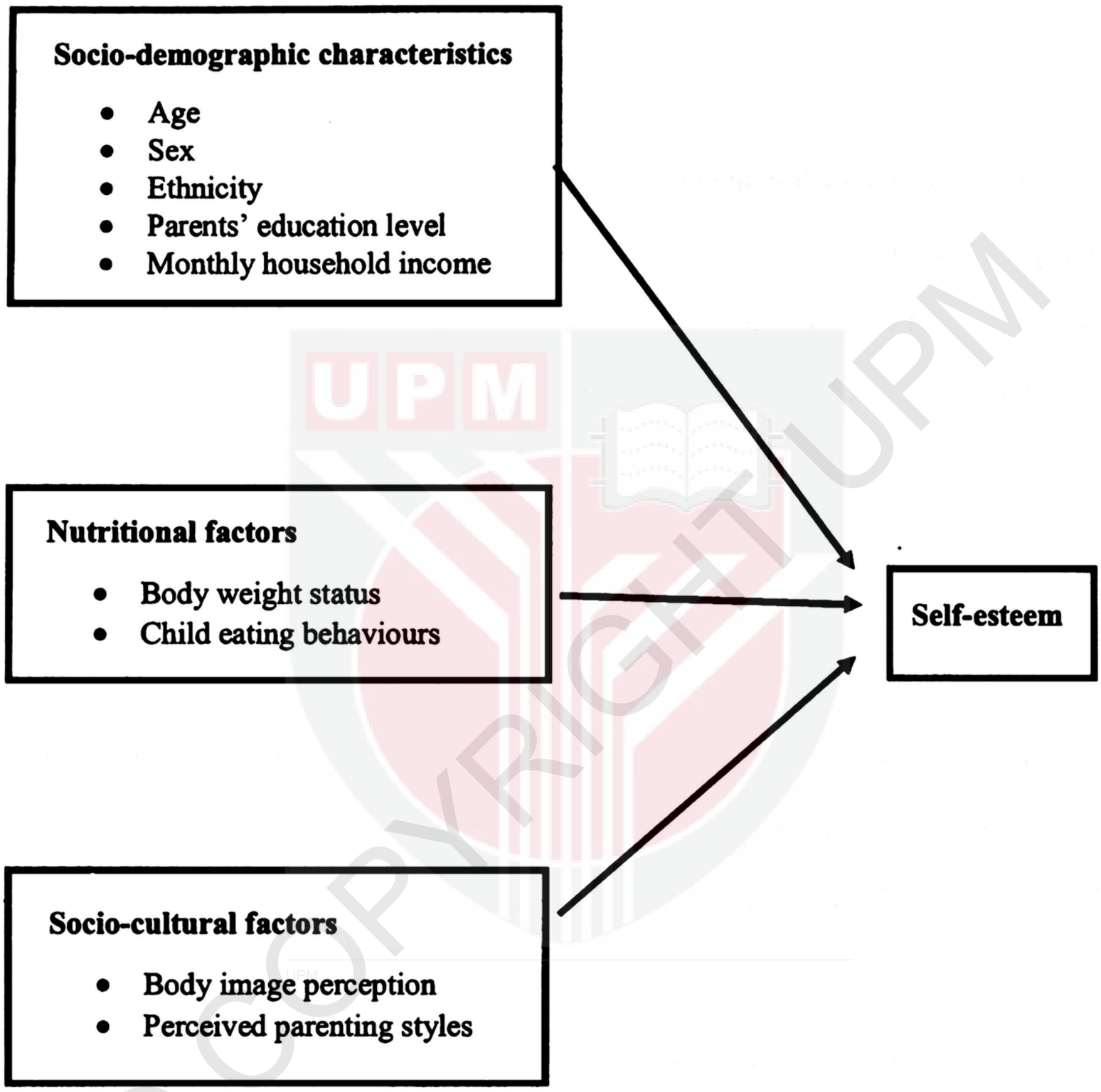


**Figure 1.1: Conceptual framework of the study**

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# CHAPTER 2

# LITERATURE REVIEW

## 2.1 Self-esteem

Based on Brown and Marshall (2006), there were three different aspects to define the self-esteem, which included global self-esteem, state self-esteem and domain specific self-esteem. Global self-esteem was the general feeling and thought of people towards themselves. It was a personality variable that how people value themselves and it was lasting across situation and time. The second was state self-esteem, which was a feeling of self-worth that people given to themselves. This kind of feeling or emotion was only lasting for a short period of time which was different from global self-esteem. The third one was domain specific self-esteem. It was the way people evaluate themselves at given situation and it was influenced by their capability and attributes (Brown & Marshall, 2006). For instance, a person who claimed that he/ she had low athletic self-esteem as he/ she was not good in sport but that person might have good academic self-esteem as he/she scored an excellent result during exam.

According to Rosenberg (1965), self-esteem is defined by the evaluation of self-worth and it can be either positive or negative thought/ feeling about self. People with positive self-esteem were more optimism, attractive, confidence and had a good relationship with other people (Baumeister, Campbell, Krueger, & Vohs, 2003). In contrast, people with negative self-esteem were more likely to involve in high risk behavior such alcohol and drug abuse, smoking cigarettes and risky sexual practices (Baumeister, Campbell, Krueger, & Vohs, 2003). According to Li, Chan, Chung and Chui

(2010), people with negative self-esteem were most likely in getting mental health problem such as depression and anxiety.

Self-esteem plays a crucial role in human being of all ages. For childhood, it is an important tip to achieve good child development, including appropriate behaviour, social and psychological developments (Paxton, 2005). In the school setting, self-esteem serves as vital function to the students across age groups. Students with higher self-esteem tend to perform well in their academic and have a good interpersonal relationship with peers (Hisken, 2011). For adolescents and adults, self-esteem is an important element in managing the stresses and psychological problems in their life (Sherina et al., 2008). A meta-analysis of a longitudinal study conducted among the people with the age range from childhood to elderly found that the lower self-esteem would predict the depression and anxiety (Sowislo & Orth, 2013).

There was a cross sectional study conducted among China school children showed that most of the children had medium level of self-esteem (54.5%), followed by 28.2% of high self-esteem and 17.3% of low self-esteem (Zhang, Li, Xu, & Zhou, 2016). On the other hand, a study in Indian found that majority of the children aged 12 to 14 years had normal self-esteem with the mean score of 20.30 by using the Rosenberg Self-esteem Scale (Joshi & Srivastava, 2009). In Malaysia, a study reported that the students aged 11 to 13 years in Kuching had higher self-esteem by using the Lawrence Self-esteem Questionnaire (LAWSEQ). On the other hand, a local study carried out among the adolescents aged 12 to 18 years in orphanage homes have shown that 70.8% of males and 69.2% of females had low self-esteem (Mohammadzadeh, Awang, Kadir Shahar, & Ismail, 2017). None of the local study on self-esteem focusing on the upper primary

school children. Thus, the present study focused on the factors associated with self-esteem among upper primary school children.

## 2.2 Association between Socio-demographic Characteristics and Self-esteem

Socio-demographic backgrounds such as age, sex, ethnicity, parents' education level and household income could be associated with self-esteem of children. According to a study conducted on the children aged 9 to 12 years in the Greater Houston Metropolitan, United States have shown that low self-esteem was correlated with gender and age whereas the older girls had the lower self-esteem than younger girls and boys (Wong et al., 2014). On the contrary, some previous studies found no significant difference in age and self-esteem (Arens & Hasselhorn, 2014; Şahin, Barut, & Ersanlı, 2013). According to Aren and Hasselhorn (2013), students from Grade 3 to 6 did not show any difference in self-esteem level. Similarly, another study conducted among secondary school students reported that there was no difference in self-esteem between ages (Şahin et al., 2013). The inconsistency of the findings could be due to the varying age range of study samples as the study subject in the study conducted by Wong et al. was primary school children while the study of Sahin et al. was involved secondary school students. Hence, students of different age groups may have different perception toward themselves.

Over the past decades, sex has seen to be one of the important factors in self-esteem. However the studies of the relationship between sex and self-esteem yielded mixed findings. Some studies have found that male express higher self-esteem compared to female (Andrea, 2011; Sherina et al., 2008; Yaacob, Juhari, Talib, & Uba, 2009), whereas a study at Iran reported that female were seen to have higher self-esteem than

male (Alvani, Mehrshad, Hosseini, & Kimura, 2016). There were some explanations can be provided for these findings. In fact, the women cared more about their body shape and appearance than male (Paxton, 2005). The exposure to the media and ultra-thin magazine model had lowered body satisfaction among the female and, as a result, female had the higher tendency to have lower self-esteem (Clay, Vignoles, & Dittmar, 2005).

On the other hand, Iran is an Islamic country where all the female at this country must cover their body and their body shape are not publicly exposed, while there was no restriction on the dress codes for male. Thus, the male were concerned more about their body shape than female and this caused the difference in self-esteem between male and female (Alvani et al., 2016). While, some studies discovered that there was little or no significant difference between male and female with self-esteem (Paxton, 2005; Uba, Yaacob, Juhari, & Talib, 2010). However, the findings of the study conducted by Paxton (2005) might be inaccurate as the sample size of the study was small. Due to these contradictions, it was important to reassess the association between sex and self-esteem.

According to Lee, Cheah, Chang and Siti (2012), there was a significant difference in ethnicity and self-esteem. The study showed that Chinese children had the highest self-esteem scores while Bumiputera Sarawak had the lowest self-esteem scores (Lee, Cheah, Chang, & Siti, 2012). However, another local study found that "other races" had the highest self-esteem while Chinese students had the lowest self-esteem (Sherina et al., 2008). The inconsistency of the findings could be due to the different cultural backgrounds and different instruments were used in assessing self-esteem of the students.

According to Andrea (2011), parents who had high education level resulted in children who had high self-esteem whereby there was a significant association between



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parents' education level and self-esteem of their children. In parallel, a study conducted among children presented that the higher the parents' education level, the higher the self-esteem of children (Şahin et al., 2013). Parents with high education level knew how to nurture and communicate with their children effectively, therefore, this might help the children to develop their self-esteem (Şahin, Barut, & Ersanlı, 2013).

A study conducted among children aged 10 to 11 years old in Canada showed that household income was significantly associated with self-esteem of the children (Wu, Kirk, Ohinmaa, & Veugelers, 2016). Another study found the similar findings that the students who came from lower family income had lower self-esteem level when compared to their peers who came from higher family income (Bannink, Pearce, & Hope, 2016). These findings could be explained by the children from low household income perceived themselves had lower social position than their counterparts. On the other hand, another study found no significant association between household income and self-esteem (Mandara & Murray, 2000). To date, there was no local study reported on the association between monthly household income and self-esteem among upper primary school children.

## 2.3 Association between Nutritional Factors and Self-esteem

### 2.3.1 Body Weight Status

According to Mendiratta (2014), the relationship between obesity and self-esteem has been globally focused. The World Health Organization (WHO) had classified childhood obesity as one of the most serious public health problem at this 21st century.

According to WHO (2017), overweight and obesity are defined as abnormal or excessive fat accumulation in our body. The prevalence of overweight among Malaysian children aged 5-9 years old and 10-14 years old were 14.8% and 14.4%, respectively (NHMS, 2015).

Several studies have shown that there was a negative correlation between body mass index (BMI) and self-esteem whereby those with higher BMI would have lower self-esteem (Alvani, Mehrshad, Hosseini, & Kimura, 2016; Harriger & Thompson, 2012; Lee & Yen, 2014; Mendiratta, 2014). For instance, a cross-sectional study conducted among Taiwanese students from Grade 7 to 12 found that overweight and obese students had significantly lower self-esteem than the normal weight students (Lee & Yen, 2014). Another study done by Mendiratta (2014) also showed that the overweight and obese children tend to have poorer self-esteem if compared to their peers who were normal weight. The low self-esteem of overweight and obese children may be related to the discrimination and teasing from their peers, family members or other people.

However, a study conducted in East Malaysia showed that the overweight and obesity were positively related with self-esteem whereby the overweight and obese children had the higher self-esteem compared to normal weight children except for Chinese children (Lee, Cheah, Chang, & Siti, 2012). This might due to the different cultural norms between the races and majority of the parents and children in East Malaysia did not perceive overweight and obesity as a health issue. Children perceived being overweight and obese as a symbol of wealthy and prosperity (Lee, Cheah, Chang, & Siti, 2012).

Another study on 382 students with a mean age of 10.8 years found that there was no significant difference in mean self-esteem scores among overweight and normal weight students (Nelson et al., 2011). Furthermore, a cross-section study conducted in Houston, US showed that there was no association between body weight status and self-esteem (Wong et al., 2014). Due to the inconsistent findings presented in the previous studies, it was important to determine whether there was a significant association between body weight status and self-esteem.

### 2.3.2 Child Eating Behaviours

According to Wardle, Guthrie, Sanderson and Rapoport (2001), eating behaviours of children can be assessed by using the Child Behaviour Questionnaire. Child eating behaviours can be classified into eight different subscales, which are food responsiveness, enjoyment of food, emotional overeating, desired to drink, satiety responsiveness, slowness in eating, emotional undereating and food fussiness (Wardle, Guthrie, Sanderson, & Rapoport, 2001).

Based on Tay, Chin, Lee, Khouw and Poh (2016), they reported that emotional over-eating and slowness in eating were significantly associated with sex. For instance, boys tend to over eat more when they were in bad mood than girls. While, girls had significant higher mean score of slowness in eating than boys. Furthermore, a previous study showed that there was a difference in eating behavious between boys and girls during teenager years (Wardle, Guthrie, Sanderson, & Rapoport, 2001). Wardle and his colleagues (2001) mentioned that teenager girls who concerned about their body weight were more likely to have emotional eating and restrained eating.



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In the early years, a study conducted among the students aged from 10 to 16 years showed that the emotional eating and restricted eating was negatively correlated with body-esteem score (Hoare & Cosgrove, 1998). At the same time, the body-esteem score found to be positively associated with self-esteem subscales which including global, behaviour, appearance, scholastic, social and athletic (Hoare & Cosgrove, 1998). Thus, Hoare and Cosgrove (1998) concluded that the greater the emotion eating and restrained eating, the poorer the self-esteem of students. Another study also found there was an association between emotional eating and low self-esteem (Tong, Shi, & Li, 2017). In contrast, some studies discovered that there were significant associations between emotional eating and binge eating with stress but not self-esteem (Braet et al., 2014; Martyn-Nemeth, Penckofer, Gulanick, Velsor-Friedrich, & Bryant, 2009).

In Malaysia, many researchers studied about the relationship between child eating behaviours and several factors such as nutritional status, body composition and body mass index (Loh, Moy, Zaharan, & Mohamed, 2013; Tay, Chin, Lee, Khouw, & Poh, 2016). Hence, more studies are needed to fill in the gap for the limited study on the association between child eating behaviours and self-esteem among upper primary school children.

## 2.4 Association between Socio-cultural Factors and Self-esteem

### 2.4.1 Body Image Perception

Body image is defined as the way we see ourselves and what we believe about our appearance but does not depend on how others look at us (Northup & Liebler, 2010). In addition, body image can be described as how we evaluate our body and it can change

depends on our emotion, situation and physical experience (Croll, 2005). According to Thompson (1999), there were numerous meaning for body image. It included body dissatisfaction, size perception accuracy, appearance evaluation, body esteem, and body image disturbance (Thompson, 1999).

A cross-sectional study carried out by Montoya and his collegues (2016) on the children with aged of 8 to 11 years reported that children had wrong perception of body image and dissatisfied with their current body image. A local study conducted among the Standard Four to Form Five students found that there was a significant difference in body weight status perception between girls and boys (Zainuddin et al., 2014). Moreover, Zainuddin and his colleagues (2014) discovered that students who were normal weight, overweight and obese were more likely to misperceive their body weight than students who were thin.

A cross-sectional study in China showed that there was an association between children's perception towards their body weight and self-esteem (Zhang et al., 2016). According to Zhang and her colleagues (2016), children who dissatisfied with their body weight was significantly associated with low self-esteem. Another study conducted among the Chinese students found that students who perceived themselves as obese have related to mental health problems (Huang et al., 2009). Huang et al. (2009) concluded that the perception of body weight was more likely to influence the psychological health than actual body mass index. As can be seen from the previous studies, perception of body weight was an important factors in assessing self-esteem of children.

A previous study conducted among the children aged 7 to 10 years old showed that the body size dissatisfaction was significantly different between boys and girls (Costa,



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Silva, Alvarenga, & De Vasconcelos, 2016). Costa and his colleagues (2016) mentioned that both sexes desired to have smaller body size especially girls. Another study also found that more than half of the students did not satisfy with their body weight and they wished to have smaller body size (Bahreynian et al., 2015).

A local study reported that university female students who dissatisfied with their body image were more likely to have lower self-esteem (Gan, Nasir, Siti, & Zalilah, 2012). Similarly, some studies showed there was a relationship between body size dissatisfaction and lower self-esteem (Pisitsungkagarn, Taephant, & Attasaranya, 2014; Rathakrishnan & Chuen, 1930). In Malaysia, the studies were focused on late adolescents and adults but there was lack of study on school children.

In addition, a study on self-esteem and appearance satisfaction was carried out across the children from ages of 10 to 14 years (Barker & Bornstein, 2012). Barker and Bornstein (2012) presented that the children who were unsatisfied with their appearance during the age of 10 have shown that a decline of self-esteem level throughout the period from 10 to 14 years old. Another study in Russia found that there was a significant association between appearance dissatisfaction and self-esteem among students with the age ranges from 13 to 15 years (Zinovyeva, Kazantseva, & Nikonova, 2016). Zinovyeva, Kazantseva and Niknonova (2016) stated that there was a significant of different body areas by sexes and the students who satisfied with their body parts had higher self-esteem. In Malaysia, more researches regarding the association between body parts satisfaction and self-esteem among upper primary school children should be carried out as none of the local study could be found.

### 2.4.2 Perceived Parenting Styles

A psychological construct with the interaction between parents and children which constitute the emotional context is defined as parenting style (Shloim, Edelson, Martin, & Hetherington, 2015). The role of parents in adolescence development is very vital (Tam, Chong, Kadirvelu, & Khoo, 2012). Besides that, parents play an important role in children's self-esteem as self-esteem is related with the behaviour develops in the family (Ajilchi, Kargar, & Ghoreishi, 2013). According to Baumrind (1989), there were four different types of parenting style, including authoritative, authoritarian, permissive, and neglectful.

There were numerous of studies found that children who had the authoritative parents had higher self-esteem when compared with other children (Hasnain, Faraz, & Adlakha, 2013; Moghaddam, Validad, Rakhshani, & Assareh, 2017; Nikoogoftar & Seghatoleslam, 2015). A study in India showed that the children of mother with authoritative parenting style had the higher self-esteem than the children of the mother with permissive and authoritarian parenting styles (Hasnain et al., 2013). Another study conducted by Moghaddam and his colleagues reported that there was a significant association between authoritative parenting style and self-esteem among children aged 8 to 11 years old.

Yazdani and Daryei (2016) discovered that the more authoritative parenting style, the higher the self-esteem among the children aged between 11 to 14 years. On the other hand, the authoritarian parenting style was significantly associated with low self-esteem and the permissive parenting style had no significantly associated with self-esteem (Yazdani & Daryei, 2016). Furthermore, a study conducted among students aged 11 to 15

years old showed that authoritarian parents had significantly associated with low self-esteem of students (Martínez, García, & Yubero, 2007). Authoritative parents may have the closer relationship with their children, and more willing to accept the strengths and weaknesses of their children, and hence it has a great effect in increasing the self-esteem of the children. On the other hand, authoritarian parents may have a stronger control toward their children and they provide little warmth and guidance to their children, this may lead to lower self-esteem among the children.

However, there was limited studies on the association between perceived parenting style and self-esteem in Malaysia. Most of the studies were about the association of parenting styles with stress level or youth suicidality (Goh, 2013; Lin & Lian, 2010) or the association of parenting styles and self-esteem among the secondary school students and college students (Hong, Long, & Abdull Rahman, 2015; Tam et al., 2012). For instance, a Malaysia study found that only authoritative parenting style had significantly associated with students' self-esteem but authoritarian and permissive parenting style did not contribute any significant relationship to self-esteem (Tam et al., 2012).

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# CHAPTER 3

# METHODOLOGY

## 3.1 Study Design

This was a cross-sectional study that aimed to determine the associations of nutritional and socio-cultural factors with self-esteem among upper primary school children in Kuala Lumpur.

## 3.2 Study Location

This study was conducted in Kuala Lumpur (KL). Kuala Lumpur is the national capital of Malaysia and it is the largest city of Malaysia. Kuala Lumpur covers an area of 243km$^2$ and it is the cultural, financial and economic centre of Malaysia. Total population estimation in Kuala Lumpur is 1.7913 million people in 2017 year. The ethnicity distribution in Kuala Lumpur is 722,300 Bumiputra, 652,500 Chinese, 150,300 Indians, 17,700 others minor ethnic groups and 248,600 non-Malaysian citizens. Besides that, there is a total of 365,600 children in the age group of 0 -14 years (Department of Statistics Malaysia, 2017). Based on Kuala Lumpur Federal Territory Education Department, Kuala Lumpur can be further divided into 3 zones. The 3 zones of Kuala Lumpur are Bangsar/ Pudu, Sentul and Keramat. In the present study, Bangsar/ Pudu was chosen as study location as it has the highest number of national primary schools (n=101) in Kuala Lumpur when compared with another 2 zones which are Sentul and Keramat.

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### 3.3 Study Subject

The subjects were selected based on the following inclusion and exclusion criteria:

Inclusion criteria:

1. Students from Standard Four and Standard Five

2. Male or female Malaysian children

3. Children from all ethnic groups

Exclusion criteria:

1. Children with physical and mental disability

- People with physical disability had significant lower self-esteem than normal population due to the functional limitation and reduction of efficiency, therefore, they felt inadequate, hopeless and withdrawal from the society (Mushtaq & Akhouri, 2016; Narimani & Mousazadeh, 2010). Besides that, the previous studies reported that the one with mental disability had significantly associated with low self-esteem as they thought themselves as a weird people and incapable in any things they did if compared to others (Lysaker, Roe, & Yanos, 2007; Rizwan& Ahmad, 2015; Sanyal, 2008).

2. Students from Standard Six

- Ministry of Education discouraged the researcher to involve Standard Six students in the study as the Standard Six students must attend an important exam called as Primary School Achievement Test (UPSR).

### 3.4 Sample Size Determination

In this study, the sample size for each variable (socio-demographic characteristics, body weight status, body image perception, perceived parenting styles and child eating behaviours) were calculated (see Appendix A) and the biggest sample size was the sample size of this study.

The minimum sample size needed in this study was determined by using the following formula (Hulley, Cummings, Browner, Grady, & Newman, 2013):

$N = [(Z_\alpha + Z_\beta) / C]^2 + 3$

$C = 0.5 * \ln [(1+r) / (1-r)]$

where

The standard normal deviate for $\alpha = Z_\alpha = 1.96$

The standard normal deviate for $\beta = Z_\beta = 0.84$

r = The expected correlation coefficient

- **To determine the correlation of perceived parenting styles with self-esteem among upper primary school children in Kuala Lumpur.**

$N = [(Z_\alpha + Z_\beta) / C]^2 + 3$

$C = 0.5 * \ln [(1+r) / (1-r)]$

where

The standard normal deviate for $\alpha = Z_\alpha = 1.96$

The standard normal deviate for $\beta = Z_\beta = 0.84$



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r = The expected correlation coefficient (0.28) (Yazdani & Daryei, 2016)

$C = 0.5 * \ln [(1+0.28) / (1-0.28)]$

$= 0.2877$

$N = [(1.96 + 0.84) / 0.2877]^2 + 3$

$= 97.71 \approx 98$ respondents

*** The highest respondent number was 98

Additional adjustments to this estimated sample size had done to ensure that the desired target number of the study was achieved by using the following formula (Aday Lu Ann & Cornelius Llewellyn J., 2006).

1. Adjust for the estimated sample design effect (Aday Lu Ann & Cornelius Llewellyn J., 2006)

nadj * DEFF

DEFF = 1.3

Therefore, n = 98 x 1.3 = 127.4

2. Adjust for the expected response rate (48.8%) (Woon et al., 2014)

nadj/ Response rate

Response rate =0 .488

Therefore, n = 127.4 ÷ 0.488 = 261.07

3. Adjust for the eligibility (90%) (Aday Lu Ann & Cornelius Llewellyn J., 2006)

nadj/ Proportion eligible



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% Eligible =0 .90

Therefore, n = 261.07÷ 0.9 = 290.08 ≈ 291 respondents

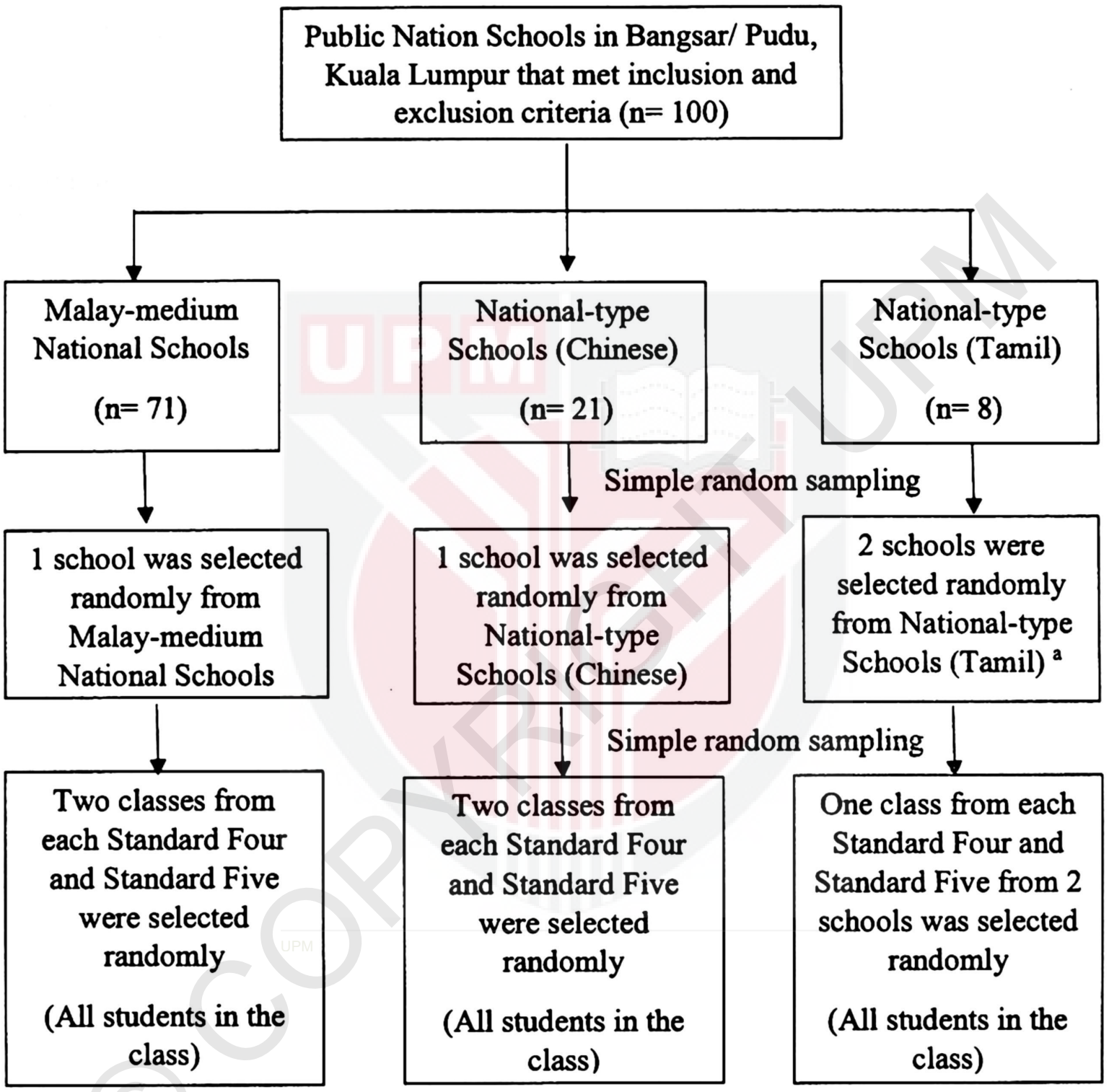
The required sample size in this study was a total of 291 respondents.

### 3.5 Sampling Design

A list of public primary schools in Bangsar/ Pudu was obtained from the Kuala Lumpur Federal Territory Education Department. There is a total of 101 primary schools in Bangsar/ Pudu, Kuala Lumpur. The primary schools were selected based on the inclusion criteria of co-education, non-resident, non-special education and government funded school. As shown in Figure 3.1, there was 100 primary schools in Bangsar/ Pudu which can further be divided into Malay-medium National School (n = 71), National-type School (Chinese) (n = 21) and National-type School (Tamil) (n = 8) had met the criteria.

Disproportional multistage sampling was used in the present study as shown in Figure 3.1. One Malay-medium National School, one National-type School (Chinese) and two National-type Schools (Tamil) were randomly selected to reflect Malaysia's ethnicity composition. For Malay-medium National School and National-type School (Chinese), 2 classes from each Standard Four and Standard Five were selected randomly and all the students in the selected classes were invited to participate in this study. While, all students from Standard Four and Standard Five at two National-type Schools (Tamil) respectively were involved in the study. This was due to the small number of students which normally only has one class per standard and estimated of 50 students from Standard Four and Five in National-type School (Tamil). Therefore, two National-type Schools (Tamil) were

selected in the present study to achieve the targeted number of students from National-type School (Tamil) which was 100 students.




Note: [a] Two National-type Schools (Tamil) were selected because of the small number of students at each National-type School (Tamil). Normally, each National-type School (Tamil) has around 50 students from Standard Four and Five but the targeted number of students from National-type School (Tamil) was 100. Therefore, two National-type Schools (Tamil) were selected to achieve minimum 100 students.

**Figure 3.1: Flow chart of sampling design and selection of respondent**

### 3.6 Instruments

#### 3.6.1 Anthropometric Measurement

Body weights of children were measured by using a TANITA digital weighing scale to the nearest 0.1kg whereas heights were measured by using a SECA body meter to the nearest 0.1cm. All the anthropometric measurements were measured twice, the mean value was used for data analysis. The BMI-for-age was determined by using the WHO Antroplus Software (WHO, 2009). Body weight status of the children were classified based on BMI-for-age by using WHO Growth Reference (World Health Organization (WHO), 2007) for children aged 5 to 19 years as shown in Table 3.1.

**Table 3.1: Classification of BMI-for-age for children aged 5 to 19 years**

| Z score value | Anthropometric Indicators |
|---|---|
| < -3SD | Severely thinness |
| ≥ -3 SD to < -2 SD | Thinness |
| ≥ -2 SD to ≤ +1 SD | Normal |
| > +1 SD to ≤ +2 SD | Overweight |
| > +2 SD | Obesity |

Source: WHO (2007)

#### 3.6.2 Self-administered Questionnaire by Children

A set of self-administered trilingual (Malay, Mandarin and Tamil) questionnaire was completed by children. This questionnaire consisted of four components: socio-demographic characteristics (age, sex and ethnicity), body image perception (body weight



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status perception, body size satisfaction and body parts satisfaction), perceived parenting styles and self-esteem.

**a) Socio-demographic Characteristics**

The respondents were required to fill in the information on their age, sex and ethnicity.

**b) Body Image Perception**

**I) Body Weight Status Perception**

Body weight status perception was assessed by the question, "How do you describe your current body weight status?" (Koay, 1998; Simko, Cowell, & Hreha, 1989). Respondents' current body weight status perception was compared with the actual BMI category. Then, the respondents were classified into three categories which were correct estimators, over estimators and under estimators as shown in the Table 3.2. This instrument had been used in Malaysia children (Koay, 1998; Chin, 2005).

**Table 3.2: Cross tabulation of respondents by current body weight perception and actual BMI categories**

| Actual BMI categories | Body weight perception categories | | | |
|---|---|---|---|---|
| | Thinness | Normal weight | Overweight | Obesity |
| **Thinness** | Correct estimator | Over estimator | Over estimator | Over estimator |
| **Normal weight** | Under estimator | Correct estimator | Over estimator | Over estimator |
| **Overweight** | Under estimator | Under estimator | Correct estimator | Under estimator |
| **Obesity** | Under estimator | Under estimator | Under estimator | Correct estimator |

## II) Body Size Satisfaction

Body size satisfaction was assessed by using the Collins figure rating scale (Collins, 1991). There were 7 male and female figures whereby "Figure 1 and 2" indicated as thinness; "Figure 3" represented normal weight; "Figure 4 and 5" were overweight; while "Figure 6 and 7" represented obesity (Aparício et al., 2013). Respondents were asked to identify the figure that looked like their current body size (self-body size) and the figure their desired the most (ideal body size). Body size satisfaction was calculated by subtracting the number for the figure represented his/ her current body size from the number for the figure represented his/ her ideal body size. The body size discrepancy scores range from -6 to +6. The higher the absolute value, the greater discrepancy between current and ideal body size, the lesser the body size satisfaction. Furthermore, the body size satisfaction was reached when self-body size was equal to ideal body size with the score of "0", whilst body size dissatisfaction was reached when the discrepancy score was more or less than the value "0". The positive value (+1 to +6) indicated that the respondent desired to have bigger body size, while negative value (-1 to -6) indicated that the respondent desired to have smaller body size than current body size.

The instrument had been used in Malaysia among the primary school children (Foong, 2012). According to Collins (1991), the test–retest reliability coefficients was 0.71 for child selection of self-image and 0.59 for child selection of ideal self-image.

## III) Body Parts Satisfaction

There were 10 questions in this section which was adapted from Ricciardelli and McCabe (2001). Body parts satisfaction was used in this study to assess the respondents'



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satisfaction level on 10 body parts. Every item rated on a five-point Likert scale (1 = very dissatisfied, 2 = dissatisfied, 3 = sometimes satisfied, 4 = satisfied and 5 = very satisfied). Then, summed up all the scores of items and the higher the total scores, the more satisfied a respondent with his/ her body.

The instrument had demonstrated high level of internal consistency and satisfactory test-retest reliability (Ricciardelli & McCabe, 2001). Furthermore, this instrument had been used in Malaysia and the Cronbach's alpha was 0.91 (Chin et al., 2008). In present study, the internal consistency coefficient was $\alpha = 0.87$ which was considered as good internal consistency.

**c) Perceptive Parenting Styles**

The perceived parenting style was assessed by using the subscale of "parenting characteristics" from the "Project EAT-I survey" (Berge et al., 2010; Neumark- Sztainer, Story, Hannan, & Moe, 2002; Neumark-Sztainer, Story, Hannan, Perry, & Irving, 2002; Neumark-Sztainer, Wall, Story, & Perry, 2003). It consisted of six items where three items were measured on the respondent's perception of their mother's parenting style and another three items were measured on the respondent's perception of their father's parenting style. From these three items, two items were used to assess the parent's responsiveness and one item was used to assess the parent's demandingness:

a) Parent's responsiveness: Parent's responsiveness was assessed by using two items that assessed "caring" and "communication". Both items was assessed based on a 5-point Likert scale ranging from "not at all (1)" to "very much (5)". Then, the score for both items were summed up and divided by two in order to obtain the average score ranging

from 1 to 5. An average score of 4 or higher was classified as perceiving "high responsiveness" and a score of less than 4 was considered as perceiving "low responsiveness" (Berge et al., 2010).

b) Parent's demandingness: Parent's demandingness was assessed by using an item. This item was measured based on a 5- point Likert scale ranging from "much less strict (1)" to "much more strict (5)". The score of 3 or higher was considered as perceiving "high demandingness" and less than 3 was considered as perceiving "low demandingness" (Berge et al., 2010).

The perceived parenting styles can be classified into four dimensions based on the parent's responsiveness and demandingness: authoritative (high responsiveness and high demandingness), authoritarian (low responsiveness and high demandingness), permissive (high responsiveness and low demandingness), and neglectful (low responsiveness and low demandingness) (Berge et al., 2010). This instrument had been used in a Malaysia study among the primary school children (Woon et al., 2014).

**d) Self-esteem**

The self-esteem of the children was measured by using the Rosenberg Self-esteem Scale (Rosenberg, 1965). It consisted of 10 items in order to measure global self-worth by measuring both positive and negative feelings about the self. Each item was scored by 4-point Likert scale (0= strongly disagree, 1= disagree, 2= agree and 3= strongly agree). However, there were five negative items (items 2, 5, 6, 8 and 9) were reverse scored. Then, sum up all the scoring from every item. The higher scores indicated he or she had higher self-esteem. The score ranges from 0-30. Scores under 15 indicates low self-esteem,



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scores between 15-25 consider as normal self-esteem, while scores more than 25 and above suggest high self-esteem (Fawzy & Fouad, 2010; Pop, 2016).

Rosenberg Self-esteem Scale had been used in Malaysian children and it showed good internal consistency, whereby the Cronbach's α coefficients was 0.8 (Jamil, 2006). However, the internal consistency for Rosenberg Self Esteem Scale used in the present study was 0.52 which was considered acceptable.

### 3.6.3 Self-administered Questionnaire by Parents/ Guardians

A set of self-administered trilingual (Malay, Mandarin and Tamil) questionnaire was completed by parents/ guardians. This questionnaire consisted of two components: socio-demographic characteristics (relationship with respondent, parents' marital status, parents' education level, parents' occupation and monthly household income) and child eating behaviours.

#### a) Socio-demographic Characteristics

The parents or guardians were required to report the relationship with child (father, mother or caregiver), marital status, education level, occupation and monthly household income.

#### b) Child Eating Behaviours

The Child Eating Behaviour Questionnaire (Wardle, Guthrie, Sanderson, & Rapoport, 2001) was a parent-reported instrument to assess the eating styles in young children below 12 years old. It consisted of 35 items, each rated on a 5-point Likert scale



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"Never", "Rarely", "Sometimes", "Often" and "Always". However, items 3, 4, 10, 16 and 32 were reverse-scored items. Besides that, it can be categorized into eight subscales to assess the food-approach behaviours and food-avoidant behaviours. The food-approach behaviours included four subscales which are food responsiveness (FR), enjoyment of food (EF), emotional overeating (EOE) and desire to drink (DD), whilst another four subscales reflected the food-avoidant behaviours were satiety responsiveness (SR), slowness in eating (SE), emotional undereating (EUE) and food fussiness (FF). The CEBQ subscale scores can be calculated by the sum of the items divided by the number of items answered for each subscale. The higher the score indicated the higher tendencies for the behaviour.

CEBQ was used in Malaysian children and it showed good internal consistency, whereby the Cronbach's α coefficients ranged from 0.70 to 0.85 (Ong, 2015). However, the internal consistency for CEBQ subscales used in the present study ranged from 0.58 to 0.77 which were slightly lower than the previous study but still in acceptable ranges.

### 3.7 Pre-testing

Before the actual day of data collection, pre-testing of the questionnaire was carried out among 30 children and parents who met the inclusion and exclusion criteria and came from three primary schools that did not involve in the study. At the end of the pre-testing, there was only 24 completed questionnaires had been collected back due to the rejection from parents in allowing their children to take part in this pre-testing. The purposes of pre-testing were to estimate the time required to complete one set of questionnaire and to check if there is any unclear or ambiguous questions. The feedbacks



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from the children were analyzed and correction of questionnaire had done after the pre-testing. All children of pre-test were not involved in the study sample. For children, the time needed to complete a set of questionnaire was about 15 minutes.

### 3.8 Data Collection

Data collection was conducted from 23 January 2018 to 14 February 2018. Before the data collection, ethical approval was obtained from the Ethics Committee for Research Involving Humans of Universiti Putra Malaysia (see Appendix B; JKEUPM Reference Number: JKEUPM-2017-169). The Ministry of Education Malaysia (see Appendix C; Reference Number: KPM.600-3/2/3 Jld55 (95)) and Kuala Lumpur Federal Territory Education Department (see Appendix D; Reference Number: JPNWP.900-6/1/7 Jld18A2) approved the study protocol. Permission to conduct the study was obtained from each of the selected primary schools (see Appendix E) prior to data collection. Information sheets and consent forms (see Appendix F and G) signed by children and their parents were obtained prior to data collection. The body weight and height of children were measured twice by the researcher. After that, children were requested to answer a set of self-administered questionnaire (see Appendix H). The questionnaire was collected right after the children had completed it. Besides that, the parents/ guardians were requested to answer a set of self-administered questionnaire (see Appendix I) which consisted of questions related to child eating behaviours. Children brought back the questionnaire for their parents/ guardians to answer and the completed questionnaires were collected by the researcher on the next day. After completed the study, the researcher presented them with a small gift in appreciation of their contribution in this study.



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### 3.9 Data Analysis

All data were analyzed by using IBM SPSS Statistics 23. Univariate analysis was used to analyze descriptive data such as socio-demographic characteristics. The results were presented in the form of frequencies and percentages for categorical variables whilst means and standard deviations for continuous variables.

Pearson Product Moment Correlation was used to determine the correlation between two continuous variables. Furthermore, independent-samples t-test was used to measure the difference between a categorical, independent variable and a continuous, dependent variable. One-way ANOVA was used to measure the differences between a categorical, independent variable (more than 2 groups) and a continuous, dependent variable. The level of statistical significance was set at $p<0.05$.

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# CHAPTER 4

# RESULTS AND DISCUSSION

## 4.1 Socio-demographic Characteristics

Table 4.1 presented the socio-demographic characteristics of respondents in the present study, including the characteristics of both children and their parents. A total of 272 children (45.6% boys and 54.4% girls) with a mean age of 10.16 ± 0.66 years old participated in the present study. By ethnicity, 33.5% were Chinese, 31.1% were Malays, 30.9% were Indians, and 0.3% were other races (Sabahan and Sarawakian). Most of the parental self-administered questionnaire were completed by mothers (77.9%) and their marital status were married (86.4%). More than half of the children's father (58.1%) and mother (55.1%) had attained at least secondary school. A total of 18.4% of children's fathers worked as managers and 48.9% of the children's mothers were housewife. A majority of the household had monthly income between RM2300.00 to RM5599.99 (40.8%), followed by less than RM 2300.00 (35.3%) and more than RM5600.00 (23.9%).

**Table 4.1 Distribution of respondents by socio-demographic characteristics (n = 272)**

| Socio-demographic characteristics | | Respondents, n (%) |
|---|---|---|
| **Child** | | |
| Sex (n = 272) | Boys | 124 (45.6) |
| | Girls | 148 (54.4) |
| Age (years) (n = 272) | Mean ± SD | 10.16 ± 0.66 |
| Ethnicity (n = 272) | Malay | 90 (33.1) |
| | Chinese | 91 (33.5) |
| | Indian | 84 (30.9) |
| | Others | 7 (2.6) |

**Table 4.1 Distribution of respondents by socio-demographic characteristics (n = 272) *(cont.)***

| Socio-demographic characteristics | | Respondents, n (%) |
|---|---|---|
| **Parents** | | |
| Relationship to respondent (n = 272) | Father | 50 (18.4) |
| | Mother | 212 (77.9) |
| | Caregiver[+] | 10 (3.7) |
| Parents' marital status (n = 272) | Married | 235 (86.4) |
| | Divorced | 20 (7.4) |
| | Others | 17 (6.3) |
| Father' s education level [1] (n = 272) | No formal education | 11 (4.0) |
| | Primary school | 33 (12.1) |
| | Secondary school | 158 (58.1) |
| | University or college | 62 (22.8) |
| | Missing [*] | 8 (2.9) |
| Mother's education level [1] (n = 272) | No formal education | 7 (2.6) |
| | Primary school | 28 (10.3) |
| | Secondary school | 150 (55.1) |
| | University or college | 84 (30.9) |
| | Missing [*] | 3 (1.1) |
| Father's occupation [2] (n = 272) | Managers | 50 (18.4) |
| | Professionals | 39 (14.3) |
| | Technicians & associate professionals | 25(9.2) |
| | Clerical support workers | 4 (1.5) |
| | Service & sales workers | 34 (12.5) |
| | Skilled agriculture, forestry and fishery workers | 2 (0.7) |
| | Craft & related trade workers | 31 (11.4) |

Note: [+] Caregiver due to the children did not stay with their parents or their parents passed away or divorced

[*] Missing due to pass away or divorce

Source: [1] Nasir et al., 2012; [2] Based on the Malaysian Standard Classification of Occupation 2008 (Ministry of Human Resources Malaysia, 2010)

**Table 4.1 Distribution of respondents by socio-demographic characteristics (n = 272) *(cont.)***

| Socio-demographic characteristics | | Respondents, n (%) |
|---|---|---|
| Father's occupation [2] (n = 272) | Plant & machine operators & assemblers | 37 (13.6) |
| | Elementary occupation | 10 (3.7) |
| | Armed forced occupation | 7 (2.6) |
| | Retirees | 7 (2.6) |
| | Unemployed | 3 (1.1) |
| | Missing * | 23 (8.5) |
| Mother's occupation [2] (n = 272) | Managers | 35 (12.9) |
| | Professionals | 21 (7.7) |
| | Technicians & associate professionals | 9 (3.3) |
| | Clerical support workers | 19 (7.0) |
| | Service & sales workers | 25 (9.2) |
| | Craft & related trade workers | 4 (1.5) |
| | Plant & machine operators & assemblers | 7 (2.6) |
| | Elementary occupation | 16 (5.9) |
| | Housewife | 133 (48.9) |
| | Missing * | 3 (1.1) |
| Household monthly income (RM) (n = 114)[3] | Mean ± SD | 3120.01 ± 2423.17 |
| Household monthly income [4] (RM) (n = 272) | < RM2300.00 | 96 (35.3) |
| | RM2300.00 – RM5599.99 | 111 (40.8) |
| | ≥ RM5600.00 | 65 (23.9) |

Note: * Missing due to pass away or divorce

Source: [1] Nasir et al., 2012; [2] Based on the Malaysian Standard Classification of Occupation 2008 (Ministry of Human Resources Malaysia, 2010); [3] The number of parents reported the exact amount of household monthly income; [4] Based on 10th Malaysia Plan (Economic Planning Unit, 2010



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## 4.2 Anthropometric Indicators

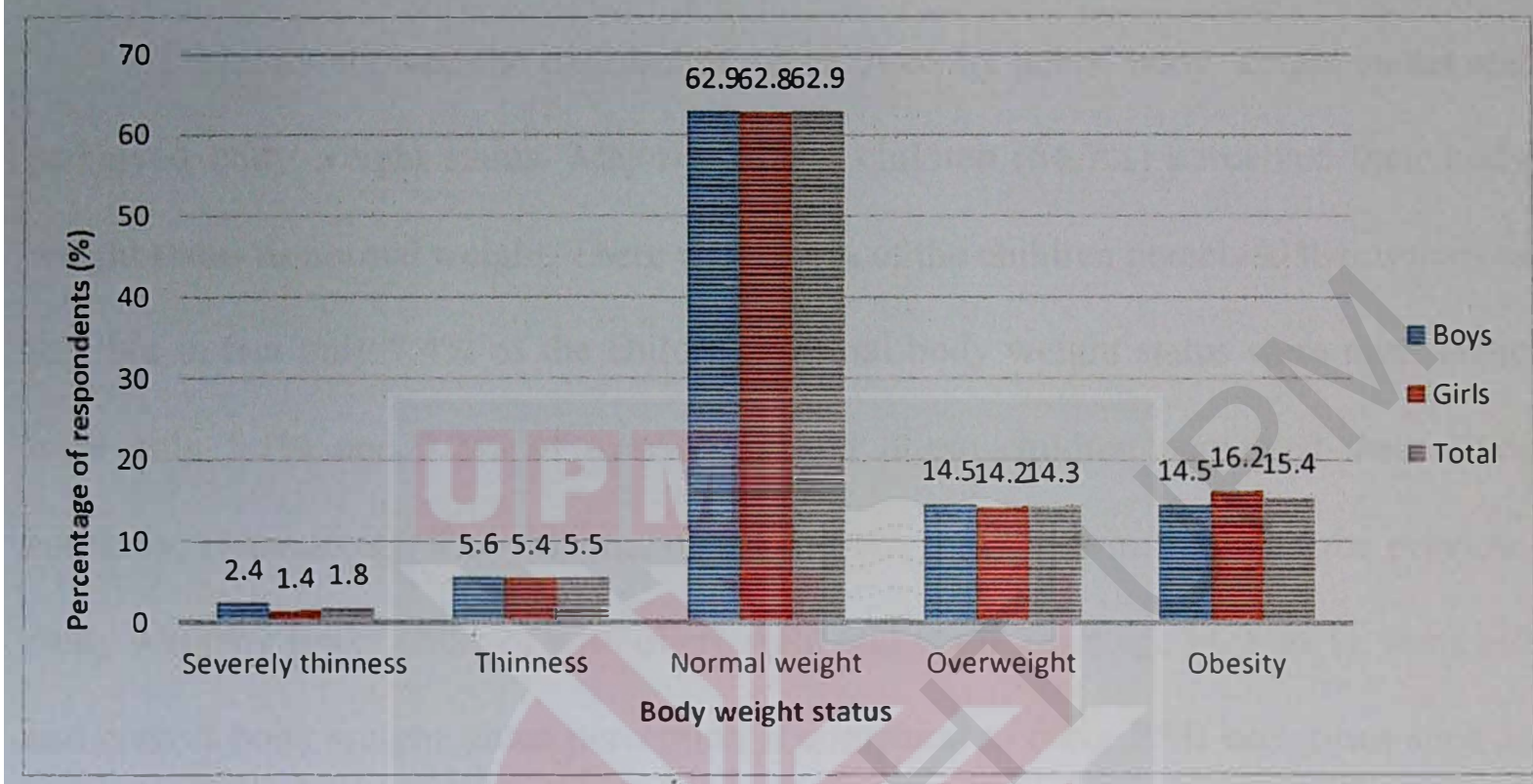
As shown in Table 4.2, the mean body weight of children was 34.3 ± 11.3 kg and the mean height of children was 136.9 ± 7.8 cm. There were no significant differences in body weight ($t$ = -0.695, $p$ = 0.488) and height ($t$ = 0.673, $p$ = 0.857) between boys and girls. The mean BMI of the children was 18.02 ± 4.56. Similarly, no significant difference was found in BMI between boys and girls ($t$ = -1.130, $p$ = 0.220). In addition, the mean BMI-for-age (z-score) of children was 0.14 ± 1.67. There was no significant difference in BMI-for-age (z-score) by sex ($t$ = -0.765, $p$ = 0.445).

**Table 4.2 Distribution of respondents by anthropometric measurements (n = 272)**

| Variables | Mean ± SD | | | t-value | p-value |
|---|---|---|---|---|---|
| | Boys | Girls | Total | | |
| Weight (kg) | 33.8 ± 11.2 | 34.8 ± 11.5 | 34.3 ± 11.3 | -0.695 | 0.488 |
| Height (cm) | 137.0 ± 7.9 | 136.9 ± 7.7 | 136.9 ± 7.8 | 0.673 | 0.857 |
| BMI (kg/m$^2$) | 17.68 ± 4.12 | 18.31 ± 4.90 | 18.02 ± 4.56 | -1.130 | 0.220 |
| BMI-for-age (z-score) | 0.05 ± 1.68 | 0.21 ± 1.67 | 0.14 ± 1.67 | -0.765 | 0.445 |

Figure 4.1 showed that the majority of the respondents were normal weight (62.9%), followed by obesity (15.4%), overweight (14.3%), thinness (5.5%), and severe thinness (1.8%) based on the classification of WHO Growth Reference (World Health Organization (WHO), 2007). This indicated that about one in three of the children were overweight and obese. According to the National Health and Morbidity Survey (NHMS) 2015, the prevalence of thinness and obesity for children aged less than 18 years old in Kuala Lumpur were 7.8% and 19.4%, respectively. The prevalence of overweight and

obesity in the present study was higher than the finding in NHMS (2015), but the prevalence of thinness was almost similar in both studies.




Note: No difference in body weight status by sex ($\chi^2 = 0.557, p = 0.968$)

**Figure 4.1 Distribution of respondents by body weight status based on WHO Growth Reference 2007 (n = 272)**

The present study found that no significant difference in body weight status between boys and girls ($\chi^2 = 0.557$, $p = 0.968$). The finding was in line with a study conducted among children aged 9 to 12 years (Wong et al., 2014). However, it was inconsistent with a previous study in Malaysia which reported that boys were significantly higher risk to be overweight and obesity than girls, whereby boys did not concerned about body weight when compared to girls (Lee, Cheah, Chang, & Siti, 2012).

## 4.3 Body Image Perception

### 4.3.1 Body Weight Status Perception

Table 4.3 showed the distribution of children by actual body weight status and perceived body weight status. Majority of the children (64.7%) perceived their body weight status as normal weight. There was 15.4% of the children perceived themselves as thin but in fact only 7.4% of the children's actual body weight status were thin. There were only 5.1% and 2.2% of overweight and obese children perceived themselves correctly, respectively. The findings of the present study was in line with the previous study whereby fewer children with overweight and obese from age of 8 to 11 years old had correct body weight status perception if compared to other BMI categories such as thinness and normal weight (Montoya et al., 2016).

**Table 4.3 Distribution of respondents by current body weight perception and actual BMI categories (n = 272)**

| Actual BMI categories | Body weight perception categories [a], n (%) | | | | |
|---|---|---|---|---|---|
| | Thinness | Normal weight | Overweight | Obesity | **Total** |
| Thinness | 7 (2.6) | 11 (4.0) | 1 (0.4) | 1 (0.4) | 20 (7.4) |
| Normal weight | 28 (10.3) | 133 (48.9) | 7 (2.6) | 3(1.1) | 171 (62.9) |
| Overweight | 5 (1.8) | 17 (6.3) | 14 (5.1) | 3 (1.1) | 39 (14.3) |
| Obesity | 2 (0.7) | 15 (5.5) | 19 (7.0) | 6 (2.2) | 42 (15.4) |
| **Total** | 42 (15.4) | 176 (64.7) | 41 (15.1) | 13 (4.8) | 272 (100.0) |

Note: [a] Response to question "What do you think about your current body weight status?"
Body weight perception: = correct estimator; = under-estimator; = over-estimator

In Table 4.4, a majority of children (58.8%) correctly estimated their body weight status, but there were 31.6% of them were under-estimators and 9.6% of them were over-estimators. In other words, two in five (41.2%) of the children perceived their body weight status incorrectly, whereby most of the under-estimated their body weight status. For instance, a child may fall in the overweight category, but he/she may thought that he/she was normal weight. The findings in the present study was inconsistent with another study done in Malaysia which found that more children overestimated their body weight status (35.0%) instead of underestimated their body weight status (13.8%) (Zainuddin et al., 2014). However, there were similar findings in both studies. More girls overestimated their body weight status than boys, whereby more boys underestimated their body weight status if compared to girls. The findings in the present study could be due to exposure to media images of ideal body shape pursuit thinness among girls and muscularity among boys, therefore, the girls might think they were fat and have to be thinner while the boys might think they were thin and no muscular.

**Table 4.4 Distribution of respondents by body weight status perception (n = 272)**

| Variables | Respondents, n (%) | | | $\chi^2$ | *p*-value |
|---|---|---|---|---|---|
| | Boys | Girls | Total | | |
| Correct estimator | 70 (56.5) | 90 (60.8) | 160 (58.8) | 3.054 | 0.217 |
| Under-estimator | 45 (36.3) | 41 (27.7) | 86 (31.6) | | |
| Over-estimator | 9 (7.3) | 17 (11.5) | 26 (9.6) | | |

As shown in Table 4.4, there was no significant difference in body weight status perception between boys and girls ($\chi^2 = 3.054$, $p = 0.217$). The result was contradicted with another study conducted among the students in Malaysia whereby there was a significant difference in body weight status perception by sex (Zainuddin et al., 2014).

The contradiction between the studies might due to the age ranges to be studied. Study conducted by Zainuddin et al. involved a wider age range which from Standard Four to Form Five, while the present study involved children from Standard Four and Five.

### 4.3.2 Body Size Satisfaction

The body size satisfaction was assessed by the Collins figure rating scale (Collins, 1991). It was used to compare the children's perceived current body size and their ideal body size. As shown in Table 4.5, a majority of the children (40.4%; boys: 46.0%, girls: 35.8%) perceived "Figure 3" as their current body size. This is followed by 27.9% of the children (boys: 24.2%, girls: 31.3%) selected "Figure 4" as their current body size and 13.6% of the children (boys: 12.1%, girls: 14.9%) perceived their current body size as "Figure 2". As for ideal body size, a total of 44.9% of the children (boys: 50.0%, girls: 40.5%) chose "Figure 3" as their ideal body size, followed by 25.7% (boys: 29.0%, girls: 23.0%) and 19.1% (boys: 10.5%, girls: 26.4%) of the children selected "Figure 4" and "Figure 2" as their ideal body size, respectively. In current study, most of the children tended to choose "Figure 3" as their perceived current and the most ideal body size.

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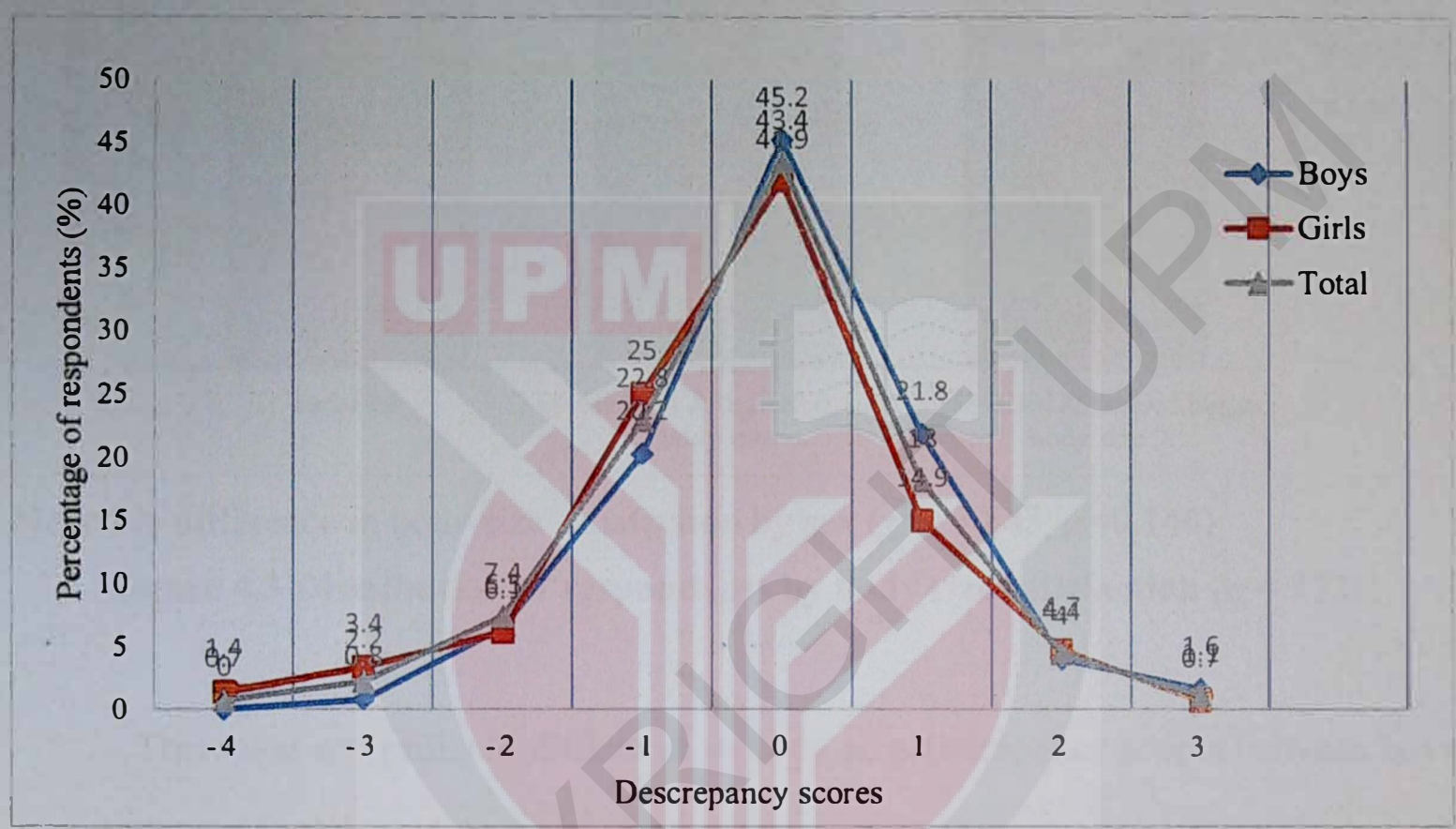
**Table 4.5 Distribution of respondent by body size perception (n = 272)**

| Body size perception | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | 7 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | B n (%) | G n (%) | B n (%) | G n (%) | B n (%) | G n (%) | B n (%) | G n (%) | B n (%) | G n (%) | B n (%) | G n (%) | B n (%) | G n (%) |
| Current body size | 4 (3.2) | 10 (6.8) | 15 (12.1) | 22 (14.9) | 57 (46.0) | 53 (35.8) | 30 (24.2) | 46 (31.1) | 15 (12.1) | 12 (8.1) | 3 (2.4) | 4 (2.7) | 0 (0.0) | 1 (0.7) |
| Most ideal body size | 2 (1.6) | 7 (4.7) | 13 (10.5) | 39 (26.4) | 62 (50.0) | 60 (40.5) | 36 (29.0) | 34 (23.0) | 7 (5.6) | 6 (4.1) | 4 (3.2) | 2 (1.4) | 0 (0.0) | 0 (0.0) |

***B = boys, G = girls**

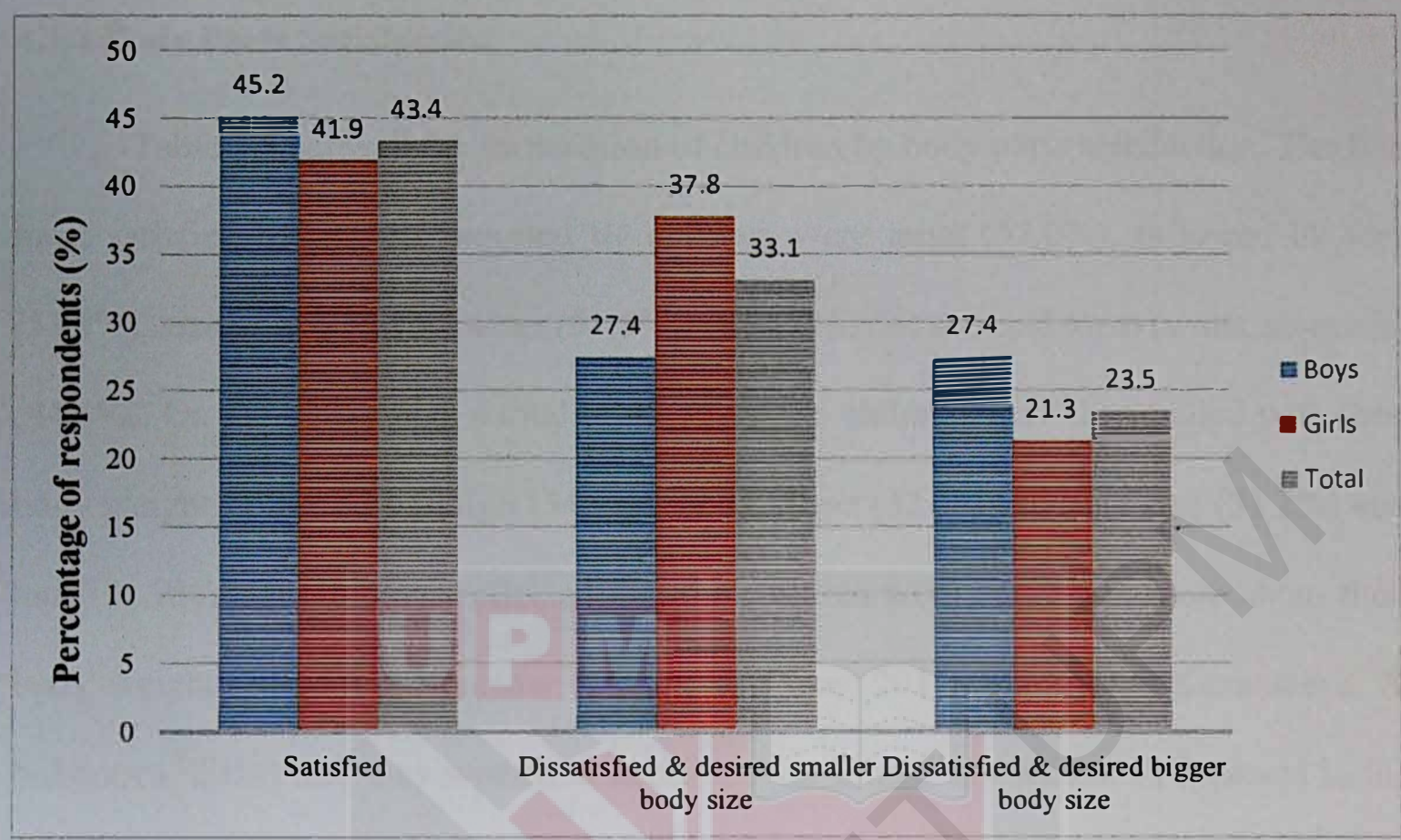
Body size satisfaction was calculated by subtracting the number for the figure represented the children's current body size from the number for the figure represented children's ideal body size. As depicted in Figure 4.2, the body size discrepancy scores ranged from -4 to +3, whereby the mean discrepancy score was -0.17 ± 1.13.




Note: There was a significant difference in body size discrepancy scores by sex ($t$ = 2.199, $p$ = 0.029)

**Figure 4.2 Distribution of respondents by body size discrepancy scores (n = 272)**

Figure 4.3 presented that 43.4% of the children satisfied with their body size, whereas 56.6% of the children were dissatisfied with their body size. It should be noted that there were about one-third (33.1%) of children desired to have a smaller body size and a quarter (23.5%) of the children desired to have bigger body size. These findings indicated that the children who dissatisfied with their current body size in the present study desired to have smaller body size than bigger body size.




Note: No difference in body size satisfaction by sex ($\chi^2 = 3.845$, $p$=0.146)

**Figure 4.3 Distribution of respondents by body size satisfaction (n = 272)**

There was a significant difference in body size discrepancy scores between boys and girls (t = 2.199, p = 0.029). The findings was in line with the previous study conducted by Bahreynian and his colleagues (2015) who reported that more girls (37.8%) desired to have smaller body size than boys (27.4%). In other words, more boys (27.4%) wished to have a bigger body size if compared to girls (21.3%). Similarly, another study conducted among children aged 7 to 10 years showed that there was a significant difference in body size satisfaction by sex (Costa, Silva, Alvarenga, & De Vasconcelos, 2016). However, there was no significant difference in body size satisfaction classification between boys and girls ($\chi^2 = 3.845$, $p = 0.146$).

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### 4.3.3 Body Parts Satisfaction

Table 4.6 showed the distribution of children by body parts satisfaction. The five most satisfied body parts reported by children were arms (57.0%), followed by legs (53.3%), size or width of shoulder (51.5%), chest (46.6%) and mid torso (waist, stomach) (44.8%). On the other hand, a total of 35.7% of the children were dissatisfied with their body weight, followed by thigh (34.9%), body shape (32.0%), muscle size (31.2%) and hips (31.2%). The findings reflected that the children were concerned more about their body weight (Montoya, Boursaw, Tigges, & Lobo, 2016; Zinovyeva, Kazantseva, & Nikonova, 2016) and they wished to achieve their ideal body weight as depicted in the media (Lawrie, Sullivan, Davies, & Hill, 2006).

**Table 4.6 Distribution of respondents by body parts satisfaction (n = 272)**

| Items | Respondents, n (%) | | | | |
|---|---|---|---|---|---|
| | Very dissatisfied | Dissatisfied | Between satisfied and dissatisfied | Satisfied | Very satisfied |
| 1. Body weight | 32 (11.8) | 65 (23.9) | 67 (24.6) | 70 (25.7) | 38 (14.0) |
| 2. Body shape | 37 (13.6) | 50 (18.4) | 64 (23.5) | 87 (32.0) | 34 (12.5) |
| 3. Muscle size | 27 (9.9) | 58 (21.3) | 76 (27.9) | 71 (21.6) | 40 (14.7) |
| 4. Hips | 33 (12.1) | 52 (19.1) | 78 (28.7) | 82 (30.1) | 27 (9.9) |
| 5. Thighs | 37 (13.6) | 58 (21.3) | 67 (24.6) | 77 (28.3) | 33 (12.1) |
| 6. Chest | 20 (7.4) | 57 (21.0) | 68 (25.0) | 82 (30.1) | 45 (16.5) |
| 7. Size/ width of shoulder | 26 (9.6) | 41 (15.1) | 65 (23.9) | 90 (33.1) | 50 (18.4) |
| 8. Legs | 20 (7.4) | 46 (16.9) | 61 (22.4) | 77 (28.3) | 68 (25.0) |
| 9. Arms | 28 (10.3) | 38 (14.0) | 51 (18.8) | 92 (33.8) | 63 (23.2) |
| 10. Mid torso (waist, stomach) | 32 (11.8) | 42 (15.4) | 76 (27.9) | 73 (26.8) | 49 (18.0) |

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In Table 4.7, the total mean score of body parts satisfaction was 32.22 ± 8.37. No significant difference in body parts satisfaction between boys and girls (t = 0.721, $p$ = 0.471). In contrast, a previous study found that there was significant difference in different body parts satisfaction by gender (Zinovyeva, Kazantseva, & Nikonova, 2016). For girls, they cared more about body shape such as abdomen and tight whereas boys concerned more about muscularity and strength such as muscle mass and chest (Zinovyeva, Kazantseva, & Nikonova, 2016). The different findings in both studies might due to different aged ranges whereby the previous study conducted among secondary school students and the present study focused on upper primary school children.

**Table 4.7 Distribution of respondents by body parts satisfaction scores (n = 272)**

| Body parts satisfaction scores | Boys | Girls | Total | *t*-value | *p*-value |
|---|---|---|---|---|---|
| **Mean ± SD** | 32.62 ± 7.84 | 31.89 ± 8.80 | 32.22 ± 8.37 | 0.721 | 0.471 |
| **Min - Max** | 10.00 - 50.00 | 10.00 - 50.00 | 10.00 - 50.00 | | |

## 4.4 Perceived Parenting Style

The perceived parenting style is the perception of children towards the parenting style of their parents. Table 4.8 showed the distribution score by items in measuring parents' responsiveness and demandingness. A total of 27.9% and 17.6% of the children thought they were able to talk with their mothers and fathers about their problems very well, respectively. In addition, most of the children perceived their mothers (42.6%) and fathers (38.2%) cared about them very well. For parents' demandingness, about three in

ten of the children perceived their mothers (28.7%) and fathers (27.9%) were quite not strict if compared with other parents.

**Table 4.8 Distribution of respondents by parent's responsiveness and demandingness items (n = 272)**

| Parent's responsiveness items | Respondents, n (%) | | | | |
|---|---|---|---|---|---|
| | Not at all | A bit | Moderate | Quite a lot | Very well |
| 1. How much do you think you can talk with your mother about your problem? | 13 (4.8) | 51 (18.8) | 75 (27.6) | 57 (21.0) | 76 (27.9) |
| 2. How much do you think your mother cares about you? | 28 (10.3) | 26 (9.6) | 46 (16.9) | 56 (20.6) | 116 (42.6) |
| 3. How much do you think you can talk with your father about your problem? | 33 (12.1) | 65 (23.9) | 79 (29.0) | 47 (17.3) | 48 (17.6) |
| 4. How much do you think your father cares about you? | 38 (14.0) | 32 (11.8) | 38 (14.0) | 60 (22.1) | 104 (38.2) |
| **Parent's demandingness items** | **Extremely not strict** | **Quite not strict** | **Moderate** | **Quite strict** | **Extremely strict** |
| 5. Compare to others mother, how would you perceive strictness of your mother? | 34 (12.5) | 78 (28.7) | 62 (22.8) | 50 (18.4) | 48 (17.6) |
| 6. Compare to others father, how would you perceive strictness of your father? | 48 (17.6) | 76 (27.9) | 49 (18.0) | 45 (16.5) | 54 (19.9) |

Based on the parent's responsiveness and demandingness, the perceived parenting style can be divided into four dimensions as shown in Table 4.9. Majority of the children perceived their fathers were authoritarian (38.2%), followed by neglectful (29.2%), permissive (16.5%), and authoritative (15.8), respectively. As for the mothers, majority of them perceived their mother as authoritarian (30.9%), followed by authoritative

(27.9%), neglectful (21.7%), and permissive (19.5%). Being authoritarian parents, they exhibited high control, maturity demands and less responsiveness toward their children. The findings were no parallel with the previous study whereby the children perceived both parents as authoritative (Elias & Tan, 2009). No significant difference was observed in perceived father parenting style between boys and girls (($\chi^2 = 0.693, p = 0.875$). On the other hand, there was a significant difference in children's perception of their mother's parenting style between girls and boys ($\chi^2 = 10.127, p = 0.018$). The possible explanation was the cultural norms played a role in determining the parenting styles. According to Conrade and Ho (2001), mothers were being perceived to adopt more authoritative parenting style to the girls than boys as the mothers were more likely to spend more time with their daughter instead of sons. Besides that, Conrade and Ho (2001) mentioned that the boys received more punishment and treated strictly by their parents when compared to girls.

**Table 4.9 Distribution of respondents by perceived parenting styles (n=272)**

| Perceived parenting style | Respondents, n (%) | | | $\chi^2$ | *p*-value |
|---|---|---|---|---|---|
| | Boys | Girls | Total | | |
| **Father** | | | | 0.693 | 0.875 |
| Authoritative | 20 (7.4) | 23 (8.5) | 43 (15.8) | | |
| Authoritarian | 49 (18.0) | 55 (20.2) | 104 (38.2) | | |
| Permissive | 18 (6.6) | 27 (9.9) | 45 (16.5) | | |
| Neglectful | 37 (13.6) | 43 (15.8) | 80 (29.4) | | |
| **Mother** | | | | 10.127* | 0.018 |
| Authoritative | 34 (12.5) | 42 (15.4) | 76 (27.9) | | |
| Authoritarian | 47 (17.3) | 37 (13.6) | 84 (30.9) | | |
| Permissive | 15 (5.5) | 38 (14.0) | 53 (19.5) | | |
| Neglectful | 28 (10.3) | 31 (11.4) | 59 (21.7) | | |

*correlation is significant at $p < 0.05$

### 4.5 Child Eating Behaviours

Child eating behaviours were measured using the Child Eating Behaviours Questionnaire (CEBQ; Wardle et al., 2001). It consisted of 35 items and 8 subscales. Table 4.10 showed the distribution of children by subscales and its' items in CEBQ. For instances, for emotional over-eating subscale, more than 80% of the children were being rated on never or rarely they ate more when feel anxious. Besides, most of the parents reported their child often (26.8%) and always (38.2%) love food under enjoyment of food subscale. For slowness in eating subscale, more than half of the children were reported that they never or rarely take more than 30 minutes and get more and more slowly in eating.

As shown in Table 4.11, the children obtained a mean score of 3.37 ± 0.81 for enjoyment of food subscale, 3.01 ± 0.93 for desired to drink subscale, 2.85 ± 0.69 for food fussiness subscale, 2.68 ± 0.79 for slowness in eating subscale, 2.61 ± 0.71 for satiety responsiveness subscale, 2.60 ± 0.84 for emotional under-eating subscale, 2.57 ± 0.92 for food responsiveness subscale, and 2.06 ± 0.80 for emotional over-eating subscale, respectively. No significant differences were found in the mean scores for all the subscales of child eating behaviours between boys and girls. The findings of the present study were contradicted with a previous study which stated that there were significant differences in eating behaviours such as emotional over-eating and slowness in eating between sexes (Tay, Chin, Lee, Khouw, & Poh, 2016). The possible explanation for the inconsistent findings in the present study with the previous study is the different age group of study subjects and sample size of the study, where the study conducted by Tay et al. involved

1782 students from aged 7 to 12 years while the present study involved 272 students from aged 10 to 11 years.

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**Table 4.10 Distribution of respondents by child eating behaviours (n = 272)**

| Items | Respondents, n (%) | | | | |
|---|---|---|---|---|---|
| | Never | Rarely | Sometimes | Often | Always |
| **Food Responsiveness** | | | | | |
| 1. My child is always asking for food. | 28 (10.3) | 57 (21.0) | 84 (30.9) | 60 (22.1) | 43 (15.8) |
| 2. If allowed to, my child would eat too much. | 82 (30.1) | 66 (24.3) | 68 (25.0) | 34 (12.5) | 22 (8.1) |
| 3. Given the choice, my child would eat most of the time. | 104 (38.2) | 61 (22.4) | 63 (23.2) | 18 (6.6) | 26 (9.6) |
| 4. Even if my child is full up he/she still find room to eat my favorite food. | 73 (26.8) | 54 (19.9) | 73 (26.8) | 41 (15.1) | 31 (11.4) |
| 5. If given the chance, my child would always have food in my mouth. | 83 (30.5) | 79 (29.0) | 62 (22.8) | 21 (7.7) | 27 (9.9) |
| **Emotional Over-eating** | | | | | |
| 6. My child eats more when feeling worried. | 117 (43.0) | 78 (28.7) | 52 (19.1) | 18 (6.6) | 7 (2.6) |
| 7. My child eats more when feeling annoyed. | 132 (48.5) | 80 (29.4) | 40 (14.7) | 13 (4.8) | 7 (2.6) |
| 8. My child eats more when feeling anxious. | 146 (53.7) | 72 (26.5) | 38 (14.0) | 9 (3.3) | 7 (2.6) |
| 9. My child eats more when he/she has nothing else to do. | 55 (20.2) | 67 (24.6) | 86 (31.6) | 40 (14.7) | 24 (8.8) |
| **Enjoyment of Food** | | | | | |
| 10. My child loves food. | 3 (1.1) | 18 (6.6) | 74 (27.2) | 73 (26.8) | 104 (38.2) |
| 11. My child is interested in food. | 18 (6.6) | 27 (9.9) | 87 (32.0) | 77 (28.3) | 63 (23.2) |
| 12. My child looks forward to mealtimes. | 67 (24.6) | 68 (25.0) | 88 (32.4) | 30 (11.0) | 19 (7.0) |
| 13. My child enjoys eating. | 19 (7.0) | 31 (11.4) | 88 (32.4) | 64 (23.5) | 70 (25.7) |
| **Desire to Drink** | | | | | |
| 14. My child is always asking for a drink. | 9 (3.3) | 42 (15.4) | 77 (28.3) | 63 (23.2) | 81 (29.8) |

*Reversed items

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**Table 4.10 Distribution of respondents by child eating behaviours (n = 272) *(cont.)***

| Items | Respondents, n (%) | | | | |
|---|---|---|---|---|---|
| | Never | Rarely | Sometimes | Often | Always |
| 15. If given the chance, my child would drink continuously throughout the day. | 60 (22.1) | 77 (28.3) | 76 (27.9) | 33 (12.1) | 26 (9.6) |
| 16. If given the chance, my child would always be having a drink. | 38 (14.0) | 71 (26.1) | 89 (32.7) | 42 (15.4) | 32 (11.8) |
| **Satiety Responsiveness** | | | | | |
| 17. My child has a big appetite. * | 11 (4.0) | 27 (9.9) | 92 (33.8) | 59 (21.7) | 83 (30.5) |
| 18. My child leaves food on his/her plate at the end of a meal. | 59 (21.7) | 82 (30.1) | 80 (29.4) | 31 (11.4) | 20 (7.4) |
| 19. My child gets full before his/her meal is finished. | 45 (16.5) | 75 (27.6) | 91 (33.5) | 37 (13.6) | 24 (8.8) |
| 20. My child gets full easily. | 39 (14.3) | 63 (23.2) | 103 (37.9) | 40 (14.7) | 27 (9.9) |
| 21. My child cannot eat a meal if he/she had a snack just before. | 48 (17.6) | 71 (26.1) | 104 (38.2) | 28 (10.3) | 21 (7.7) |
| **Slowness in Eating** | | | | | |
| 22. My child finishes his/her meal very quickly. * | 25 (9.2) | 62 (22.8) | 110 (40.5) | 45 (16.5) | 30 (11.0) |
| 23. My child eats slowly. | 29 (10.7) | 60 (22.1) | 98 (36.0) | 44 (16.2) | 41 (15.1) |
| 24. My child takes more than 30 minutes to finish a meal. | 87 (32.0) | 69 (25.4) | 57 (21.0) | 34 (12.5) | 25 (9.2) |
| 25. My child eats more and more slowly during the course of a meal. | 92 (33.8) | 75 (27.6) | 63 (23.2) | 28 (10.3) | 14 (5.1) |
| **Emotional Under-eating** | | | | | |
| 26. My child eats less when feeling angry. | 80 (29.4) | 75 (27.6) | 69 (25.4) | 29 (10.7) | 19 (7.0) |
| 27. My child eats less when he/she is tired. | 46 (16.9) | 58 (21.3) | 104 (38.2) | 41 (15.1) | 23 (8.5) |
| 28. My child eats more when he/she is happy. | 47 (17.3) | 38 (14.0) | 88 (32.4) | 62 (22.8) | 37 (13.6) |
| 29. My child eats less when upset. | 94 (34.6) | 80 (29.4) | 57 (21.0) | 23 (8.5) | 18 (6.6) |

*Reversed items

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**Table 4.10 Distribution of respondents by child eating behaviours (n = 272) *(cont.)***

| Items | Respondents, n (%) | | | | |
|---|---|---|---|---|---|
| | Never | Rarely | Sometimes | Often | Always |
| **Food Fussiness** | | | | | |
| 30. My child refuses new foods at first. | 48 (17.6) | 59 (21.7) | 106 (39.0) | 35 (12.9) | 24 (8.8) |
| 31. My child enjoys tasting new foods. * | 33 (12.1) | 57 (21.0) | 100 (36.8) | 43 (15.8) | 39 (14.3) |
| 32. My child enjoys a wide variety of foods. * | 46 (16.9) | 46 (16.9) | 89 (32.7) | 49 (18.0) | 42 (15.5) |
| 33. My child is difficult to please with meals. | 52 (19.1) | 68 (25.0) | 86 (31.6) | 40 (14.7) | 26 (9.6) |
| 34. My child is interested in tasting food that he/she haven't tasted before. * | 29 (10.7) | 62 (22.8) | 106 (39.0) | 42 (15.4) | 33 (12.1) |
| 35. My child decides that he/she don't like a food, even without tasting it. | 60 (22.1) | 75 (27.6) | 79 (29.0) | 27 (9.9) | 31 (11.4) |

*Reversed items

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**Table 4.11 Mean score of child eating behaviours subscales (n = 272)**

| Items | Mean ± SD | | | *t*-value | *p*-value |
|---|---|---|---|---|---|
| | Boys | Girls | Total | | |
| **Food Responsiveness** | | | | 0.388 | 0.698 |
| Mean ± SD | 2.59 ± 0.92 | 2.55 ± 0.92 | 2.57 ± 0.92 | | |
| Min - Max | 1.00 - 5.00 | 1.00 - 5.00 | 1.00 - 5.00 | | |
| **Emotional Over-eating** | | | | 0.688 | 0492 |
| Mean ± SD | 2.09 ± 0.83 | 2.03 ± 0.78 | 2.06 ± 0.80 | | |
| Min - Max | 1.00 - 5.00 | 1.00 - 4.25 | 1.00 - 5.00 | | |
| **Enjoyment of Food** | | | | -1.101 | 0.272 |
| Mean ± SD | 3.31 ± 0.82 | 3.42 ± 0.81 | 3.37 ± 0.81 | | |
| Min - Max | 1.25 - 5.00 | 1.50 - 5.00 | 1.25 - 5.00 | | |
| **Desired to Drink** | | | | 0.067 | 0.947 |
| Mean ± SD | 3.02 ± 0.90 | 3.01 ± 0.95 | 3.01 ± 0.93 | | |
| Min - Max | 1.00 - 5.00 | 1.00 - 5.00 | 1.00 - 5.00 | | |
| **Satiety Responsiveness** | | | | 0.176 | 0.861 |
| Mean ± SD | 2.62 ± 0.67 | 2.60 ± 0.75 | 2.61 ± 0.71 | | |
| Min - Max | 1.00 - 4.40 | 1.00 - 4.60 | 1.00 - 4.60 | | |
| **Slowness in Eating** | | | | -1.339 | 0.183 |
| Mean ± SD | 2.61 ± 0.74 | 2.74 ± 0.84 | 2.68 ± 0.79 | | |
| Min - Max | 1.00 - 4.75 | 1.00 - 4.75 | 1.00 - 4.75 | | |
| **Emotional Under-eating** | | | | -0.441 | 0.659 |
| Mean ± SD | 2.57 ± 0.87 | 2.62 ± 0.82 | 2.60 ± 0.84 | | |
| Min - Max | 1.00 - 4.75 | 1.00 - 5.00 | 1.00 - 5.00 | | |
| **Food Fussiness** | | | | 0.176 | 0.860 |
| Mean ± SD | 2.86 ± 0.69 | 2.85 ± 0.68 | 2.85 ± 0.69 | | |
| Min - Max | 1.33 - 4.83 | 1.00 - 5.00 | 1.00 - 5.00 | | |

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### 4.6 Self-esteem

Based on Table 4.12, the mean score for self-esteem among the children was 17.66 ± 3.94. Four in five (80.9%) of children expressed that they wish to gain more respect for themselves. Besides, there was more than 70% of the children were satisfied with themselves as a whole, took positive attitude towards themselves and thought they able to do things as well as most other people. Among the Asian countries, the mean score of self-esteem of the children in the current study is considered as low when compared with the studies conducted India (20.30 ± 4.51) (Joshi & Srivastava, 2009) and China (22.70 ± 4.20) (Zhang, Li, Xu, & Zhou, 2016) by using the Rosenberg Self-esteem Scale.

**Table 4.12 Distribution of respondents by self-esteem (n = 272)**

| Items | Respondents, n (%) | | | |
|---|---|---|---|---|
| | Strongly disagree | Disagree | Agree | Strongly agree |
| 1. On the whole, I am satisfied with myself. | 10 (3.7) | 51 (18.8) | 149 (54.8) | 62 (22.8) |
| 2. At times I think I am no good at all.* | 66 (24.3) | 96 (35.3) | 74 (27.2) | 36 (13.2) |
| 3. I feel that I have a number of good qualities. | 19 (7.0) | 58 (21.3) | 121 (44.5) | 74 (27.2) |
| 4. I am able to do things as well as most other people. | 16 (5.9) | 53 (19.5) | 138 (50.7) | 65 (23.9) |
| 5. I feel I do not have much to be proud of.* | 66 (24.3) | 117(43.0) | 61 (22.4) | 28 (10.3) |
| 6. I certainly feel useless at times.* | 84 (30.9) | 95 (34.9) | 46 (16.9) | 47 (17.3) |
| 7. I feel that I'm a person of worth, at least on an equal plane with others. | 19 (7.0) | 64 (23.5) | 126 (46.3) | 63 (23.2) |
| 8. I wish I could have more respect for myself. * | 15 (5.5) | 37 (13.6) | 93 (34.2) | 127 (46.7) |
| 9. All in all, I am inclined to feel that I am a failure.* | 85 (31.3) | 95 (34.9) | 59 (21.7) | 33 (12.1) |
| 10. I take a positive attitude toward myself. | 21 (7.7) | 43 (15.8) | 111 (40.8) | 97 (35.7) |
| **Mean ± SD** | 17.66 ± 3.94 | | | |
| **Min - Max** | 3.00 - 28.00 | | | |

*Reversed items

Table 4.13 showed that majority of children were in the normal self-esteem level (77.6%), followed by low self-esteem (20.6%) and high self-esteem (1.8%). In other words, about one in five of the children had low self-esteem whereby there were 18.5 % of boys and 22.3% of girls. Furthermore, the prevalence of low self-esteem in the present study was almost similar with the finding (23.1%) reported by Fawzy and Fouad (2010). However, there was no significant difference in self-esteem between boys and girls ($p$ = 0.457) by using Fisher's Exact Test as shown in Table 4.13. The finding of the current study was in contrast with the study conducted by Fawzy and Fouad (2010) whereby significant difference between sex and self-esteem was found in the previous study. Fawzy and Fouad (2010) discovered that girls had significantly lower self-esteem than boys, while boys had significantly higher self-esteem than girls.

**Table 4.13 Distribution of respondents by classification of self-esteem (n = 272)**

| Variables | Respondents, n (%) | | | *p*-value |
|---|---|---|---|---|
| | Boys | Girls | Total | |
| Low self-esteem | 23 (18.5) | 33 (22.3) | 56 (20.6) | 0.457 |
| Normal self-esteem | 99 (79.9) | 112 (75.7) | 211 (77.6) | |
| High self-esteem | 2 (1.6) | 3 (2.0) | 5 (1.8) | |

Note: Chi-square Test cannot be held due to there was more than 20% of the cells have an expected frequency of < 5, therefore, Fisher's Exact Test is used.

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## 4.7 Hypothesis Testing

**$H_1$: There is a significant association between socio-demographic characteristics and self-esteem among upper primary school children in Kuala Lumpur.**

The alternative hypothesis was tested using Pearson Production Moment Correlation for continuous variable (child's age), while other categorical variables were tested with independent-samples t-test (sex) and one-way ANOVA (ethnicity, parents' education level and monthly household income). Based on Table 4.14, there was a significant difference in father's education level and self-esteem ($F = 3.855$, $p = 0.005$), but no significant difference in mother's education level and self-esteem ($F = 1.274$, $p = 0.281$). In Table 4.15, Turkey post-hoc test revealed that there were significant differences between the children who had father did not receive any formal education with children who had father received primary education ($p = 0.038$) and the children were unaware of their father education background (they came from single family background due to father passed away or divorce) with children who had father attained primary education ($p = 0.026$).

These findings are inconsistent with the previous studies that both parents' education level were significantly difference in self-esteem (Andrea, 2011; Şahin, Barut, & Ersanlı, 2013; Scott, 2004). Based on Sahin et al. (2013), post-hoc test found that children with the father who had the Bachelor degree and above had significantly higher self-esteem when compared to those children with the father graduated from secondary school and primary school or below. Another study found that there was a significant difference in mother's education level and student's self-esteem but no significant difference was found in father's education level and self-esteem (Ummet, 2015). A likely

**Table 4.14 Association between socio-demographic characteristics and self-esteem among the respondents (n = 272)**

| Variable | Self-esteem | |
|---|---|---|
| | *r*-value | *p*-value |
| **Age** | 0.016 | 0.787 |

| Variable | Self-esteem | | |
|---|---|---|---|
| | Mean ± SD | *t*-value | *p*-value |
| **Sex** | | 0.352 | 0.725 |
| Boy | 17.75 ± 3.83 | | |
| Girl | 17.58 ± 4.04 | | |

| Variables | Self-esteem | | |
|---|---|---|---|
| | Mean ± SD | *F*-value | *p*-value |
| **Ethnicity** | | 1.471 | 0.223 |
| Malay | 18.31 ± 4.47 | | |
| Chinese | 17.34 ± 3.54 | | |
| Indian | 17.43± 3.75 | | |
| Others | 16.14 ± 3.18 | | |
| **Father's education level** | | 3.855** | 0.005 |
| No formal education | 15.09 ± 4.11 | | |
| Primary school | 18.91 ± 3.40 | | |
| Secondary school | 17.54 ± 3.78 | | |
| University or college | 18.18 ± 4.33 | | |
| Missing [a] | 14.36 ± 2.62 | | |
| **Mother's education level** | | 1.274 | 0.281 |
| No formal education | 16.29 ± 3.45 | | |
| Primary school | 18.54 ± 4.10 | | |
| Secondary school | 17.27 ± 3.92 | | |
| University or college | 18.17 ± 3.96 | | |
| Missing [a] | 17.67 ± 1.53 | | |
| **Monthly household income** | | 1.129 | 0.325 |
| < RM2300.00 | 17.18 ± 3.77 | | |
| RM2300.00 – RM5599.99 | 17.87 ± 3.67 | | |
| ≥ RM5600.00 | 18.00 ± 4.67 | | |

Note: [a] Missing due to pass away or divorce
**correlation is significant at $p < 0.01$

**Table 4.15 Post-hoc test for father's education level with self-esteem among the respondents (n = 272)**

| Father's education level | Father's education level | Mean difference | *p*-value |
|---|---|---|---|
| No formal education | Primary school | -3.818* | 0.038 |
| | Secondary school | -2.447 | 0.252 |
| | University or college | -3.087 | 0.106 |
| | Missing [a] | 0.716 | 0.995 |
| Primary school | No formal education | 3.818* | 0.038 |
| | Secondary school | 1.371 | 0.343 |
| | University or college | 0.732 | 0.904 |
| | Missing [a] | 4.534* | 0.026 |
| Secondary school | No formal education | 2.447 | 0.252 |
| | Primary school | -1.371 | 0.343 |
| | University or college | -0.639 | 0.803 |
| | Missing [a] | 3.163 | 0.160 |
| University or college | No formal education | 3.087 | 0.106 |
| | Primary school | -0.732 | 0.904 |
| | Secondary school | 0.639 | 0.803 |
| | Missing [a] | 3.802 | 0.069 |
| Missing [a] | No formal education | -0.716 | 0.995 |
| | Primary school | -4.534* | 0.026 |
| | Secondary school | -3.163 | 0.160 |
| | University or college | -3.802 | 0.069 |

Note: [a] Missing due to pass away or divorce
*correlation is significant at $p < 0.05$

explanation for the inconsistent findings may be due to the children in the present study might think that mother's education level did not essential as father's education level as most of the mothers were housewives.

The remaining socio-demographic characteristics; namely, age ($r$ = 0.016, $p$ = 0.787), sex ($t$ = 0.352, $p$ = 0.725), ethnicity ($F$ = 1.471, $p$ = 0.223) and monthly household income ($F$ = 1.129, $p$ = 0.325) were not significantly associated with the self-esteem of the children. In the present study, the child's age was no significantly associated with self-

esteem ($r$ = 0.016, $p$ = 0.787). The finding was in line with a previous study that no significant association between age and self-etseem (Arens & Hasselhorn, 2014; Şahin, Barut, & Ersanlı, 2013). The possible explanation was the present study was conducted in a narrow age range whereby the children aged 10 to 11 years encountered the same problems in similar grade levels. Children may have significant self-esteem differences if there is an essential age transition periods such as primary school to secondary school as the problems and issues they encountered will be very different (Şahin et al., 2013).

No significant difference was observed in self-esteem between boys (17.75 ± 3.83) and girls (17.58 ± 4.04), ($t$ = 0.352, $p$ = 0.725) in the current study. Some studies also found that no significant difference between sex and self-esteem (Paxton, 2005; Uba, Yaacob, Juhari, & Talib, 2010). On the contrary, several previous studies reported that boys had higher self-esteem level when compare to girls (Andrea, 2011; Sherina et al., 2008). However, the study by Andrea (2011) was conducted among university students and Sherina et al. (2008) conducted their study among secondary school students. The inconsistent findings between the present study and the previous studies may be due to the different age groups in assessing the self-esteem of the students.

Besides that, there was no significant difference in ethnicity and self-esteem ($F$ = 1.471, $p$ = 0.223). The finding in present study was in contrast with the study by Sherina et al. (2008) where they found a significant difference in self-esteem according to ethnicity ($F$ = 23.789, $p$ < 0.05). The mean score of self-esteem was highest among the "Other races", followed by Indians, Malays and Chinese. Another local study conducted among students aged 11 to 13 years showed that Chinese had the highest self-esteem if compared with other races (Lee, Cheah, Chang, & Siti, 2012). The differences in self-

esteem among the ethnicity are probably related to culture and socio-economic status of family. However, there is still lack of study regarding the difference between ethnicity and self-esteem among upper primary school children in Malaysia.

The present study found that there was no significant difference in monthly household income and self-esteem of the children ($F = 1.129, p = 0.325$). The finding of the present study was similar with a previous study conducted by Mandara and Murray (2000). On the contrary, another previous study reported that there was a significant difference in household income and self-esteem (Wu et al., 2016). According to Wu and her partners (2016), female from low family income had lower self-esteem than those who came from high family income. The present study was in contrast with the previous study conducted by Wu et al. which might due to the studies were conducted in different countries where one in Canada and another one in Malaysia, therefore the children from different cultural background might have different perception towards household income and self-esteem.

**$H_2$: There is a significant difference in body weight status and self-esteem among upper primary school children in Kuala Lumpur.**

One-way ANOVA was conducted and Table 4.16 showed there was no significant difference in body weight status and self-esteem of children ($F = 0.722, p = 0.577$). The findings of the present study was in line with a previous study among children aged 9 to 12 years old that no significant difference in body weight status and self-esteem (Wong et al., 2014). Another study conducted by Nelson et al (2011) reported that no significant difference in self-esteem between normal weight and overweight students. This could be



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explained by there have many external factors such as weight-based teasing and external control belief may influence the association between body weight status and self-esteem (Puhl & Latner, 2007).

**Table 4.16 Difference (one-way ANOVA) in self-esteem by body weight status among the respondents (n = 272)**

| Variable | Self-esteem Mean ± SD | *F*-value | *p*-value |
|---|---|---|---|
| Body weight status | | 0.722 | 0.577 |
| Severely thinness | 17.80 ± 2.95 | | |
| Thinness | 18.27 ± 2.87 | | |
| Normal weight | 17.66 ± 3.94 | | |
| Overweight | 18.26 ± 3.80 | | |
| Obesity | 16.88 ± 4.45 | | |

In contrast, some studies demonstrated significant difference in body weight status and self-esteem (Lee & Yen, 2014; Mendiratta, 2014). However, the study by Mendiratta (2014) was conducted among students aged 10 to 16 years old while Lee and Yen (2014) conducted their study among students with the mean age of 14.9 years. The findings in the present study were contradicted with the result of the previous studies (Lee & Yen, 2014; Mendiratta, 2014) may be due to the different age groups of students focused upon in the previous studies, which make the comparison of findings difficult.

**$H_3$: There is a significant difference in body weight status perception and self-esteem among upper primary school children in Kuala Lumpur.**

The difference in body weight status perception and self-esteem was examined by one-way ANOVA. As depicted in Table 4.17, there was a significant difference in self-

esteem by body weight status perception ($F = 2.940$, $p = 0.034$). A Turkey post-hoc test (Table 4.18) revealed that there was significant difference in self-esteem between children who perceived themselves as normal weight and obese ($p = 0.018$). Children who perceived themselves as normal weight had higher self-esteem (17.93 ± 3.92) when compared to children who perceived themselves as obese (14.61 ± 4.87). A previous study found to be consistent with the finding of the present study (Huang et al., 2009). According to Huang et al. (2009), there was a significant relationship between children who misperceived themselves as obese and mental health problem such as low self-etseem. Another study reported that children who had wrong perception towards their body weight were significantly associated with self-esteem (Zhang et al., 2016). Based on Zhang and her colleagues' explanation, children at this age of 9 to 12 years tended to have wrong perception and negative thought toward their body weight as they were sensitive with their body shape.

**Table 4.17 Difference (one-way ANOVA) in self-esteem by body weight status perception among the respondents (n = 272)**

| Variable | Self-esteem | | |
|---|---|---|---|
| | Mean ± SD | *F*-value | *p*-value |
| Body weight status perception | | 2.940* | 0.034 |
| Thinness | 17.53 ± 3.70 | | |
| Normal weight | 17.93 ± 3.92 | | |
| Overweight | 17.61 ± 3.64 | | |
| Obesity | 14.61 ± 4.87 | | |

*correlation is significant at $p < 0.05$

**Table 4.18 Post-hoc test for body weight status perception with self-esteem among the respondents (n = 272)**

| Body weight status perception | Body weight status perception | Mean difference | *p*-value |
|---|---|---|---|
| Thinness | Normal weight | -0.402 | 0.932 |
| | Overweight | -0.860 | 1.000 |
| | Obesity | 2.910 | 0.089 |
| Normal weight | Thinness | 0.402 | 0.932 |
| | Overweight | 0.316 | 0.966 |
| | Obesity | 3.311* | 0.018 |
| Overweight | Thinness | 0.086 | 1.000 |
| | Normal weight | -0.316 | 0.966 |
| | Obesity | 2.994 | 0.077 |
| Obesity | Thinness | -2.908 | 0.089 |
| | Normal weight | -3.311* | 0.018 |
| | Overweight | -2.994 | 0.077 |

*correlation is significant at $p < 0.05$

**$H_4$: There is a significant association between body size satisfaction and self-esteem among upper primary school children in Kuala Lumpur.**

Pearson Product Moment Correlation was conducted to determine the relationship between body size satisfaction and self-esteem of primary school children. Based on Table 4.19, there was very weak, positive correlation between body size satisfaction and self-esteem which was no statistically significant ($r = 0.028$, $p = 0.640$).

**Table 4.19 Association (Pearson *r*) between body size satisfaction and self-esteem among the respondents (n = 272)**

| Variable | Self-esteem | |
|---|---|---|
| | *r*-value | *p*-value |
| Body size satisfaction | 0.028 | 0.640 |

According to the study conducted by Rathakrishnan and Chuen (1930), there was a significant negative association between body size dissatisfaction and self-esteem. The findings was supported by another studies which have conducted by Pisitsungkagarn, Taephant and Attasaranya (2014) and Gan, Nasir, Siti and Zalilah (2012) that the higher the body size dissatisfaction was significantly associated with lower self-esteem. The possible reasons to explain the contradiction of the findings were the targeted group of previous studies were under-graduated students, while the present study focused on primary school students. Different age group of subjects might experience different influences of body size satisfaction towards self-esteem.

**$H_5$: There is a significant association between body parts size satisfaction and self-esteem among upper primary school children in Kuala Lumpur.**

Pearson Product Moment Correlation was used to assess the association between body parts satisfaction and self-esteem. Table 4.20 showed that the body parts satisfaction was statistically significant with a weak, positive correlation with self-esteem ($r = 0.191$, $p = 0.002$). The positive $r$-value indicated that the more satisfied the child with his/ her body parts, the higher the self-esteem in him/ her.

**Table 4.20 Association (Pearson *r*) between body parts satisfaction and self-esteem among the respondents (n = 272)**

| Variable | Self-esteem | |
|---|---|---|
| | ***r*-value** | ***p*-value** |
| **Body parts satisfaction** | 0.191** | 0.002 |

**correlation is significant at $p < 0.01$

Current finding was parallel with a previous study (Zinovyeva et al., 2016), the result demonstrated that students with higher level of body parts satisfaction had higher self-esteem. These findings showed that body parts satisfaction was influenced on one's perception towards themselves and their interaction with one another. For example, student who dissatisfied with his/ her body parts tended to avoid social contact and had negative feeling towards himself/ herself (Zinovyeva et al., 2016).

**$H_6$: There is a significant difference in perceived parenting style and self-esteem among upper primary school children in Kuala Lumpur.**

One-way ANOVA was conducted and Table 4.21 showed there was no significant difference in parents' perceived parenting style with self-esteem of children (father: $F$ = 1.396, $p$ = 0.244, mother: $F$ = 0.660, $p$ = 0.577). However, results showed that children who perceived their parents were authoritative had the highest self-esteem (father: 18.67 ± 4.18, mother: 18.07 ± 4.04). On the other hand, parents who had perceived as authoritarian found to have the children with lower self-esteem (father: 17.22 ± 4.06, mother: 17.20 ± 3.94).

The distribution of children across parenting styles was consistent with the previous studies, suggesting that authoritative style was positively correlated with self-esteem (Moghaddam et al., 2017; Yazdani & Daryei, 2016). Conversely, perceived authoritarian style was negatively correlated with self-esteem (Martínez, García, & Yubero, 2007; Tay & Tam, 2011). This was due to authoritative parents were high in demandingness and responsiveness, they were able to give trust, encourage and good communication with their children (Tagliabue, Olivari, Bacchini, Affuso, & Confalonieri,

**Table 4.21 Difference (one-way ANOVA) in self-esteem by perceived parenting style among the respondents (n = 272)**

| Perceived parenting style | Self-esteem Mean ± SD | *F*-value | *p*-value |
|---|---|---|---|
| Father | | 1.396 | 0.244 |
| Authoritative | 18.67 ± 4.18 | | |
| Authoritarian | 17.22 ± 4.06 | | |
| Permissive | 17.60 ± 3.10 | | |
| Neglectful | 17.71 ± 4.03 | | |
| Mother | | 0.660 | 0.577 |
| Authoritative | 18.07 ± 4.04 | | |
| Authoritarian | 17.20 ± 3.94 | | |
| Permissive | 17.77 ± 3.33 | | |
| Neglectful | 17.68 ± 4.31 | | |

2014). Hence, this may lead the positive psychosocial competence such as high self-esteem in children.

However, the findings of the present study did not find any significant difference in perceived parenting styles and self-esteem which was inconsistent with the previous studies. For instance, the study conducted among the children in Indian showed that the children who perceived their parents as authoritative were significantly associated with their self-esteem (Hasnain et al., 2013). Another study reported the similar finding that authoritative parenting style was positively correlated which statistically significant with self-esteem (Yazdani & Daryei, 2016). A likely explanation for the conflicting findings is that the different instruments used in assessing the perceived parenting styles whereby the both previous studies (Hasnain, Faraz, & Adlakha, 2013; Yazdani & Daryei, 2016) used Parental Authority Questionnaire (PAQ) while present study used the subscale of "parenting characteristics" from the "Project EAT-I survey". Another reason may be the

children at early adolescence stage in the present study started to have autonomy in making their own decision and the role of parent to monitor them became less essential at this stage (Golan & Crow, 2004).

**$H_7$: There is a significant association between child eating behaviours and self-esteem among upper primary school children in Kuala Lumpur.**

The relationship between child eating behaviours and self-esteem was determined by Pearson Product Moment Correlation. In Table 4.22, there were very weak, negative correlation between satiety responsiveness ($r$ = -0.126, $p$ = 0.038), slowness in eating ($r$ = -0.138, $p$ = 0.023) and emotional under-eating ($r$ = -0.148, $p$ = 0.015) with self-esteem of children which were statistically significant. On the other hand, food responsiveness ($r$ = -0.074, $p$ = 0.224), enjoyment of food ($r$ = -0.003, $p$ = 0.958), emotional over-eating ($r$ = -0.083, $p$ = 0.172) and food fussiness ($r$ = -0.102, $p$ = 0.094) found to be very week, negative correlated which not statistically significant with self-esteem. While, desire to drink was no statistically significant with a weak, positive correlation with self-esteem ($r$ = 0.008, $p$ = 0.898). Therefore, the higher the satiety, the slower the eating speed and the more emotional under-eating, the lower the self-esteem of children.

The present study found that emotional under-eating was significantly correlated with low self-esteem among the children, which was in line with previous studies (Hoare & Cosgrove, 1998; Tong et al., 2017). According to Hoare and Cosgrove (1998), the higher the emotional eating and restrained eating, the lower the self-esteem among the students aged 10 to 16 years old. Besides that, the previous study conducted by Tong and

**Table 4.22 Association (Pearson *r*) between child eating behaviors and self-esteem among the respondents (n = 272)**

| Variables | Self-esteem | |
|---|---|---|
| | *r*-value | *p*-value |
| Food Responsiveness (FR) | -0.074 | 0.224 |
| Enjoyment of Food (EF) | -0.003 | 0.958 |
| Emotional Over -Eeating (EOE) | -0.083 | 0.172 |
| Desire to Drink (DD) | 0.008 | 0.898 |
| Satiety Responsiveness (SR) | -0.126* | 0.038 |
| Slowness in Eating (SE) | -0.138* | 0.023 |
| Emotional Under-Eating (EUE) | -0.148* | 0.015 |
| Food Fussiness (FF) | -0.102 | 0.094 |

*correlation is significant at $p < 0.05$

her partners (2017) reported that the emotional eating was negatively associated with some emotional problems such as low self-esteem.

Besides that, the present study found that the easier to get full while eating and the slower the eating speed were significantly correlated with low self-esteem. However, there was still no study regarding to the relationship between satiety responsiveness and slowness in eating with self-esteem among children. The possible explanation for the findings was eating slow and easy to get full while eating would indirectly related with emotional under-eating which was found to be associated with self-esteem. This was due to the children who were emotional under-eating tended to decrease the appetite in eating and eating less and slowly (Herle, Fildes, Steinsbekk, Rijsdijk, & Llewellyn, 2017).

On the other hand, previous studies studied on the relationship between eating behavior and stress and they found that emotional eating and binge eating were associated with stress (Braet et al., 2014; Martyn-Nemeth et al., 2009). While, stress has been found to be associated with low self-esteem (Martyn-Nemeth et al., 2009). The finding in the

previous study conducted by Martyn-Nemeth et al. reflected that eating behaviours might indirectly correlated with self-esteem.

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# CHAPTER 5

# CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

## 5.1 Conclusion

This cross-sectional study was conducted among 272 upper primary school children (45.6% boys and 54.4% girls) aged 10 to 11 years old from four randomly selected primary schools in Kuala Lumpur. In the present study, the prevalence of low self-esteem among upper primary school children in the present study was 20.6%, with a total self-esteem score of 17.66 ± 3.94. This indicated that one in five of the children in the current study was found to have low self-esteem level.

Several factors were found to be significantly associated with self-esteem among upper primary school children. Firstly, there was a significant difference in fathers' education level and self-esteem among the children ($F = 3.855$, $p = 0.005$). Specifically, the children who were unaware of their father education background (they came from single family background due to father passed away or divorce) (14.36 ± 2.62) and had father who did not receive any formal education (15.09 ± 4.11) had significantly lower self-esteem when compared to children who had father with higher educational levels.

There was a significant difference in self-esteem by perception of body weight status ($F = 2.940$, $p = 0.034$), whereby the children who perceived themselves as obese had lower self-esteem. Furthermore, the body parts satisfaction was significantly correlated with self-esteem of children ($r = 0.191$, $p = 0.002$), whereas the more the children dissatisfied with their body parts, the lower the self-esteem

For child eating behaviours, the higher the satiety responsiveness ($r$ = -0.126, $p$ = 0.038), the more slowness in eating ($r$ = -0.138, $p$ = 0.023) and the more emotional under-eating ($r$ = -0.148, $p$ = 0.015) were significantly correlated with lower self-esteem of the children. No significant associations were found between age, sex, ethnicity, mothers' education level, body size satisfaction, perceived parenting styles, food fussiness, emotional over-eating, desired to drink, enjoyment of food, food responsiveness and self-esteem among upper primary school children.

In conclusion, it is important to maintain self-esteem in children as it sets the children up for success. Despite of the family background of the children, the self-esteem of the children can be improved by practicing healthy eating behaviours and having positive body image. The factors that may influence the self-esteem of the children should be studied in depth in order to have a better understanding of these associations.

## 5.2 Limitations of the Study

There are several limitations and points to be taken into account while interpreting the findings of the present study. Firstly, the present study was a cross-sectional study which prevents the inference of causality. Secondly, the study location of the present study was relatively small as it only involved the children in Bangsar/ Pudu, Kuala Lumpur. Hence, the findings may not be able to be generalized and reflected the condition in general population.

Besides that, the internal consistency of the Rosenberg Self-esteem Scale used in the present study was considered as poor but acceptable (Kline, 2000; Manerikar &



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Manerikar, 2015) where the Cronbach's α coefficients was 0.52. It reflected that the reliability of the Rosenberg Self-esteem Scale was slightly low. In other words, the Rosenberg Self-esteem Scale used in the present study was difficult to be produced with consistent results. Furthermore, the self-administered questionnaires were used in the current study. The nature of self-administered questionnaire itself depends on the respondents' memory and their honestly in answering the questionnaires.

In addition, the cooperation between parents and researcher. Some of the parents were unwilling to take part in this study as well as they did not return back the questionnaire to be analysed. Hence, it spent more time, money and manpower in order to achieve the minimum sample size of the present study.

## 5.3 Recommendations

In future research, it is recommended to have longitudinal studies conducted in Malaysia. This is due to research with longitudinal design able to determine the real causal-effect between these variables and self-esteem in children. Besides that, it is suggested to wider the area of study to cover the children from different districts or states in Malaysia. Hence, the findings can be have higher precision and be generalized to a broader population of children in Malaysia.

According to the findings of the present study, future intervention programs are suggested to emphasize on advocating healthy eating and healthy body weight status in order to improve the self-esteem of the children. These programs may aim to provide the knowledge on healthy eating behaviours and promote positive body image towards actual



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body weight status in order to achieve high self-esteem among the children. Furthermore, the school counsellors are recommended to focus more on the children who came from single family background and had no formal educated father in improving their self-esteem.

In addition, the insignificant findings in the present study implied that the relationships of self-esteem with other factors such as monthly household income, body weight status and perceived parenting styles are yet to be reconfirmed. Hence, more local studies should be carried out to fill current knowledge gap.

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**References:**


Aday Lu Ann, & Cornelius Llewellyn J. (2006). *Designing and Conducting Health Surveys: A Comprehensive Guide* (3rd editio).

Ajilchi, B., Kargar, F. R., & Ghoreishi, M. K. (2013). Relationship between the parenting styles of overstressed mothers with their children's self esteem. *Procedia - Social and Behavioral Sciences*, *82*, 496–501. https://doi.org/10.1016/j.sbspro.2013.06.299

Andrea, C. H. W. (2011). A study of self-esteem among UTAR psychology students. *International Journal for Educational and Vocational Guidance*, *2*(3), 49–52.

Arens, A. K., & Hasselhorn, M. (2014). *Age and gender differences in the relation between self-concept facets and self-esteem. Journal of Early Adolescence* (Vol. 34). https://doi.org/10.1177/0272431613503216

Ayokunle, A. M., Wuraola, A. G., & Obuchi, D. (2013). Influence of socio-cultural factors on child's upbringing in Oshodi/Isolo local government area of Lagos State, Nigeria. *IFE PsychologIA*, *21*(1), 206–216.

Barker, E. T., & Bornstein, M. H. (2012). Global self-esteem, appearance satisfaction, and self-reported dieting in early adolescence. *The Journal of Early Adolescence*, *80*(4), 631–637. https://doi.org/10.1111/j.1747-0285.2012.01428.x.Identification

Baumeister, R. F., Campbell, J. D., Krueger, J. I., & Vohs, K. D. (2003). Does high self -esteem cause better performance, interpersonal success, happines or healthier lifestyle? *Psychological Science in the Public Interest*, *4*(1), 1–44.

Berge, J. M., Wall, M., Bauer, K. W., & Neumark-Sztainer, D. (2010). Parenting characteristics in the home environment and adolescent overweight: A latent class analysis. Obesity, 18(4), 818-825. doi: 10.1038/oby.2009.324

Birch, L., Savage, J. S., & Ventura, A. (2007). Influences on the development of children's eating behaviours: From infancy to adolescence. *Canadian Journal of Dietetic Practice and Research : A Publication of Dietitians of Canada = Revue Canadienne de La Pratique et de La Recherche En Dietetique : Une Publication Des Dietetistes Du Canada*, *68*(1), 1–11. https://doi.org/10.1097/MD.0000000000000215

Braet, C., O'Malley, G., Weghuber, D., Vania, A., Erhardt, É., Nowicka, P., … Ardelt-Gattinger, E. (2014). The assessment of eating behaviour in children who are obese: A psychological approach. A position paper from the european childhood obesity group. *Obesity Facts*, *7*(3), 153–164. https://doi.org/10.1159/000362391

Brann, E. (2017). *Well-being , body perception and weight status in young Swedes*.

Brown, J. D., & Marshall, M. A. (2006). *The three faces of self-esteem. Self-esteem: Issues and answers.*

Chin, Y.S. (2005). *Overweight and normal-weight female adolescents: comparison of body image, dietary practice and physical activity thesis*. Universiti Putra Malaysia, Serdang, Malaysia.

Choi, J. H., & Kim, K. E. (2014). The relationship between self-esteem, body image and eating attitudes of children accessing community child centers. *International Journal of Bio-Science and Bio-Technology*, *6*(4), 211–222. https://doi.org/10.14257/ijbsbt.2014.6.4.20

Collins, M. E. (1991). *Body Figure Perceptions and Preferences Among Preadolescent Children. International Journal of Eating Disorders* (Vol. 10). https://doi.org/10.1002/1098-108X(199103)10:2<199::AID-EAT2260100209>3.0.CO;2-D

Conrade, G., & Ho, R. (2001). Differential parenting styles for fathers and mothers. *Australian Journal of Psychology*, *53*(1), 29–35. https://doi.org/10.1080/00049530108255119

Costa, L. da C. F., Silva, D. A. S., Alvarenga, M. dos S., & De Vasconcelos, F. D. A. G. (2016). Association between body image dissatisfaction and obesity among school children aged 7-10 years. *Physiology and Behavior*, *160*, 6–11. https://doi.org/10.1016/j.physbeh.2016.03.022

Croll, J. (2005). Body image and adolescents. *Guidelines for Adolescent Nutrition Services*, 155–166.

Elias, H., & Huey Yee, T. (2009). *Relationship between perceived paternal and maternal parenting styles and student academic achievement in selected secondary schools. European Journal of Social Sciences* (Vol. 9).

Fawzy, N., & Fouad, A. (2010). Psychosocial and developmental status of orphanage children: epidemiological study. *Current Psychiatry*, *17*(2), 41–48.

Fu, M. L., Cheng, L., Tu, S. H., & Pan, W. H. (2007). Association between unhealthful eating patterns and unfavorable overall school performance in children. *Journal of the American Dietetic Association*, *107*(11), 1935–1943. https://doi.org/10.1016/j.jada.2007.08.010

Gan, W. Y., Nasir, M. T. M., Siti, A. H., & Zalilah, M. S. (2012). Validity and reliability of the multidimensional body image scale in Malaysian university students. *Malaysian Journal of Nutrition*, *18*(3), 295–306.

Golan, M., & Crow, S. (2004). Targeting parents exclusively in the treatment of childhood obesity: Long-term results. *Obesity Research*, *12*(2), 357–361. https://doi.org/10.1038/oby.2004.45



© COPYRIGHT UPM

Hasnain, N., Faraz, B., & Adlakha, P. (2013). Self-esteem and happiness of children and mothers of different parental authority. *The International Journal Of Humanities & Social Studies*, *1*(3), 1–6.

Herle, M., Fildes, A., Steinsbekk, S., Rijsdijk, F., & Llewellyn, C. H. (2017). Emotional over- and under-eating in early childhood are learned not inherited. *Scientific Reports*, *7*(1), 1–9. https://doi.org/10.1038/s41598-017-09519-0

Hoare, P., & Cosgrove, L. (1998). Eating habits, body-esteem and self-esteem in scottish children and adolescents. *Journal of Psychosomatic Research*, *45*(5), 425–431. https://doi.org/10.1016/S0022-3999(98)00025-7

Hong, O. S., Long, C. S., & Abdull Rahman, R. H. (2015). An analysis on the relationship between parenting styles and self esteem of students of a university in Malaysia: A case study. *Mediterranean Journal of Social Sciences*, *6*(4), 300–310. https://doi.org/10.5901/mjss.2015.v6n4s3p300

Huang, L., Tao, F. B., Wan, Y. H., Xing, C., Hao, J., Su, P. Y., & Xing, X. Y. (2009). *Self-reported weight status rather than BMI may be closely related to psychopathological symptoms among Mainland Chinese adolescents*. *Journal of tropical pediatrics* (Vol. 57). https://doi.org/10.1093/tropej/fmp097

Hulley SB, Cummings SR, Browner WS, Grady D, Newman TB. Designing clinical research: an epidemiologic approach. 4th ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2013. Appendix 6C, page 79.

Jamil, M. (2006). Validity and reliability study of Rosenberg Self-esteem Scale in Seremban school children. *Malaysian Journal of Psychiatry*, *15*(2), 35–39.

Koay, C. Y. (1998). *Imej tubuh dan amalan pemakanan di kalangan remaja sekolah di Ipoh. Bachelor in Science thesis(Pemakanan dan Kesihatan Komuniti). Universiti Putra Malaysia, Serdang, Malaysia.*

Kline, P. (2000) Handbook of psychological testing. *New York: Routledge.*

Lee, J., & Yen, C. (2014). Associations between body weight and depression , social phobia , insomnia , and self-esteem among Taiwanese adolescents. *Kaohsiung Journal of Medical Sciences*, *30*(12), 625–630. https://doi.org/10.1016/j.kjms.2014.09.005

Lee, P. Y., Cheah, W. ., Chang, C. T., & Siti, G. (2012). Childhood obesity, self-esteem and health-related quality of life among urban primary schools children in Kuching, Sarawak, Malaysia. *Malaysian Journal of Nutrition*, *18*(2), 207.

Loh, D. A., Moy, F. M., Zaharan, N. L., & Mohamed, Z. (2013). Eating behaviour among multi-ethnic adolescents in a middle-income country as measured by the self-reported children's eating behaviour questionnaire. *PLoS ONE*, *8*(12), 1–12. https://doi.org/10.1371/journal.pone.0082885

Lysaker, P. H., Roe, D., & Yanos, P. T. (2007). Toward understanding the insight paradox: Internalized stigma moderates the association between insight and social functioning, hope, and self-esteem among people with schizophrenia spectrum disorders. *Schizophrenia Bulletin*, *33*(1), 192–199. https://doi.org/10.1093/schbul/sbl016

Manerikar, V., & Manerikar, S. (2015). Cronbach's alpha. *A Peer Reviewed Research Journal*, *XIX*(1), 117–119. https://doi.org/10.1007/bf02310555.

Mann, M. (Michelle), Hosman, C. M. H., Schaalma, H. P., & Vries, N. K. de. (2004). Self-esteem in a broad-spectrum approach for mental health promotion. *Health Education Research*, *19*(4), 357–372. https://doi.org/10.1093/her/cyg041

Martínez, I., García, J. F., & Yubero, S. (2007). Parenting styles and adolescents' self-esteem in Brazil. *Psychological Reports*, *100*(3), 731–745. https://doi.org/10.2466/pr0.100.3.731-745

Martyn-Nemeth, P., Penckofer, S., Gulanick, M., Velsor-Friedrich, B., & Bryant, F. B. (2009). The relationships among self-esteem, stress, coping, eating behavior, and depressive mood in adolescents. *Research in Nursing and Health*, *32*(1), 96–109. https://doi.org/10.1002/nur.20304

Mendiratta, P. (2014). Child obesity and self esteem: A co-relational study. *Department of Psychology, School of Liberal Studies, Pandit Deendayal Petroleum University*, *78*. https://doi.org/10.7763/IPEDR.

Moghaddam, M. F., Validad, A., Rakhshani, T., & Assareh, M. (2017). Child self-esteem and different parenting styles of mothers: a cross-sectional study. *Archives of Psychiatry & Psychotherapy*, *19*(1), 37–42. https://doi.org/10.12740/APP/68160

Mohammadzadeh, M., Awang, H., Kadir Shahar, H., & Ismail, S. (2017). Emotional health and self-esteem among adolescents in Malaysian orphanages. *Community Mental Health Journal*, *0*(0), 1–9. https://doi.org/10.1007/s10597-017-0128-5

Montoya, C., Boursaw, B., Tigges, B., & Lobo, M. L. (2016). Mirror , mirror on the wall : Children ' s preferences and self-perceptions of weight in a rural Hispanic community. *Journal of Pediatric Health Care*, *30*(6), 528–534. https://doi.org/10.1016/j.pedhc.2015.11.010

Mushtaq, S., & Akhouri, D. (2016). Self esteem, anxiety, depression and stress among physically diasable people. *The International Journal of Indian Psychology ISSN*, *3128*(64), 2348–5396. Retrieved from http://www.ijip.in

Narimani, M., & Mousazadeh, T. (2010). Comparing self-esteem and self-concept of handicapped and normal students. *Procedia - Social and Behavioral Sciences*, *2*(2), 1554–1557. https://doi.org/10.1016/j.sbspro.2010.03.234

Nelson, T. D., Jensen, C. D., & Steele, R. G. (2011). Weight-related criticism and self-

perceptions among preadolescents. *Journal of Pediatric Psychology*, *36*(1), 106–115.

Neumark-Sztainer, D., Story, M., Hannan, P., & Moe, J. (2002). Overweight status and eating patterns among adolescents: Where do youth stand in comparison to the Healthy People 2010 Objectives? *American Journal of Public Health*, 92(5), 844-851.

Neumark-Sztainer, D., Story, M., Hannan, P. J., Perry, C. L., & Irving, L. M. (2002). Weight-related concerns and behaviors among overweight and non- overweight adolescents: Implications for preventing weight-related disorders. *Archives of Pediatrics and Adolescent Medicine*, 156(2), 171-178. doi: 10.1001/archpedi.156.2.171

Neumark-Sztainer, D., Wall, M., Story, M., & Perry, C. (2003). Correlates of unhealthy weight control behaviors among adolescent girls and boys: Implications for prevention programs. Health Psychology, 22(1), 88-98. doi: 10.1037/0278-6133.22.1.88

Nikoogoftar, M., & Seghatoleslam, S. (2015). The role of parenting styles in predicting adolescent behavioral and emotional problems. *Practice in Clinical Psychology*, *3*(1), 23–30.

Northup, T., & Liebler, C. M. (2010). The good, the bad, and the beautiful. *Journal of Children and Media*, *4*(3), 265–282. https://doi.org/10.1080/17482798.2010.496917

Ong, S. C. (2015). Factorial validity of Child Eating Behaviour Questionnaire (CEBQ) and its relationship with weight status in Malaysian children [master's thesis]. Kuala Lumpur, Malaysia: Universiti Kebangsaan Malaysia.

Orth, U., Robins, R. W., & Conger, R. D. (2014). Is low self-esteem a risk factor for depression? Findings from a longitudinal study of Mexican-origin youth. *Developmental Psychology*, *50*(2), 622–633. https://doi.org/10.1037/a0033817.Is

Paxton, H. L. (2005). The effects of childhood obesity on self-esteem. Retrieved from http://mds.marshall.edu/etd

Pisitsungkagarn, K., Taephant, N., & Attasaranya, P. (2014). Body image satisfaction and self-esteem in Thai female adolescents: The moderating role of self-compassion. *International Journal of Adolescent Medicine and Health*, *26*(3), 333–338. https://doi.org/10.1515/ijamh-2013-0307

Puhl, R. M., & Latner, J. D. (2007). Stigma, obesity, and the health of the nation's children. *Psychological Bulletin*, *133*(4), 557–580. https://doi.org/10.1037/0033-2909.133.4.557

Rathakrishnan, B., & Chuen, L. Y. (1930). *Body image perception among multi-ethnic*

*male university students*. University Malaysia Sabah, Sabah.

Rizwan, M., & Ahmad, R. (2015). Self-esteem deficits among psychiatric patients. *SAGE Open*, *5*(2). https://doi.org/10.1177/2158244015581649

Robins, R. W., & Trzesniewski, K. H. (2005). Self-esteem development across the lifespan. *Current Directions in Psychological Science*, *14*(3), 158–162. https://doi.org/10.1111/j.0963-7214.2005.00353.x

Rosenberg M (1965). Society and the Adolescent Self-image. Princeton University Press, Princeton, NJ.

Şahin, E., Barut, Y., Ersanli, E., & Kumcağız, H. (2014). Self-esteem and social appearance anxiety: An investigation of secondary school students. *J. Basic. Appl. Sci. Res*, *4*(3), 152–159.

Şahin, E., Barut, Y., & Ersanlı, E. (2013). Parental education level positively affects self-esteem of Turkish adolescents. *Journal of Education and Practice*, *4*(20), 87–97. Retrieved from http://files.eric.ed.gov/fulltext/ED555409.pdf

Scott, J. (2004). Family, gender, and educational attainment in Britain: A longitudinal study. *Journal of comparative family studies (Vol. 35).*

Sherina, M. S., Rampal, L., Loh, J. W., Chan, C. L., Teh, P. C., & Tan, P. O. (2008). Self-esteem and its associated factors among secondary school students in Klang district , Selangor. *Med J Malaysia*, *63*(1), 26–30.

Simko, M. D., Cowell, C., & Hreha, M. (1989). *Practical nutrition: A quick reference for the health care practitioner*. Aspen Publishers, Rockville, p282-286.

Tagliabue, S., Olivari, M. G., Bacchini, D., Affuso, G., & Confalonieri, E. (2014). Measuring adolescents ' perceptions of parenting style during childhood : Psychometric properties of the parenting styles and dimensions questionnaire. *Psychology: Theory and Research*, *30*(3), 251–258. https://doi.org/10.1590/S0102-37722014000300002

Tam, C., Chong, A., Kadirvelu, A., & Khoo, Y. (2012). Parenting styles and self-efficacy of adolescents: Malaysian scenario. *Global Journal of Human Social Science*, *12*(14), 19–25.

Tay, C. W., Chin, Y. S., Lee, S. T., Khouw, I., & Poh, B. K. (2016). Association of eating behavior with nutritional status and body composition in primary school–aged children. *Asia Pacific Journal of Public Health*, *28*(5_suppl), 47S–58S. https://doi.org/10.1177/1010539516651475

Thompson, J. K. (1999). *Exacting beauty: Theory, assessment, and treatment of body image disturbance*. American Psychological Association. Retrieved from https://books.google.com.my/books?id=rkiNQgAACAAJ

Tong, L., Shi, H., & Li, X. (2017). Associations among ADHD, abnormal eating and overweight in a non-clinical sample of Asian children. *Scientific Reports*, *7*(1), 2–9. https://doi.org/10.1038/s41598-017-03074-4

Trzesniewski, K. H., Donnellan, M. B., & Robins, R. W. (2003). Stability of self-esteem across the life span stability of self-esteem across the life span. *Journal of Personality and Social Psychology*, *84*(FEBRUARY 2003), 205–220. https://doi.org/10.1037/0022-3514.84.1.205

Uba, I., Yaacob, S. N., Juhari, R., & Talib, M. A. (2010). Effect of self-esteem on the relationship between depression and bullying among teenagers in Malaysia. *Canadian Center of Science and Education*, *6*(12), 77–86. https://doi.org/10.5539/ass.v6n12p77

Wardle, J., Guthrie, C. A., Sanderson, S., & Rapoport, L. (2001). Development of the Children's Eating Behaviour Questionnaire. *Journal of Child Psychology and Psychiatry*, *42*(7), 963–970. https://doi.org/10.1111/1469-7610.00792

Wong, W. W., Mikhail, C., Ortiz, C. L., Lathan, D., Moore, L. A., Konzelmann, K. L., & Smith, E. O. (2014). Body weight has no impact on self-esteem of minority children living in inner city, low-income neighborhoods: A cross-sectional study. *BMC Pediatrics*, *14*(1), 19. https://doi.org/10.1186/1471-2431-14-19

World Health Organization (WHO). (2007). *Growth reference 5-19 years*.

Wu, X., Kirk, S. F. L., Ohinmaa, A., & Veugelers, P. (2016). Health behaviours, body weight and self-esteem among grade five students in Canada. *SpringerPlus*, *5*(1), 1099. https://doi.org/10.1186/s40064-016-2744-x

Yazdani, S., & Daryei, G. (2016). Parenting styles and psychosocial adjustment of gifted and normal adolescents. *Pacific Science Review B: Humanities and Social Sciences*, *2*(3), 100–105. https://doi.org/10.1016/j.psrb.2016.09.019

Zainuddin, A. A., Manickam, M. A., Baharudin, A., Omar, A., Cheong, S. M., Ambak, R., ... Ghaffar, S. A. (2014). Self-perception of body weight status and weight control practices among adolescents in Malaysia. *Asia Pacific Journal of Public Health*, *26*(5_suppl), 18S–26S. https://doi.org/10.1177/1010539514542422

Zhang, X. Y., Li, D. M., Xu, D. D., & Zhou, L. S. (2016). Obese chinese primary-school students and low self-esteem: A cross-sectional study. *Iranian Journal of Pediatrics*, *26*(4). https://doi.org/10.5812/ijp.3777

Zinovyeva, E. V, Kazantseva, T. V, & Nikonova, A. N. (2016). Self-esteem and loneliness in Russian adolescents with body dissatisfaction. *Procedia - Social and Behavioral Sciences*, *233*(May), 367–371. https://doi.org/10.1016/j.sbspro.2016.10.160

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# APPENDICES

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# Appendix A

## Sample Size Determination

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In this study, the sample size for each variable (body weight status, body image perception, child eating behaviors and parenting style) has been calculated. The minimum sample size needed in this study is determined by using the following formula (Hulley, Cummings, Browner, Grady, & Newman, 2013):

$N = [(Z_\alpha + Z_\beta) / C]^2 + 3$

$C = 0.5 * \ln [(1+r) / (1-r)]$

where

The standard normal deviate for $\alpha = Z_\alpha = 1.96$

The standard normal deviate for $\beta = Z_\beta = 0.84$

r = The expected correlation coefficient

The sample size calculation for each variable have shown as the following:

1) **To determine the correlation of body weight status (BMI-for-age) with self-esteem among upper primary school children in Kuala Lumpur.**

$N = [(Z_\alpha + Z_\beta) / C]^2 + 3$

$C = 0.5 * \ln [(1+r) / (1-r)]$

where

The standard normal deviate for $\alpha = Z_\alpha = 1.96$

The standard normal deviate for $\beta = Z_\beta = 0.84$

r = The expected correlation coefficient (-0.359) (Mendiratta, 2014)

$C = 0.5 * \ln [(1+0.359 / (1-0.359)]$

$= 0.3757$



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$N = [(1.96 + 0.84) / 0.3757]^2 + 3$

$= 58.54$

$\approx 59$ respondents

**2) To determine the correlation of body image perception with self-esteem among upper primary school children in Kuala Lumpur.**

- Body weight perception

$N = [(Z_\alpha + Z_\beta) / C]^2 + 3$

$C = 0.5 * \ln [(1+r) / (1-r)]$

where

The standard normal deviate for $\alpha = Z_\alpha = 1.96$

The standard normal deviate for $\beta = Z_\beta = 0.84$

r = The expected correlation coefficient (0.559) (Lee, Ahn, & Choi, 2015)

$C = 0.5 * \ln [(1+0.559) / (1-0.559)]$

$= 0.6314$

$N = [(1.96 + 0.84) / 0.6314]^2 + 3$

$= 22.67$

$\approx 23$ respondents

- Body perception and satisfaction

$N = [(Z_\alpha + Z_\beta) / C]^2 + 3$

$C = 0.5 * \ln [(1+r) / (1-r)]$

where



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The standard normal deviate for α $= Z_\alpha = 1.96$

The standard normal deviate for β $= Z_\beta = 0.84$

r = The expected correlation coefficient (0.58) (Choi & Kim, 2014)

C = 0.5 * In [(1+0.58) / (1-0.58)]

= 0.6625

N = $[(1.96 + 0.84) / 0.6625]^2 + 3$

= 20.86

≈ 21 respondents

**3) To determine the correlation of children eating behavior with self-esteem among upper primary school children in Kuala Lumpur.**

N = $[(Z_\alpha + Z_\beta) / C]^2 + 3$

C = 0.5 * In [(1+r) / (1-r)]

where

The standard normal deviate for α $= Z_\alpha = 1.96$

The standard normal deviate for β $= Z_\beta = 0.84$

r = The expected correlation coefficient (0.39) (Shariff & Yasin, 2005)

C = 0.5 * In [(1+0.39) / (1-0.39)]

= 0.4118

N = $[(1.96 + 0.84) / 0.4118]^2 + 3$

= 49.23

≈ 50 respondents



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# Appendix B

## Ethical Approval from Ethics Committee for Research Involving Human Subjects of Universiti Putra Malaysia (JKEUPM)

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**ETHICS COMMITTEE FOR RESEARCH INVOLVING HUMAN SUBJECTS**
**(JKEUPM)**
**UNIVERSITI PUTRA MALAYSIA**

| | | |
|---|---|---|
| **Research title** | : | **Associations of Nutritional and Socio-cultural Factors with Self-esteem Among Upper Primary School Children in Kuala Lumpur** |
| **Study Site** | : | **Kuala Lumpur** |
| **JKEUPM Ref No.** | : | **JKEUPM-2017-169** |
| **Researcher** | : | **Yong Tze Ying** |
| **Supervisor** | : | **Dr. Chin Yit Siew** |

**Documents received and reviewed with reference to the above study:**

1. Ethics Application Form, Version 1 dated 13/10/2017
2. Respondent Information Sheet & Guardian's/Parent's Consent (Malay), Version 2 dated 25/10/2017
3. Respondent Information Sheet & Consent (Malay ), Version 2 dated 25/10/2017
4. Respondent Information Sheet & Guardian's/Parent's Consent (Chinese), Version 1 dated 13/10/2017
5. Respondent Information Sheet & Consent (Chinese ), Version 1 dated 13/10/2017
6. Respondent Information Sheet & Guardian's/Parent's Consent (Indian), Version 1 dated 13/10/2017
7. Respondent Information Sheet & Consent (Indian), Version 1 dated 13/10/2017
8. Proposal (English), Version 2 dated 27/11/2017
9. Questionnaire (Malay-Students), Version 1 dated 13/10/2017
10. Questionnaire (Chinese-Students), Version 1 dated 13/10/2017
11. Questionnaire (Indian-Students), Version 1 dated 13/10/2017
12. Questionnaire (Malay-Guardian's/ Parent's), Version 1 dated 13/10/2017
13. Questionnaire (Chines-Guardian's/Parent's), Version 1 dated 13/10/2017
14. Questionnaire (Indian-Guardian's/Parent's), Version 1 dated 13/10/2017
15. Curriculum Vitae of:
    a. Dr. Chin Yit Siew

**The University Research Ethics Committee, Universiti Putra Malaysia (JKEUPM) operates in accordance to the ICH-GCP Guidelines.**

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# Appendix C

## Approval Letter from Ministry of Education (MOE)

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# Appendix D

## Approval Letter from Kuala Lumpur

## Federal Territory Education

## Department

## (JPWPKL)

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# Appendix E

## Approval Letter from Selected Primary Schools

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# Appendix F

## Respondent's Information Sheet and Consent

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**JAWATANKUASA ETIKA UNIVERSITI UNTUK PENYELIDIKAN MELIBATKAN MANUSIA (JKEUPM)**
**UNIVERSITI PUTRA MALAYSIA, 43400 UPM SERDANG, SELANGOR, MALAYSIA**

**BORANG 2.4: PENERANGAN DAN PERSETUJUAN RESPONDEN (Murid)**

Sila baca maklumat berikut dengan teliti. Sekiranya anda mempunyai sebarang pertanyaan, sila kemukakan kepada penyelidik.

**1.TAJUK KAJIAN**

Perkaitan antara faktor-faktor pemakanan dan sosio-budaya dengan harga diri dalam kalangan murid sekolah rendah di Kuala Lumpur.

**2. PENGENALAN**

Harga diri merupakan penilaian individu terhadap diri sendiri, iaitu melalui sikap terhadap dirinya. Harga diri memainkan peranan yang penting untuk kesihatan dan kualiti hidup seseorang individu. Harga diri mempunyai banyak kesan terhadap kesihatan seseorang tidak kira dari segi kesihatan fizikal, mental atau sosial. Dari kajian terdahulu, faktor-faktor pemakanan dan sosio-budaya menyumbang kepada harga diri kepada orang dewasa dan remaja. Namun, kajian sebegitu tidak kepada kanak-kanak. Oleh itu, tujuan kajian ini adalah untuk mengkaji hubungan antara faktor sosio-demografi, status berat badan, imej tubuh badan, tingkah laku pemakanan kanak-kanak dan faktor sosio-budaya dengan harga diri dalam kalangan murid sekolah rendah di Kuala Lumpur.

Kajiaan ini akan melibatkan 300 murid-murid dari 3 sekolah rendah terpilih di Kuala Lumpur. Kajian ini dijangka akan lengkap dalam satu tahun yang mana penyertaan anda dalam kajian ini adalah lebih kurang 30 minit. Penyertaan anda dalam kajian ini adalah secara sukarela. Anda berhak menarik diri dari kajian ini pada bila-bila masa tanpa sebarang denda.

Kajian ini telah diluluskan oleh Panel Semakan Etika, Jawatankuasa Etika Universiti untuk Penyelidikan Melibatkan Manusia (JKEUPM).

**3. APAKAH YANG PERLU ANDA LAKUKAN?**

Anda perlu membaca "Helaian Penerangan Kajian" dan menandatangani "Borang Persetujuan Penyertaan (Pelajar)". Anda juga perlu mengedarkan "Borang Penerangan dan Persetujuan Ibu Bapa/ Penjaga" dan "Borang Soal Selidik Ibu/ Bapa/ Penjaga" kepada ibu bapa atau penjaga anda, dan menghantar balik borang-borang yang dilengkapkan oleh ibu bapa/ penjaga anda kepada penyelidik.

Berat badan dan ketinggian anda akan diukur oleh penyelidik. Anda perlu melengkapkan satu set Borang Soal Selidik. Setelah lengkap, sila hantar borang tersebut kepada guru kelas anda.

**4. SIAPA YANG TIDAK BOLEH MENYERTAI KAJIAN INI?**

Kanak-kanak yang mempunyai kekurangan upaya dari segi fizikal dan mental.

**5. APAKAH FAEDAH MENYERTAI KAJIAN INI?**

**a) KEPADA ANDA SEBAGAI PESERTA?**

Anda akan mengetahui maklumat tentang status berat badan anda. Setelah kajian ini lengkap, cenderahati akan diberikan kepada anda sebagai tanda penghargaan atas penyertaan dalam kajian ini.

**b) KEPADA PENYELIDIK?**

Hasil kajian ini dapat memberi maklumat tentang isu harga diri semasa dan faktor-faktor pemakanan dan sosio-budaya yang berkaitan dengan harga diri dalam kalangan murid sekolah rendah supaya dapat menyediakan program kesihatan yang berkesan untuk menigkatkan harga

diri murid sekolah rendah pada masa depan.

**6. ADAKAH IA BERISIKO?**
Kajian ini mempunyai risiko yang minima di mana ia hanya melibatkan ukuran antropometri dan borang soal selidik.

**7. ADAKAH MAKLUMAT DAN IDENTITI SAYA KEKAL RAHSIA?**
Semua maklumat yang diberikan akan dirahsiakan dan digunakan untuk tujuan akademik sahaja.

**8. SIAPA YANG SAYA PERLU HUBUNGI SEKIRANYA SAYA MEMPUNYAI SOALAN TAMBAHAN SEMASA MENGIKUTI PENYELIDIKAN INI?**
Jika anda mempunyai sebarang pertanyaan mengenai kajian ini, anda boleh menghubungi Yong Tze Ying melalui (H/P) 016-9796950 atau emel ke yongtzeying0327@gmail.com atau penyelia penyelidik, Dr Chin Yit Siew melalui (pejabat) 03-89472680 atau emel ke chinys@upm.edu.my.

Jika anda mempunyai sebarang soalan mengenai hak anda sebagai responden dalam kajian ini, sila hubungi: Jawatankuasa Etika Universiti untuk Penyelidikan Melibatkan Manusia (JKEUPM) melalui (pejabat) 0389471601 atau emel ke dir.rmc@upm.edu.my.

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*Sila tandatangan di sini sekiranya anda telah membaca dan memahami kandungan halaman ini*

_____

**9. PERSETUJUAN**

Saya..... No Kad Pengenalan. .....
beralamat.....
.....dengan ini bersetuju untuk mengambil bahagian secara sukarela dalam penyelidikan yang tersebut di atas *(kajian klinikal/percubaan ubat-ubatan/rakaman video/kumpulan sasaran/temuduga/ soal selidik).

Saya telah diberi penjelasan secara menyeluruh mengenai penyelidikan ini dari segi metodologi, risiko dan komplikasi (seperti tertulis pada Helaian Penerangan Responden). Saya memahami bahawa saya berhak menarik diri dari penyelidikan ini pada bila-bila masa tanpa memberi sebarang alasan.Saya juga memahami bahawa sebarang maklumat yang berkaitan identiti saya akan dirahsiakan.

Saya* berminat / tidak berminat untuk mengetahui keputusan kajian yang melibatkan saya.

I setuju/tidak bersetuju untuk imei/gambar/rakaman video/ rakaman suara digunakan dalam apa jua bentuk penerbitan atau pembentangan. (sekiranya berkaitan).

*potong yang tidak berkenaan

Tandatangan .....
(*Responden*)

Tandatangan .....
(*Saksi*)

Tarikh :.....

Nama :.....

No. K/P: .....

Saya mengesahkan bahawa saya telah menerangkan kepada responden ini sifat dan tujuan penyelidikan yang tersebut di atas.

Tarikh .....

Tandatangan .....
(*Penyelidik*)



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SELANGOR, MALAYSIA

**2.4 : 参与者说明书 (学生)**

请仔细阅读以下资料。 如有任何疑问， 请询问研究员。

**1. 研究标题:**

吉隆坡小学生：营养和社会文化因素与自尊之间的关联。

**2. 介绍:**

自尊被定义为对自我的评价，是个人对自己的态度表达。 此外，自尊被视为是健康与生活质量的重要心理预测因素。它对身体的健康有很多的影响，无论是在身心健康方面。从文献评论来看，营养和社会文化因素有助于成年人和青少年的自尊心。然而，这些研究在小孩中是有限的。因此，这项研究的目的是要确认吉隆坡华小的学生的人口和社会经济背景、体重状况、身体形象、孩子的进食行为和社会文化因素与自尊之间的关系。

这项研究将涉及 300 位来自 3 间被拣选的吉隆坡小学学生。此研究估计将在一年内完，而您的参与在此研究约 30 分钟。 您的参与是自愿的。 您有权随时退出本研究并不受任何惩罚。

这项研究得到了来自 *Jawatankuasa Etika Universiti untuk Penyelidikan Melibatkan Manusia*（*JKEUPM*）的伦理审查小组的批准。

**3. 您需要做些什么?**

您必须阅读此“参与者说明书“。您也必须将“参与者父母/监护人说明书”交于给您的父母/监护人及提交回已被您的父母/监护 人已签署的“同意书（家长/监护人）”。

研究员将测量您的身高和体重。此外，您需要填写一份调查问卷。填妥后，请交回给班主任。

**4. 谁不能参与此项研究?**

任何有身心残缺的学生。

**5. 参与此项研究的好处:**

**(a)对参与者的您?**

您能了解自己的的体重状况。一旦此研究完成，您将获得纪念品作为奖励，以感谢您在此项研究的参与。

**(b)对研究员?**

此项研究的结果可以提供有关现今小学生的自尊问题及营养和社会文化因素与自尊之间的关联，以制定有效的改良 计划和保健方案来提升学生的自尊心。

**6. 有没有任何潜在风险?**

此项研究将会带来少许风险，因涉及人体测量和问卷调查。

**7. 您的资料和身份是否会被保密？**
您的所有资料将完全被保密，相关资料只用于此项研究。

**8. 如果您在此评估中有任何疑问的话，您可以向谁询问详情呢？**
您有任何疑问，请联络杨诗盈（016-9697950）或电邮至 yongtzeying0327@gmail.com 或研究员的导师陈奕绣博士（03-89472680）或电邮至 chinys@upm.edu.my。

如果您对作为本研究调查对象的权利有任何疑问，请联络 *Jawatankuasa Etika Universiti untuk Penyelidikan Melibatkan Manusia (JKEUPM)*（0389471601）或邮件至 dir.rmc@upm.edu.my 。

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**若您已阅读且明白内容，请在此签名 _____**

**9. 参与者情愿通知书**

本人……身份证号码……
地址……
……
在此同意自愿参与此项问卷调查研究。

本人已经被给予详细的解释有关此项问卷调查的方法，可能发生的负面影响和危险（如解说书所说明）。本人明白自己无论在任何时候都有权利无条件推出此项研究。本人也明白所有有关自己身份的资料都将被保密。

我* 希望 / 不希望被告知有关我的调查结果。

我* 同意 / 不同意我的资料被用于报告或发表用途。

* 请把无关的删掉

签名：…… 签名：……
（参与者） （见证人）

日期：…… 姓名：……
身份证号：……

我再次证实我已经向参与者解释此项研究的情形和目的。

日期：…… 签名：……
（研究者）

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SELANGOR, MALAYSIA

# வடிவம் 2.4: பதிலளித்தவர்களின் விளக்கங்களும் ஒப்புதல்களும்

பின்வரும் தகவல்களை கவனமாக படிக்கவும்இ நீங்கள் உங்கள் ஆராய்ச்சியாளர் கொண்ட ஏதேனும் கேள்விகள் விவாதிக்க தயங்க வேண்டாம்.

## 1. தலைப்பு ஆய்வு

கோலாலும்பூர் ஆரம்ப பள்ளி மாணவர்களின் உணவு பழக்கத்துடன் கூடிய சுய மரியாதைக்கும் அவர்களின் கலாச்சாரத்திற்கும் இடையே உள்ள தொடர்பு.

## 2. அறிமுகம்

சுய மரியாதை என்பது ஒரு மனிதனின் பழக்க வழக்கங்களின் மூலம் தன்னைத் தானே செய்துக்கொள்ளும் சுய மதிப்பீடாகும். சுய மரியாதை ஒருவரின் உளவியல்இ உடல் நலத்திலும்இ வாழ்க்கை தரத்திலும் முக்கிய அம்சமாக திகழ்கிறது. ஒரு மனிதனின் சுயமதிப்பு அவனின் உடல்இ மன மற்றும் உணர்ச்சி ரீதியாக பல்வேறு விளைவுகளை ஏற்படுத்துகிறது. ஆய்வறிக்கைகளின் படிஇ கலாச்சாரம் மற்றும் உணவு பழக்கங்கள் பெரியவர்கள் மற்றும் இளைஞர்களின் சுய மரியாதைக்கு பல விளைவுகளை ஏற்படுத்துகிறது. ஆனால்இ சிறார்கள் மத்தியில் இது போன்ற விஷயங்கள் பாதிப்பை ஏற்படுத்துவதில்லை என ஆய்வு குறிப்பிடுகிறது. ஆகையால்இ கோலாலும்பூர் ஆரம்ப பள்ளி மாணவர்களுக்கிடையே கலாச்சாரம் உணவு பழக்கங்கள் உடல் எடை போன்ற காரணங்களுக்கும் தன் மதிப்பிற்கும் உள்ள தொடர்பை அறிய இந்த ஆராய்ச்சி மேற்கொள்ளப்படுகிறது.

கோலாலும்பூரில் குறிப்பிட்ட 3 தொடக்கப் பள்ளியிலிருந்து 300 மாணவர்களைத் தேர்வு செய்து இந்த ஆராய்ச்சி மேற்கொள்ளப்படும். முழு ஆய்வு 1 ஆண்டு நடத்தப்படும்இ ஆனால் உங்களின் பங்கு 30 நிமிடங்கள் மட்டுமே. இந்த ஆய்வில் உங்களின் பங்கு முழுவதும் தன்னார்வ முறையே ஆகும். இந்த ஆய்விலிருந்து எந்த நேரத்திலும் விலகிக் கொள்ள உங்களுக்கு முழு உரிமை உண்டு.

இந்த ஆய்வு ˚யநெட ளுநஅயமயஎ நுவமையஇ துயறயவயமெரயளய நுவமைய ருளைநசளவைவை ரவெரம ˚நலெநடனைமையஎ ஆநடடையவமயஎ ஆயரெளயை (துமுநுருஆ) இன் அனுமதியுடன் மேற்கொள்ளப்படுகிறது.

## 3. நீங்கள் என்ன செய்ய வேண்டும்?

நீங்கள் இந்த விளக்கப்படிவங்களைப் படித்து அதன் உள்ளடக்கங்களை நன்கு புரிந்து கொள்ள வேண்டும். மேலும்,இந்த ஆய்வில் உங்கள் குழந்தையின் பங்கேற்பை உறுதி செய்ய (பெற்றோர்/பாதுகாவலர்) பங்கேற்பு ஒப்பந்த பாரத்தில் கையெழுத்திட வேண்டும். அந்த பாரத்தை வகுப்பாசிரியர்கள் மூலம் ஆய்வு மேற்கொள்பவரிடம் ஒப்படைக்க வேண்டும்.

இந்த ஆய்வில் பங்கேற்க நீங்கள் உடன்பட்டால் , பெற்றோர்கள் ஒரு ஆய்வறிக்கை கேள்வித்தாளைப் பூர்த்தி செய்ய(பெற்றோர்/பாதுகாவலர்). பூர்த்தி செய்த பிறகு, அந்த அறிக்கையை வகுப்பாசிரியரிடம் உங்கள் குழந்தை மூலம் ஒப்படைக்கவும்.

உங்கள் குழந்தையின் எடையையும் உயரத்தையும் ஆய்வாளர் குறித்துக் கொள்வார். உங்கள் ஓர் ஆய்வறிக்கை கேள்வித்தாளினைப் பூர்த்தி செய்ய வேண்டும் (மாணவர்).

## 4. உலக சுகாதார ஆய்வு நுழையாது வேண்டும்?

உடல் மற்றும் மன ரீதியில் குறைபாடுகள் உள்ள குழந்தைகள்

## 5. என்ன ஆய்வு நன்மைகள் இருக்கும்?

### a) பொருள் உங்களுக்கு?

உங்கள் எடையைப் பற்றிய தகவலை நீங்கள் அறிந்துகொள்வீர்கள். இந்த ஆய்வு முடிந்ததும், இந்த ஆய்வில் பங்கெடுத்துக் கொள்வதற்கான பாராட்டுக்கான ஒரு அடையாளமாக எழுதுபொருள் உங்களுக்கு வழங்கப்படும்.

### b) ஆராய்ச்சியாளராக வேண்டும்?

இந்த ஆய்வின் முடிவுகள் தொடக்கப்பள்ளி மாணவர்களுக்கிடையே சுய மரியாதைஇ கலாச்சாரம் மற்றும் உணவு பழக்க வழக்கங்கள் பற்றிய தகவல்களைச் சேகரிக்கின்றது. இத்தகவல் எதிர்காலத்தில் சரியான சுகாதார நலத் திட்டத்தைத் தயார்படுத்த பயன்படுத்தப்படும்.

## 6. எந்த ஆபத்துகள் உள்ளன?

இந்த ஆய்வின் சில சிக்கல்கள் என்னவென்றால் இந்த ஆய்வில் மனித அளவீடுகள் மற்றும் ஆய்வறிக்கை கேள்வித்தாட்கள் மட்டுமே பயன்படுத்தப்பட்டுள்ளன.

## 7. தகவல் நம்பகமாகவும் என் அடையாள தழஉமழ நான்?

நீங்கள் கொடுக்கும் அனைத்து தகவல்களும் ரகசியமாக வைத்துக் கொள்ளப்படும் மற்றும் அவை கல்வி நோக்கத்திற்காக மட்டுமே பயன்படுத்தப்படும்.

## 8. நான் ஆராய்ச்சி போது கூடுதல் கேள்விகள் இருந்தால் நான் யாரை தொடர்பு கொள்ள வேண்டும்?

இந்த ஆய்வைப் பற்றி ஏதேனும் கேள்விகள் உங்களுக்கு இருந்தால், நீங்கள் Yong Tze Ying , என்பவரை அவரின் தொலைபேசி எண் 016-9796950 மூலம் அல்லது yongtzeying0327@gmail.com என்ற மின்னஞ்சலின் மூலம் தொடர்பு கொள்ளவும். அல்லது இந்த ஆய்வின் மேற்பார்வையாளரான Dr Chin Yit Siew என்பவரை தொலைபேசி எண் 03-89472680 மூலம் அல்லது chinys@upm.edu.my என்ற மின்னஞ்சலின் மூலம் தொடர்பு கொள்ளுங்கள்.

இந்த ஆய்வில் பதிலளித்தவர்களுக்கான உரிமைகளைப் பற்றியான கேள்விகள் ஏதேனும் உங்களுக்கு இருந்தால், மனிதர்களை ஈடுபடுத்துகின்ற ஆராய்ச்சிகளுக்கான பல்கலைக்கழக நெறிமுறை குழுவை / *Jawatankuasa Etika Universiti untuk Penyelidikan Melibatkan Manusia (JKEUPM)*, 0389471601 என்ற தொலைபேசி எண்ணில் அல்லது dir.rmc@upm.edu.my என்ற மின்னஞ்சல் மூலம் தொடர்பு கொள்ளுங்கள்

இந்த பக்கத்தின் உள்ளடக்கங்களை _____ படித்து புரிந்து கொண்டால் தயவுசெய்து இங்கே கையொப்பமிடுங்கள்

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இந்த பக்கத்தின் உள்ளடக்கங்களை _____ படித்து புரிந்து கொண்டால் தயவுசெய்து இங்கே கையொப்பமிடுங்கள்

## ௯. ஒப்புதல்

நான் ... ... ... ... ... ... ... ... ... ... ... ... ... ... அடையாள அட்டை இல்லை ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... . .. ... ... .. இதன்மூலம் தானாக முன்வந்து மேலே குறிப்பிட்ட மருத்துவ ஆராய்ச்சி * (மருத்துவ ஆய்வு, கேள்வித்தாளை ஆய்வு / மருந்து சோதனை) பங்கேற்க ஏற்றுக்கொள்ள.

நான் முறையின் அடிப்படையில், ஏற்படக்கூடிய பாதகமான விளைவுகள் மற்றும் சிக்கல்கள் (தகவல் தாள் பார்க்கவும்) உள்ள மருத்துவ ஆராய்ச்சி தன்மை பற்றி தெரிவிக்கப்பட்டது. நான் அவற்றுக்கு எந்த காரணம் ஒதுக்க இல்லாமல் எந்த நேரத்திலும் இந்த மருத்துவ ஆராய்ச்சி விலகுவதாக உரிமை என்று புரிந்துகொள்கிறேன். நான் இந்த ஆய்வு இரகசிய என்று புரிந்துகொள்ள மற்றும் என் அடையாளத்தை குறித்து வழங்கப்படும் அனைத்து தகவல் தனியார் மற்றும் ரகசிய இருப்பார்கள்.

நான் * தெரியும் / டான் 'டி என் மாதிரி செயல்படவில்லை சோதனைகள் முடிவுகளை அறிய விரும்புகிறேன் என்று விரும்புகிறேன்.

* நீக்க அங்கு தேவையான

கையொப்பம் ... ... .. ... ... ... ... . கையொப்பம் ... ... .. ... ... ...

(பிரதிவாதி) (விட்னஸ்)

தேதி:. ... ... ... ... ... ... பெயர்:. ... ... ... ... ...

நான் / சி இல்லை: ... ... ... ... ...

நான் மேலே-குறிப்பிடப்பட்டுள்ளது ஆராய்ச்சி பதிலளிப்பாளர் தான் பெற்றோர் / பாதுகாவலர் இயற்கை மற்றும் நோக்கத்திற்காக விளக்கினார் என்று உறுதிப்படுத்துகிறேன்.

தேதி ... ... .. ... ... ... ... ... ... ... ... ... ... கையொப்பம் ... ... .. ... ... ... ... ... ... ...

(ஆராய்ச்சியாளர்)

# Appendix G

## Parent's / Guardian's

## Information Sheet and Consent

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**JAWATANKUASA ETIKA UNIVERSITI UNTUK PENYELIDIKAN MELIBATKAN MANUSIA (JKEUPM)**
**UNIVERSITI PUTRA MALAYSIA, 43400 UPM SERDANG, SELANGOR, MALAYSIA**

## BORANG 2.5: PENERANGAN DAN PERSETUJUAN IBUBAPA/PENJAGA

Sila baca maklumat berikut dengan teliti. Sekiranya anda mempunyai sebarang pertanyaan, sila kemukakan kepada penyelidik.

### 1. TAJUK KAJIAN

Perkaitan antara faktor-faktor pemakanan dan sosio-budaya dengan harga diri dalam kalangan murid sekolah rendah di Kuala Lumpur.

### 2. PENGENALAN

Harga diri merupakan penilaian individu terhadap diri sendiri, iaitu melalui sikap terhadap dirinya. Harga diri memainkan peranan yang penting untuk kesihatan dan kualiti hidup seseorang individu. Harga diri mempunyai banyak kesan terhadap kesihatan seseorang tidak kira dari segi kesihatan fizikal, mental atau sosial. Dari kajian terdahulu, faktor-faktor pemakanan dan sosio-budaya menyumbang kepada harga diri kepada orang dewasa dan remaja. Namun, kajian sebegitu tidak kepada kanak-kanak. Oleh itu, tujuan kajian ini adalah untuk mengkaji hubungan antara faktor sosio-demografi, status berat badan, imej tubuh badan, tingkah laku pemakanan kanak-kanak dan faktor sosio-budaya dengan harga diri dalam kalangan murid sekolah rendah di Kuala Lumpur.

Kajiaan ini akan melibatkan 300 murid-murid dari 3 sekolah rendah terpilih di Kuala Lumpur. Kajian ini dijangka akan lengkap dalam satu tahun yang mana penyertaan anda dalam kajian ini adalah lebih kurang 30 minit. Penyertaan anda dalam kajian ini adalah secara sukarela. Anda berhak menarik diri dari kajian ini pada bila-bila masa tanpa sebarang denda.

Kajian ini telah diluluskan oleh Panel Semakan Etika, Jawatankuasa Etika Universiti untuk Penyelidikan Melibatkan Manusia (JKEUPM).

### 3. APAKAH YANG PERLU ANDA LAKUKAN?

Ibu/ bapa/ penjaga akan diminta untuk membaca dan memahami isi kandungan borang penerangan ini. Ibu/ bapa/ penjaga juga akan diminta untuk menandatangani "Borang Persetujuan Penyertaan (Ibu bapa/Penjaga)" supaya anak/ jagaan anda dapat menyertai kajian ini. Borang persetujuan ini perlu dikembalikan kepada penyelidik melalui guru kelas anak/ jagaan anda pada hari keesokannya.

Seandainya Ibu/ bapa/ penjaga bersetuju untuk menyertai kajian ini, anda perlu melengkapkan satu set Borang Soal Selidik (Ibu Bapa/ Penjaga) dan hantarnya kepada guru kelas melalui anak/ jagaan anda

Berat badan dan ketinggian badan anak/ jagaan anda akan diukur oleh penyelidik. Anak/ jagaan anda juga perlu melengkapkan satu set Borang Soal Selidik (Murid).

### 4. SIAPA YANG TIDAK BOLEH MENYERTAI KAJIAN INI?

Ibu/ bapa/ penjaga yang mempunyai kekurangan upaya dari segi fizikal dan mental.

### 5. APAKAH FAEDAH MENYERTAI KAJIAN INI?

#### a) KEPADA ANAK/JAGAAN SAYA SEBAGAI PESERTA?

Anda akan mengetahui maklumat tentang status berat badan anak/ jagaan anda. Setelah kajian ini lengkap, cenderahati akan diberikan kepada anak/jagaan anda sebagai tanda penghargaan

atas penyertaan dalam kajian ini.

**b) KEPADA PENYELIDIK?**
Hasil kajian ini dapat memberi maklumat tentang isu harga diri semasa dan faktor-faktor pemakanan dan sosio-budaya yang berkaitan dengan harga diri dalam kalangan murid sekolah rendah supaya dapat menyediakan program kesihatan yang berkesan untuk meningkatkan harga diri murid sekolah rendah pada masa depan.

**6. ADAKAH IA BERISIKO?**
Kajian ini mempunyai risiko yang minima di mana ia hanya melibatkan ukuran antropometri dan borang soal selidik.

**7. ADAKAH MAKLUMAT DAN IDENTITI ANAK/JAGAAN SAYA KEKAL RAHSIA?**
Semua maklumat yang diberikan akan dirahsiakan dan digunakan untuk tujuan akademik sahaja.

**8. SIAPA YANG SAYA PERLU HUBUNGI SEKIRANYA SAYA MEMPUNYAI SOALAN TAMBAHAN SEPANJANG PENYELIDIKAN INI?**

Jika anda mempunyai sebarang pertanyaan mengenai kajian ini, anda boleh menghubungi Yong Tze Ying melalui (H/P) 016-9796950 atau emel ke yongtzeying0327@gmail.com atau penyelia penyelidik, Dr Chin Yit Siew melalui (pejabat) 03-89472680 atau emel ke chinys@upm.edu.my.

Jika anda mempunyai sebarang soalan mengenai hak anda sebagai responden dalam kajian ini, sila hubungi: Jawatankuasa Etika Universiti untuk Penyelidikan Melibatkan Manusia (JKEUPM) melalui (pejabat) 0389471601 atau emel ke dir.rmc@upm.edu.my.

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**9. PERSETUJUAN**

Saya..... No Kad Pengenalan. .....
beralamat.....
.....dengan ini secara sukarela:

I. **bersetuju** untuk mengambil bahagian secara sukarela dalam penyelidikan yang tersebut di atas *(kajian klinikal/percubaan ubat-ubatan/rakaman video/kumpulan sasaran/temuduga/ soal selidik).

II. **bersetuju** membenarkan *anak / jagaan saya ..... menyertai penyelidikan tersebut di atas *(klinikal/percubaan ubat-ubatan/rakaman video/kumpulan sasaran/temuduga/ soal selidik).

Saya telah diberi penjelasan secara menyeluruh mengenai penyelidikan ini dari segi metodologi, risiko dan komplikasi (seperti yang tercatat dalam Helaian Penerangan). Saya memahami bahawa saya dan *anak / jagaan saya berhak menarik diri dari penyelidikan ini pada bila-bila masa tanpa memberi sebarang alasan.Saya juga memahami bahawa sebarang maklumat yang berkaitan identiti saya dan *anak / jagaan saya akan dirahsiakan.

Saya* berminat / tidak berminat untuk mengetahui keputusan kajian yang **melibatkan** *anak / jagaan saya.

I setuju/tidak bersetuju untuk imej/gambar/rakaman video/ rakaman suara berkaitan dengan anak/ jagaan saya digunakan dalam apa jua bentuk penerbitan atau pembentangan. (sekiranya berkaitan).

*potong yang tidak berkenaan

Tandatangan ..... (Ibubapa/ Penjaga)

Tandatangan ..... (Saksi)

Tarikh :.....

Nama :.....

No. Telefon: .....

No. K/P: .....

*Jika borang soal selidik tidak dilengkapkan, penyelidik akan menelefon anda untuk melengkapkan borang soal selidik.

Saya mengesahkan bahawa saya telah menerangkan kepada ibubapa/penjaga responden mengenai sifat dan tujuan penyelidikan tersebut di atas.

Tarikh .....

Tandatangan ..... (Penyelidik)



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**UNIVERSITI PUTRA MALAYSIA, 43400 UPM SERDANG,**

**BORANG 2.5: PENERANGAN DAN PERSETUJUAN IBUBAPA/PENJAGA**
**2.5：参与者父母/监护人说明书**

Sila baca maklumat berikut dengan teliti. Sekiranya anda mempunyai sebarang pertanyaan, sila kemukakan kepada penyelidik.
请仔细阅读以下资料。 如有任何疑问， 请询问研究员。

**1. TAJUK KAJIAN/研究标题**
Perkaitan antara faktor-faktor pemakanan dan sosio-budaya dengan harga diri dalam kalangan murid sekolah rendah di Kuala Lumpur.
吉隆坡小学生：营养和社会文化因素与自尊之间的关联。

**2. PENGENALAN/介绍**
Harga diri merupakan penilaian individu terhadap diri sendiri, iaitu melalui sikap terhadap dirinya. Harga diri memainkan peranan yang penting untuk kesihatan dan kualiti hidup seseorang individu. Harga diri mempunyai banyak kesan terhadap kesihatan seseorang tidak kira dari segi kesihatan fizikal, mental atau sosial. Dari kajian terdahulu, faktor-faktor pemakanan dan sosio-budaya menyumbang kepada harga diri kepada orang dewasa dan remaja. Namun, kajian sebegitu tidak kepada kanak-kanak. Oleh itu, tujuan kajian ini adalah untuk mengkaji hubungan antara faktor sosio-demografi, status berat badan, imej tubuh badan, tingkah laku pemakanan kanak-kanak dan faktor sosio-budaya dengan harga diri dalam kalangan murid sekolah rendah di Kuala Lumpur.

Kajiaan ini akan melibatkan 300 murid-murid dari 3 sekolah rendah terpilih di Kuala Lumpur. Kajian ini dijangka akan lengkap dalam satu tahun yang mana penyertaan anda dalam kajian ini adalah lebih kurang 30 minit. Penyertaan anda dalam kajian ini adalah secara sukarela. Anda berhak menarik diri dari kajian ini pada bila-bila masa tanpa sebarang denda.

Kajian ini telah diluluskan oleh Panel Semakan Etika, Jawatankuasa Etika Universiti untuk Penyelidikan Melibatkan Manusia (JKEUPM).

自尊被定义为对自我的评价，是个人对自己的态度表达。 此外，自尊被视为是健康与生活质量的重要心理预测因素。它对身体的健康有很多的影响，无论是在身心健康方面。从文献评论来看，营养和社会文化因素有助于成年人和青少年的自尊心。然而，这些研究在小孩中是有限的。因此，这项研究的目的是要确认吉隆坡华小的学生的人口和社会经济背景、体重状况、身体形象、孩子的进食行为和社会文化因素与自尊之间的关系。

这项研究将涉及 300 位来自 3 间被拣选的吉隆坡小学学生。此研究估计将在一年内完，而您的参与在此研究约 30 分钟。 您的参与是自愿的。 您有权随时退出本研究并不受任何惩罚。

这项研究得到了来自 *Jawatankuasa Etika Universiti untuk Penyelidikan Melibatkan Manusia（JKEUPM）*的伦理审查小组的批准。

**3. APAKAH YANG PERLU ANDA LAKUKAN?/您需要做些什么？**
Ibu/ bapa/ penjaga akan diminta untuk membaca dan memahami isi kandungan borang penerangan ini. Ibu/ bapa/ penjaga juga akan diminta untuk menandatangani "Borang Persetujuan Penyertaan (Ibu bapa/Penjaga)" supaya anak/ jagaan anda dapat menyertai kajian ini. Borang persetujuan ini perlu dikembalikan kepada penyelidik melalui guru kelas anak/ jagaan anda pada hari keesokannya.

Seandainya Ibu/ bapa/ penjaga bersetuju untuk menyertai kajian ini, anda perlu melengkapkan satu set Borang Soal Selidik (Ibu Bapa/ Penjaga) dan hantarnya kepada guru kelas melalui anak/ jagaan anda

Berat badan dan ketinggian badan anak/ jagaan anda akan diukur oleh penyelidik. Anak/ jagaan anda juga perlu melengkapkan satu set Borang Soal Selidik (Murid).

父亲/ 母亲/ 监护人须阅读和了解此“参与者父母/监护人说明书”。父亲/ 母亲/ 监护人也须签署一份“同意书(家长/ 监护人)”以让您的孩子参与这项研究。此同意书必须在第二天通过您孩子的班主任归还给研究人员。

假设父亲/ 母亲/ 监护人同意参与此研究，您必须回答一份问卷调查（家长）。填妥后，请通过您的孩子把问卷交回给班主任。

研究员将测量您孩子的身高和体重。此外，您的孩子需要填写一份调查问卷（学生）。

**4. SIAPA YANG TIDAK BOLEH MENYERTAI KAJIAN INI?/ 谁不能参与此项研究？**
Ibu/ bapa/ penjaga yang mempunyai kekurangan upaya dari segi fizikal dan mental.
任何有身心残缺的父亲/ 母亲/ 监护人。

**5. APAKAH FAEDAH MENYERTAI KAJIAN INI?/ 参与此项研究的好处？**
**a) KEPADA ANAK/JAGAAN SAYA SEBAGAI PESERTA?/ 对参与者的您？**
Anda akan mengetahui maklumat tentang status berat badan anak/ jagaan anda. Setelah kajian ini lengkap, cenderahati akan diberikan kepada anak/jagaan anda sebagai tanda penghargaan atas penyertaan dalam kajian ini.
您能了解孩子的体重状况。一旦此研究完成，您的孩将获得纪念品作为奖励，以感谢您们在此项研究的参与。

**b) KEPADA PENYELIDIK?/ 对研究员？**
Hasil kajian ini dapat memberi maklumat tentang isu harga diri semasa dan faktor-faktor pemakanan dan sosio-budaya yang berkaitan dengan harga diri dalam kalangan murid sekolah rendah supaya dapat menyediakan program kesihatan yang berkesan untuk meningkatkan harga diri murid sekolah rendah pada masa depan.
此项研究的结果可以提供有关现今小学生的自尊问题及营养和社会文化因素与自尊之间的关联，以制定有效的改良 计划和保健方案来提升学生们的自尊心。

**6. ADAKAH IA BERISIKO?/ 有没有任何潜在风险？**
Kajian ini mempunyai risiko yang minima di mana ia hanya melibatkan ukuran antropometri dan borang soal selidik.
此项研究将会带来少许风险，因涉及人体测量和问卷调查。

**7. ADAKAH MAKLUMAT DAN IDENTITI ANAK/JAGAAN SAYA KEKAL RAHSIA?/ 您的资料和身份是否会被保密？**
Semua maklumat yang diberikan akan dirahsiakan dan digunakan untuk tujuan akademik sahaja.
您的所有资料将完全被保密，相关资料只用于此项研究。

**8. SIAPA YANG SAYA PERLU HUBUNGI SEKIRANYA SAYA MEMPUNYAI SOALAN TAMBAHAN SEPANJANG PENYELIDIKAN INI?/ 如果您在此评估中有任何疑问的话，您可以向谁询问详情呢？** Jika anda mempunyai sebarang pertanyaan mengenai kajian ini, anda boleh menghubungi Yong Tze Ying melalui (H/P) 016-9796950 atau emel ke

yongtzeying0327@gmail.com atau penyelia penyelidik, Dr Chin Yit Siew melalui (pejabat) 03-89472680 atau emel ke chinys@upm.edu.my.

Jika anda mempunyai sebarang soalan mengenai hak anda sebagai responden dalam kajian ini, sila hubungi: Jawatankuasa Etika Universiti untuk Penyelidikan Melibatkan Manusia (JKEUPM) melalui (pejabat) 0389471601 atau emel ke dir.rmc@upm.edu.my.

您有任何疑问，请联络杨诗盈（016-9697950）或电邮至 yongtzeying0327@gmail.com 或研究员的导师陈奕绣博士（03-89472680）或电邮至 chinys@upm.edu.my。

如果您对作为本研究调查对象的权利有任何疑问，请联络 *Jawatankuasa Etika Universiti untuk Penyelidikan Melibatkan Manusia (JKEUPM)* (0389471601）或邮件至 dir.rmc@upm.edu.my 。

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若您已阅读且明白内容，请在此签名 _____

**9. PERSETUJUAN/参与者父母/监护人情愿通知书**

Saya…….. No Kad Pengenalan. ……
beralamat……
……dengan ini secara sukarela:

III. **bersetuju** untuk mengambil bahagian secara sukarela dalam penyelidikan yang tersebut di atas *(kajian klinikal/percubaan ubat-ubatan/rakaman video/kumpulan sasaran/temuduga/ soal selidik).

IV. **bersetuju** membenarkan *anak / jagaan saya ..... menyertai penyelidikan tersebut di atas *(klinikal/percubaan ubat-ubatan/rakaman video/kumpulan sasaran/temuduga/ soal selidik).

Saya telah diberi penjelasan secara menyeluruh mengenai penyelidikan ini dari segi metodologi, risiko dan komplikasi (seperti yang tercatat dalam Helaian Penerangan). Saya memahami bahawa saya dan *anak / jagaan saya berhak menarik diri dari penyelidikan ini pada bila-bila masa tanpa memberi sebarang alasan.Saya juga memahami bahawa sebarang maklumat yang berkaitan identiti saya dan *anak / jagaan saya akan dirahsiakan.

Saya* berminat / tidak berminat untuk mengetahui keputusan kajian yang **melibatkan** *anak / jagaan saya.

I setuju/tidak bersetuju untuk imej/gambar/rakaman video/ rakaman suara berkaitan dengan anak/ jagaan saya digunakan dalam apa jua bentuk penerbitan atau pembentangan. (sekiranya berkaitan).

本人……身份证号码……
地址……
……

在此:

I. **同意**自愿参与此项问卷调查研究。

II. **同意**我的孩子……参与此项问卷调查研究。

本人已经被给予详细的解释有关此项问卷调查的方法（如解说书所说明）。本人明白本人和我的孩子无论在任何时候都有权利无条件推出此项研究。本人也明白所有有关于本人和孩子身份的资料都将被保密。

我* 希望 / 不希望被告知有关我孩子的调查结果。

我* 同意 / 不同意我孩子的资料被用于报告或发表用途。

*potong yang tidak berkenaan/请把无关的删掉

Tandatangan/签名……

(Ibubapa/ Penjaga)
（父母/ 监护人）

Tandatangan/签名……

(Saksi)
（见证人）

Tarikh/日期:……

No. Telefon/ 电话号码: ……

Nama/ 姓名:……

No. K/P/身份证号:……

*Jika borang soal selidik tidak dilengkapkan, penyelidik akan menelefon anda untuk melengkapkan borang soal selidik.
*如果问卷不完整，我们会打电话给您以完成问卷。

Saya mengesahkan bahawa saya telah menerangkan kepada ibubapa/penjaga responden mengenai sifat dan tujuan penyelidikan tersebut di atas.

我再次证实我已经向参与者解释此项研究的情形和目的。

Tarikh/日期……

Tandatangan/签名……

(Penyelidik/研究者）

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**UNIVERSITI PUTRA MALAYSIA, 43400 UPM SERDANG, SELANGOR, MALAYSIA**

**BORANG 2.5: PENERANGAN DAN PERSETUJUAN IBUBAPA/PENJAGA**
**வடிவம் 2.5 ஆலோசனைகள் மற்றும் ஒப்பந்தங்கள் / பாதுகாப்பு**

Sila baca maklumat berikut dengan teliti. Sekiranya anda mempunyai sebarang pertanyaan, sila kemukakan kepada penyelidik.
பின்வரும் தகவல்களை கவனமாக படிக்கவும்இ நீங்கள் உங்கள் ஆராய்ச்சியாளர் கொண்ட ஏதேனும் கேள்விகள் விவாதிக்க தயங்க வேண்டாம்.

**1. TAJUK KAJIAN / தலைப்பு ஆய்வு**

Perkaitan antara faktor-faktor pemakanan dan sosio-budaya dengan harga diri dalam kalangan murid sekolah rendah di Kuala Lumpur.
கோலாலும்பூர் ஆரம்ப பள்ளி மாணவர்களின் உணவு பழக்கத்துடன் கூடிய சுய மரியாதைக்கும் அவர்களின் கலாச்சாரத்திற்கும் இடையே உள்ள தொடர்பு.

**2. PENGENALAN / அறிமுகம்**

Harga diri merupakan penilaian individu terhadap diri sendiri, iaitu melalui sikap terhadap dirinya. Harga diri memainkan peranan yang penting untuk kesihatan dan kualiti hidup seseorang individu. Harga diri mempunyai banyak kesan terhadap kesihatan seseorang tidak kira dari segi kesihatan fizikal, mental atau sosial. Dari kajian terdahulu, faktor-faktor pemakanan dan sosio-budaya menyumbang kepada harga diri kepada orang dewasa dan remaja. Namun, kajian sebegitu tidak kepada kanak-kanak. Oleh itu, tujuan kajian ini adalah untuk mengkaji hubungan antara faktor sosio-demografi, status berat badan, imej tubuh badan, tingkah laku pemakanan kanak-kanak dan faktor sosio-budaya dengan harga diri dalam kalangan murid sekolah rendah di Kuala Lumpur.

Kajiaan ini akan melibatkan 300 murid-murid dari 3 sekolah rendah terpilih di Kuala Lumpur. Kajian ini dijangka akan lengkap dalam satu tahun yang mana penyertaan anda dalam kajian ini adalah lebih kurang 30 minit. Penyertaan anda dalam kajian ini adalah secara sukarela. Anda berhak menarik diri dari kajian ini pada bila-bila masa tanpa sebarang denda.

Kajian ini telah diluluskan oleh Panel Semakan Etika, Jawatankuasa Etika Universiti untuk Penyelidikan Melibatkan Manusia (JKEUPM).

சுய மரியாதை என்பது ஒரு மனிதனின் பழக்க வழக்கங்களின் மூலம் தன்னைத் தானே செய்துக்கொள்ளும் சுய மதிப்பீடாகும். சுய மரியாதை ஒருவரின் உளவியல்இ உடல் நலத்திலும்இ வாழ்க்கை தரத்திலும் முக்கிய அம்சமாக திகழ்கிறது. ஒரு மனிதனின் சுயமதிப்பு அவனின் உடல்இ மன மற்றும் உணர்ச்சி ரீதியாக பல்வேறு விளைவுகளை ஏற்படுத்துகிறது. ஆய்வறிக்கைகளின் படிஇ கலாச்சாரம் மற்றும் உணவு பழக்கங்கள் பெரியவர்கள் மற்றும் இளைஞர்களின் சுய மரியாதைக்கு பல விளைவுகளை ஏற்படுத்துகிறது. ஆனால்இ சிறார்கள் மத்தியில் இது போன்ற விஷயங்கள் பாதிப்பை ஏற்படுத்துவதில்லை என ஆய்வு குறிப்பிடுகிறது. ஆகையால்இ கோலாலும்பூர் ஆரம்ப பள்ளி மாணவர்களுக்கிடையே

கலாச்சாரம் உணவு பழக்கங்கள் உடல் எடை போன்ற காரணங்களுக்கும் தன் மதிப்பிற்கும் உள்ள தொடர்பை அறிய இந்த ஆராய்ச்சி மேற்கொள்ளப்படுகிறது.

கோலாலும்பூரில் குறிப்பிட்ட 3 தொடக்கப் பள்ளியிலிருந்து 300 மாணவர்களைத் தேர்வு செய்து இந்த ஆராய்ச்சி மேற்கொள்ளப்படும். முழு ஆய்வு 1 ஆண்டு நடத்தப்படும்இ ஆனால் உங்களின் பங்கு 30 நிமிடங்கள் மட்டுமே. இந்த ஆய்வில் உங்களின் பங்கு முழுவதும் தன்னார்வ முறையே ஆகும். இந்த ஆய்விலிருந்து எந்த நேரத்திலும் விலகிக் கொள்ள உங்களுக்கு முழு உரிமை உண்டு.

இந்த ஆய்வு 'யநெட ளுநஅயமயடெ நுவமையஇ துயறயவயமெரயளய நுவமைய ருளைநசளவைன ரவெரம 'நலெநடனைமையடெ ஆநடடியவமயடெ ஆயரெளயை (துமுநுருஆ) இன் அனுமதியுடன் மேற்கொள்ளப்படுகிறது.

## 3. APAKAH YANG PERLU ANDA LAKUKAN? / நீங்கள் என்ன செய்ய வேண்டும்?

Ibu/ bapa/ penjaga akan diminta untuk membaca dan memahami isi kandungan borang penerangan ini. Ibu/ bapa/ penjaga juga akan diminta untuk menandatangani "Borang Persetujuan Penyertaan (Ibu bapa/Penjaga)" supaya anak/ jagaan anda dapat menyertai kajian ini. Borang persetujuan ini perlu dikembalikan kepada penyelidik melalui guru kelas anak/ jagaan anda pada hari keesokannya.

Seandainya Ibu/ bapa/ penjaga bersetuju untuk menyertai kajian ini, anda perlu melengkapkan satu set Borang Soal Selidik (Ibu Bapa/ Penjaga) dan hantarnya kepada guru kelas melalui anak/ jagaan anda

Berat badan dan ketinggian badan anak/ jagaan anda akan diukur oleh penyelidik. Anak/ jagaan anda juga perlu melengkapkan satu set Borang Soal Selidik (Murid).

நீங்கள் இந்த விளக்கப்படிவங்களைப் படித்து அதன் உள்ளடக்கங்களை நன்கு புரிந்து கொள்ள வேண்டும். மேலும்,இந்த ஆய்வில் உங்கள் குழந்தையின் பங்கேற்பை உறுதி செய்ய (பெற்றோர்/பாதுகாவலர்) பங்கேற்பு ஒப்பந்த பாரத்தில் கையெழுத்திட வேண்டும். அந்த பாரத்தை வகுப்பாசிரியர்கள் மூலம் ஆய்வு மேற்கொள்பவரிடம் ஒப்படைக்க வேண்டும்.

இந்த ஆய்வில் பங்கேற்க நீங்கள் உடன்பட்டால் , பெற்றோர்கள் ஒரு ஆய்வறிக்கை கேள்வித்தாளைப் பூர்த்தி செய்ய(பெற்றோர்/பாதுகாவலர்). பூர்த்தி செய்த பிறகு, அந்த அறிக்கையை வகுப்பாசிரியரிடம் உங்கள் குழந்தை மூலம் ஒப்படைக்கவும்.

உங்கள் குழந்தையின் எடையையும் உயரத்தையும் ஆய்வாளர் குறித்துக் கொள்வார். உங்கள் ஓர் ஆய்வறிக்கை கேள்வித்தாளினைப் பூர்த்தி செய்ய வேண்டும் (மாணவர்).

## 4. SIAPA YANG TIDAK BOLEH MENYERTAI KAJIAN INI? / உலக சுகாதார ஆய்வு நுழையாது வேண்டும்?

Ibu/ bapa/ penjaga yang mempunyai kekurangan upaya dari segi fizikal dan mental.
உடல் மற்றும் மன ரீதியில் குறைபாடுகள் உள்ள குழந்தைகள்

**5. APAKAH FAEDAH MENYERTAI KAJIAN INI? / என்ன ஆய்வு நன்மைகள் இருக்கும்?**

**a) KEPADA ANAK/JAGAAN SAYA SEBAGAI PESERTA? / பொருள் உங்களுக்கு?**

Anda akan mengetahui maklumat tentang status berat badan anak/ jagaan anda. Setelah kajian ini lengkap, cenderahati akan diberikan kepada anak/jagaan anda sebagai tanda penghargaan atas penyertaan dalam kajian ini.

உங்கள் குழந்தையின் உடல் எடையின் தகவல்கள் உங்களுக்கு அறிவிக்கப்படும். உங்களின் பங்கேற்பைப் பாராட்டும் விதமாக உங்களின் குழந்தைக்கு எழுது பொருட்கள் ஆய்வாளர் தரப்பிலிரிந்து நினைவு சின்னமாக வழங்கப்படும்.

**b) KEPADA PENYELIDIK? / ஆராய்ச்சியாளராக வேண்டும்?**

Hasil kajian ini dapat memberi maklumat tentang isu harga diri semasa dan faktor-faktor pemakanan dan sosio-budaya yang berkaitan dengan harga diri dalam kalangan murid sekolah rendah supaya dapat menyediakan program kesihatan yang berkesan untuk meningkatkan harga diri murid sekolah rendah pada masa depan.

இந்த ஆய்வின் முடிவுகள் தொடக்கப்பள்ளி மாணவர்களுக்கிடையே சுய மரியாதைஇ கலாச்சாரம் மற்றும் உணவு பழக்க வழக்கங்கள் பற்றிய தகவல்களைச் சேகரிக்கின்றது. இத்தகவல் எதிர்காலத்தில் சரியான சுகாதார நலத் திட்டத்தைத் தயார்படுத்த பயன்படுத்தப்படும்.

**6. ADAKAH IA BERISIKO? / எந்த ஆபத்துகள் உள்ளன?**

Kajian ini mempunyai risiko yang minima di mana ia hanya melibatkan ukuran antropometri dan borang soal selidik.

இந்த ஆய்வின் சில சிக்கல்கள் என்னவென்றால் இந்த ஆய்வில் மனித அளவீடுகள் மற்றும் ஆய்வறிக்கை கேள்வித்தாட்கள் மட்டுமே பயன்படுத்தப்பட்டுள்ளன.

**7. ADAKAH MAKLUMAT DAN IDENTITI ANAK/JAGAAN SAYA KEKAL RAHSIA? / தகவல் நம்பகமாகவும் என் அடையாள தமுஉமழ நான்?**

Semua maklumat yang diberikan akan dirahsiakan dan digunakan untuk tujuan akademik sahaja.

நீங்கள் கொடுக்கும் அனைத்து தகவல்களும் ரகசியமாக வைத்துக் கொள்ளப்படும் மற்றும் அவை கல்வி நோக்கத்திற்காக மட்டுமே பயன்படுத்தப்படும்.

**8. SIAPA YANG SAYA PERLU HUBUNGI SEKIRANYA SAYA MEMPUNYAI SOALAN TAMBAHAN SEPANJANG PENYELIDIKAN INI? / நான் ஆராய்ச்சி போது கூடுதல் கேள்விகள் இருந்தால் நான் யாரை தொடர்பு கொள்ள வேண்டும்?**

Jika anda mempunyai sebarang pertanyaan mengenai kajian ini, anda boleh menghubungi Yong Tze Ying melalui (H/P) 016-9796950 atau emel ke yongtzeying0327@gmail.com atau penyelia penyelidik, Dr Chin Yit Siew melalui (pejabat) 03-89472680 atau emel ke chinys@upm.edu.my.

Jika anda mempunyai sebarang soalan mengenai hak anda sebagai responden dalam kajian ini, sila hubungi: Jawatankuasa Etika Universiti untuk Penyelidikan Melibatkan Manusia (JKEUPM) melalui (pejabat) 0389471601 atau emel ke dir.rmc@upm.edu.my.

இந்த ஆய்வைப் பற்றி ஏதேனும் கேள்விகள் உங்களுக்கு இருந்தால், நீங்கள் Yong Tze Ying , என்பவரை அவரின் தொலைபேசி எண் 016-9796950 மூலம் அல்லது yongtzeying0327@gmail.com என்ற மின்னஞ்சலின் மூலம் தொடர்பு கொள்ளவும். அல்லது இந்த ஆய்வின் மேற்பார்வையாளரான Dr Chin Yit Siew என்பவரை தொலைபேசி எண் 03-89472680 மூலம் அல்லது chinys@upm.edu.my என்ற மின்னஞ்சலின் மூலம் தொடர்பு கொள்ளுங்கள்.

இந்த ஆய்வில் பதிலளித்தவர்களுக்கான உரிமைகளைப் பற்றியான கேள்விகள் ஏதேனும் உங்களுக்கு இருந்தால், மனிதர்களை ஈடுபடுத்துகின்ற ஆராய்ச்சிகளுக்கான பல்கலைக்கழக நெறிமுறை குழுவை / *Jawatankuasa Etika Universiti untuk Penyelidikan Melibatkan Manusia (JKEUPM)*, 0389471601 என்ற தொலைபேசி எண்ணில் அல்லது dir.rmc@upm.edu.my என்ற மின்னஞ்சல் மூலம் தொடர்பு கொள்ளுங்கள்

இந்த பக்கத்தின் உள்ளடக்கங்களை _____ படித்து புரிந்து கொண்டால் தயவுசெய்து இங்கே கையொப்பமிடுங்கள்

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Sila tandatangan di sini sekiranya anda telah membaca dan memahami kandungan halaman ini

இந்த பக்கத்தின் உள்ளடக்கங்களை _____ படித்து புரிந்து கொண்டால் தயவுசெய்து இங்கே கையொப்பமிடுங்கள்

**9. PERSETUJUAN / ஒப்புதல்**

Saya..... No Kad Pengenalan. .....
beralamat.....
.....dengan ini secara sukarela:

I. **bersetuju** untuk mengambil bahagian secara sukarela dalam penyelidikan yang tersebut di atas *(kajian klinikal/percubaan ubat-ubatan/rakaman video/kumpulan sasaran/temuduga/ soal selidik).

II. **bersetuju** membenarkan *anak / jagaan saya ..... menyertai penyelidikan tersebut di atas *(klinikal/percubaan ubat-ubatan/rakaman video/kumpulan sasaran/temuduga/ soal selidik).

Saya telah diberi penjelasan secara menyeluruh mengenai penyelidikan ini dari segi metodologi, risiko dan komplikasi (seperti yang tercatat dalam Helaian Penerangan). Saya memahami bahawa saya dan *anak / jagaan saya berhak menarik diri dari penyelidikan ini pada bila-bila masa tanpa memberi sebarang alasan.Saya juga memahami bahawa sebarang maklumat yang berkaitan identiti saya dan *anak / jagaan saya akan dirahsiakan.

Saya* berminat / tidak berminat untuk mengetahui keputusan kajian yang **melibatkan** *anak / jagaan saya.

I setuju/tidak bersetuju untuk imej/gambar/rakaman video/ rakaman suara berkaitan dengan anak/ jagaan saya digunakan dalam apa jua bentuk penerbitan atau pembentangan. (sekiranya berkaitan).

நான் ... ... ... ... ... ... ... ... ... ... ... ... ... ... அடையாள அட்டை இல்லை ... ...

... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ..
இதன்மூலம் தானாக முன்வந்து கருத்து வேறுபாடு / ஏற்றுக்கொள்ள என்று என் குழந்தை / மேலே குறிப்பிட்ட ஆராய்ச்சி பங்கேற்க உறவினர்.

நான் முறை, ஏற்படக்கூடிய பாதகமான விளைவுகள் மற்றும் சிக்கல்கள் (தகவல் தாள் குறிப்பிடப்படுகிறது) ஆகியவற்றில் ஆராய்ச்சி தன்மை பற்றி தெரிவிக்கப்பட்டது. நான் என் குழந்தை / தொடர்புடைய அவற்றுக்கு எந்த காரணம் ஒதுக்க இல்லாமல் எந்த நேரத்திலும் இந்த ஆராய்ச்சி விலகுவதாக உரிமை என்று புரிந்துகொள்கிறேன். நான் இந்த ஆய்வு இரகசிய என்று புரிந்துகொள்ள மற்றும் என் குழந்தை / உறவினர் அடையாளம் குறித்து அளித்த அனைத்து தகவல் தனியார் மற்றும் ரகசிய இருப்பார்கள்.

நான் * தெரியும் / டான் 'டி என் மாதிரி செயல்படவில்லை சோதனைகள்

முடிவுகளை அறிய விரும்புகிறேன் என்று விரும்புகிறேன்.

*potong yang tidak berkenaan / * நீக்க அங்கு தேவையான

Tandatangan..... Tandatangan .....
(Ibubapa/ Penjaga) (Saksi)

Tarikh :..... Nama :.....
No. Telefon: ..... No. K/P: .....

*Jika borang soal selidik tidak dilengkapkan, penyelidik akan menelefon anda untuk melengkapkan borang soal selidik.

Saya mengesahkan bahawa saya telah menerangkan kepada ibubapa/penjaga responden mengenai sifat dan tujuan penyelidikan tersebut di atas.

Tarikh ..... Tandatangan .....
(Penyelidik)

கையொப்பம் ... ... .. ... ... ... ... ... ... ... கையொப்பம் ... ... .. ... ... ... ...
(பெற்றோர் / பாதுகாவலர்) (விட்னஸ்)

தேதி:. ... ... ... ... ... ... பெயர்:. ... .. . ... ...
தொலைப்பேசி எண்: ... ... ... ... ... ... நான் / சி இல்லை: ... ... ... ... ... ...

*கேள்வித்தாள் முழுமையற்றதாக இருந்தால், கேள்விகளை முடிக்க நாங்கள் உங்களை அழைக்கிறோம்

நான் மேலே-குறிப்பிடப்பட்டுள்ளது ஆராய்ச்சி பதிலளிப்பாளர் தான் பெற்றோர் / பாதுகாவலர் இயற்கை மற்றும் நோக்கத்திற்காக விளக்கினார் என்று உறுதிப்படுத்துகிறேன்.

தேதி .. . .. . .. ... ... ... ... ... ... ... ... ... ... கையொப்பம் ... ... .. ... ... ... ... ... ... ... ...
(ஆராய்ச்சியாளர்)

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# Appendix H

## Child's Self-Administered Questionnaire

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**No. Rujukan:** | | | |

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BERILMU BERBAKTI

# JABATAN PEMAKANAN DAN DIETETIK FAKULTI PERUBATAN DAN SAINS KESIHATAN UNIVERSITI PUTRA MALAYSIA

## BORANG SOAL SELIDIK (MURID)

## Perkaitan Antara Faktor-Faktor Pemakanan Dan Sosio-Budaya Dengan Harga Diri Dalam Kalangan Murid Sekolah Rendah Di Kuala Lumpur

Penyelidik : Yong Tze Ying (177232)
Penyelia Penyelidik : Dr. Chin Yit Siew
Tarikh :

**Nota:**

**Segala maklumat yang diberikan adalah sulit dan hanya untuk tujuan penyelidikan semata- mata. Kejujuran dan keikhlasan anda dalam memberi maklumat adalah amat diharapkan. Segala kerjasama yang diberikan amat dihargai dan didahului dengan ucapan jutaan terima kasih.**

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**BAHAGIAN A:** *Sila isi atau tanda pada pernyataan yang berkenaan.*

1. Jantina
   ☐ Lelaki ☐ Perempuan

2. Bangsa:
   ☐ Melayu ☐ Cina ☐ India ☐ Lain-lain (Sila nyatakan) _____

3. Tarikh Lahir (hari/bulan/tahun): _____/_____/_____

4. Umur: _____tahun

**BAHAGIAN B**: *Sila pilih dan bulatkan satu jawapan.*

**0- Sangat tidak setuju 1- Tidak setuju 2- Setuju 3- Sangat setuju**

| No | Pernyataan | Skala | | | |
|---|---|---|---|---|---|
| 1. | Pada keseluruhannya saya berpuas hati dengan diri saya. | 0 | 1 | 2 | 3 |
| 2. | Kadangkala saya rasa saya tidak berguna langsung. | 0 | 1 | 2 | 3 |
| 3. | Saya rasa saya mempunyai beberapa kualiti yang baik. | 0 | 1 | 2 | 3 |
| 4. | Saya boleh melakukan kerja seperti kebanyakan orang lain. | 0 | 1 | 2 | 3 |
| 5. | Saya rasa saya tidak mempunyai apa-apa untuk dibanggakan. | 0 | 1 | 2 | 3 |
| 6. | Kadangkala saya sememangnya rasa tidak berguna. | 0 | 1 | 2 | 3 |
| 7. | Saya rasa saya seorang yang berharga, sekurang-kurangnya pada tahap yang sama dengan orang lain. | 0 | 1 | 2 | 3 |
| 8. | Saya berhajat untuk mempunyai lebih hormat pada diri saya sendiri. | 0 | 1 | 2 | 3 |
| 9. | Setelah mengambilkira segala- galanya, saya cenderung berasa yang saya seorang yang gagal. | 0 | 1 | 2 | 3 |
| 10 | Saya mengambil sikap positif terhadap diri saya. | 0 | 1 | 2 | 3 |

**BAHAGIAN C:** *Sila pilih dan bulatkan satu jawapan.*

1. Berapa banyak yang anda rasa anda boleh bercakap dengan ibu anda tentang masalah anda?

   a. Tidak sama sekali b. Sedikit c. Sederhana d. Agak banyak e. Sangat banyak

2. Berapa banyak yang anda rasa ibu anda mengambil berat tentang anda?

a. Tidak sama sekali b. Sedikit c. Sederhana d. Agak banyak e. Sangat banyak

3. Berbanding dengan ibu yang lain, bagaimanakah anda akan berkata tentang ketegasan ibu anda terhadap anda?

a. Sangat kurang tegas b. Agak kurang tegas c. Lebih kurang sama

d. Agak lebih tegas e. Jauh lebih tegas

4. Berapa banyak yang anda rasa anda boleh bercakap dengan bapa anda tentang masalah anda?

a. Tidak sama sekali b. Sedikit c. Sederhana d. Agak banyak e. Sangat banyak

5. Berapa banyak yang anda rasa bapa anda mengambil berat tentang anda?

a. Tidak sama sekali b. Sedikit c. Sederhana d. Agak banyak e. Sangat banyak

6. Berbanding dengan bapa yang lain, bagaimanakah anda akan berkata tentang ketegasan bapa anda terhadap anda?

a. Sangat kurang tegas b. Agak kurang tegas c. Lebih kurang sama

d. Agak lebih tegas e. Jauh lebih tegas

**BAHAGIAN D:** *Sila isi atau tanda pada pernyataan yang berkenaan.*

**(I) Persepsi Status Berat Badan**

1. Apakah pandangan anda terhadap berat badan anda sekarang?
a. Kurang berat badan b. Normal c. Berlebihan berat badan d. Obese

**(II) Persepsi Kepuasaan Bahagian-bahagian Tubuh Badan**

1= Sangat tidak berpuas hati
2= Tidak berpuas hati
3= Di antara berpuas hati dan tidak berpuas hati
4= Berpuas hati
5= Sangat berpuas hati

| No. | Bahagian Tubuh Badan | Skala | | | | |
|---|---|---|---|---|---|---|
| 1. | Berat badan | 1 | 2 | 3 | 4 | 5 |
| 2. | Bentuk badan | 1 | 2 | 3 | 4 | 5 |
| 3. | Saiz otot | 1 | 2 | 3 | 4 | 5 |

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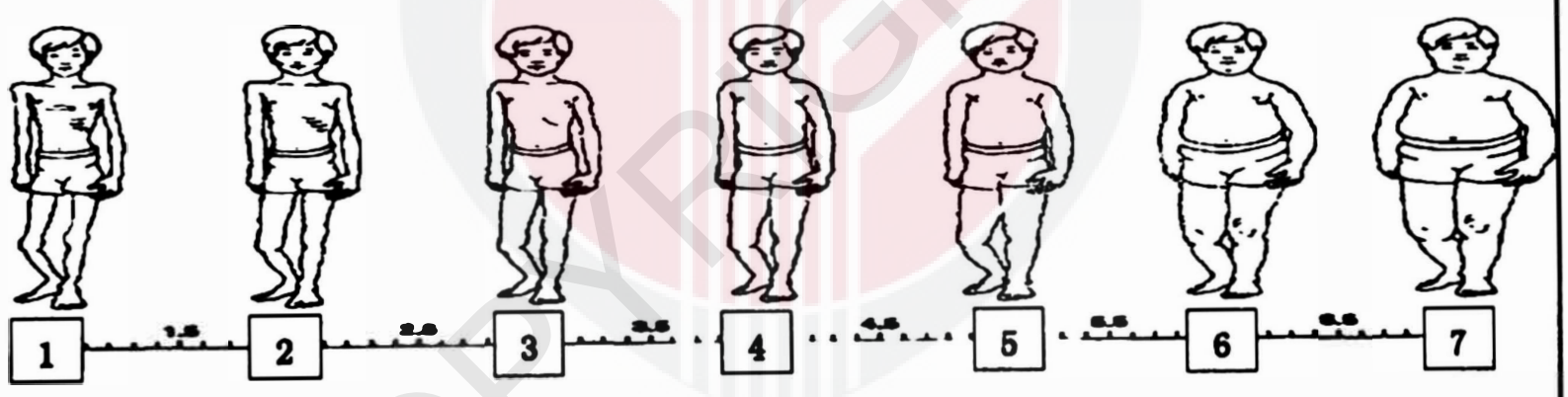
1= Sangat tidak berpuas hati
2= Tidak berpuas hati
3= Di antara berpuas hati dan tidak berpuas hati
4= Berpuas hati
5= Sangat berpuas hati

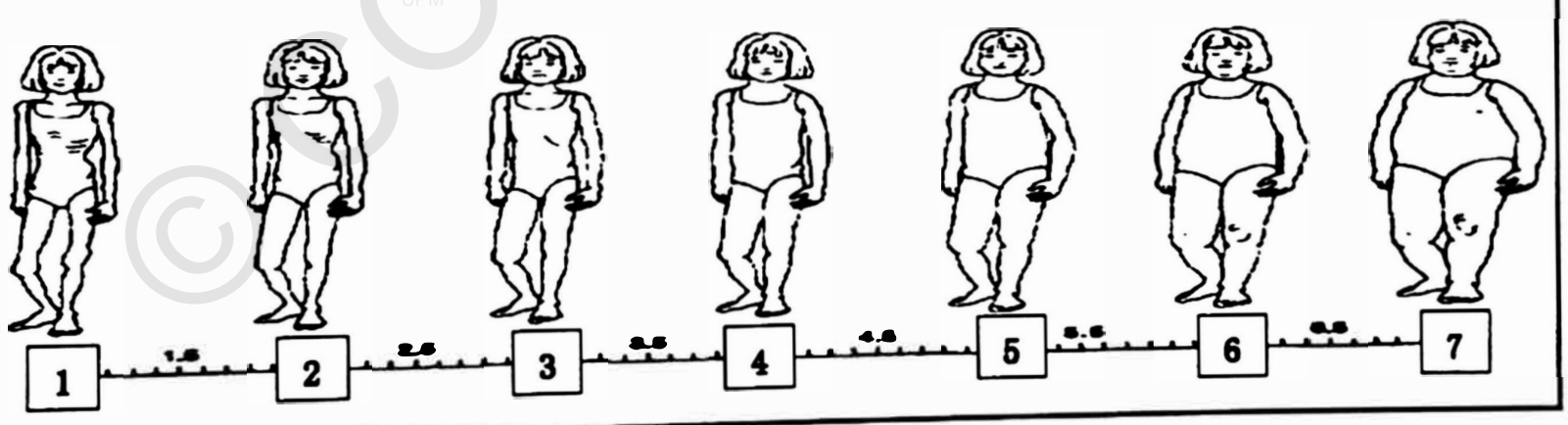
| No. | Bahagian Tubuh Badan | Skala | | | | |
|---|---|---|---|---|---|---|
| 4. | Pinggul | 1 | 2 | 3 | 4 | 5 |
| 5. | Paha | 1 | 2 | 3 | 4 | 5 |
| 6. | Dada | 1 | 2 | 3 | 4 | 5 |
| 7. | Saiz kelebaran bahu | 1 | 2 | 3 | 4 | 5 |
| 8. | Kaki | 1 | 2 | 3 | 4 | 5 |
| 9. | Lengan | 1 | 2 | 3 | 4 | 5 |
| 10. | Bahagian tengah badan (pinggang, perut) | 1 | 2 | 3 | 4 | 5 |

**(III) Persepsi Saiz Bentuk Badan**

**Rajah 1: Hanya untuk lelaki**




**Rajah 2: Hanya untuk perempuan**




1. Sila nyatakan satu rajah yang mewakili bentuk badan anda sekarang.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|

2. Rajah yang manakah paling ideal dan paling diingini bagi saiz bentuk badan anda?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|

**BAHAGIAN E:** *Bahagian Antropometri (untuk diisi oleh PENYELIDIK sahaja)*

| | Bacaan 1 | Bacaan 2 | Purata |
|---|---|---|---|
| Berat Badan (kg) | | | |
| Ketinggian (cm) | | | |

**Soalan Tamat. Terima Kasih!**

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编号：

**JABATAN PEMAKANAN DAN DIETETIK FAKULTI PERUBATAN DAN SAINS KESIHATAN UNIVERSITI PUTRA MALAYSIA**

# 问卷调查（学生）

## 吉隆坡小学生：营养和社会文化因素与自尊之间的关联

研究员 : 杨诗盈（177232）

研究员的导师 : 陈奕绣博士

日期 :

**注：**

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**(一) *请填写以下的资料。***

1. 性别:
   ☐ 男 ☐女

2. 种族
   ☐ 马来人 ☐ 华人 ☐ 印度人 ☐ 其他（请说明）：_____

3. 生日（日/月/年）: _____/_____/_____

4. 年龄: _____岁

**(二) *请选择并圈出一个答案。***

| 0= 非常不赞同 | 1= 不赞同 | 2= 赞同 | 3= 非常赞同 | | | |
|---|---|---|---|---|---|---|
| **No** | **句子** | **指数** | | | | |
| 1. | 整体来说，我满意自己。 | 0 | 1 | 2 | 3 |
| 2. | 有时，我会觉得自己有点好处都没有。 | 0 | 1 | 2 | 3 |
| 3. | 我觉得自己有不少优点。 | 0 | 1 | 2 | 3 |
| 4. | 我能够做到与大部分人的表现一样好。 | 0 | 1 | 2 | 3 |
| 5. | 我认为自己没有什么可以值得自豪 | 0 | 1 | 2 | 3 |
| 6. | 有时，我十分觉得自己毫无用处。 | 0 | 1 | 2 | 3 |
| 7. | 我觉得自己是个有价值的人， 至少我有与其他人一样的价值。 | 0 | 1 | 2 | 3 |
| 8. | 我希望我能够多一些尊重自己。 | 0 | 1 | 2 | 3 |
| 9. | 从各方面来看，我是较倾向觉得自己是个失败者。 | 0 | 1 | 2 | 3 |
| 10. | 我用正面的态度看自己。 | 0 | 1 | 2 | 3 |

**(三) *请选择并圈出一个答案。***

1. 您觉得您能跟您的妈妈聊多少关于您的问题？

   a. 完全不能 b. 较少 c. 有些 d. 较多 e. 非常多

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2. 您觉得您的妈妈有多关心您？

a. 完全没有　　b. 较少　　c. 有些　　d. 较多　　e. 非常多

3. 与其他人的妈妈相比，您会怎么形容您的妈妈有多严格？

a. 更少严格　　b. 较少严格　　c. 不相上下

d. 较多严格　　e. 更多严格

4. 您觉得您能跟您的爸爸聊多少关于您的问题？

a. 完全不能　　b. 较少　　c. 有些　　d. 较多　　e. 非常多

5. 您觉得您的爸爸有多关心您？

a. 完全没有　　b. 较少　　c. 一些　　d. 较多　　e. 非常多

6. 与其他人的爸爸相比，您会怎么形容您的爸爸有多严格？

a. 更少严格　　b. 较少严格　　c. 不相上下

d. 较多严格　　e. 更多严格

**（四）*请选择并圈出一个答案及在空格上填写您的答案。***

**(I)　体重状况感知**

1. 请问您对自己现在的体重有什么看法？

a. 过轻　　b. 正常　　c. 过重　　d. 过于肥胖

**(II)　身体部位的满意指数**

1=非常不满意　2=不满意　3=在满意与不满意之间　4=满意　5=非常满意

| No. | 身体部位 | 指数 | | | | |
|---|---|---|---|---|---|---|
| 1. | 体重 | 1 | 2 | 3 | 4 | 5 |
| 2. | 身型 | 1 | 2 | 3 | 4 | 5 |
| 3. | 肌肉 | 1 | 2 | 3 | 4 | 5 |

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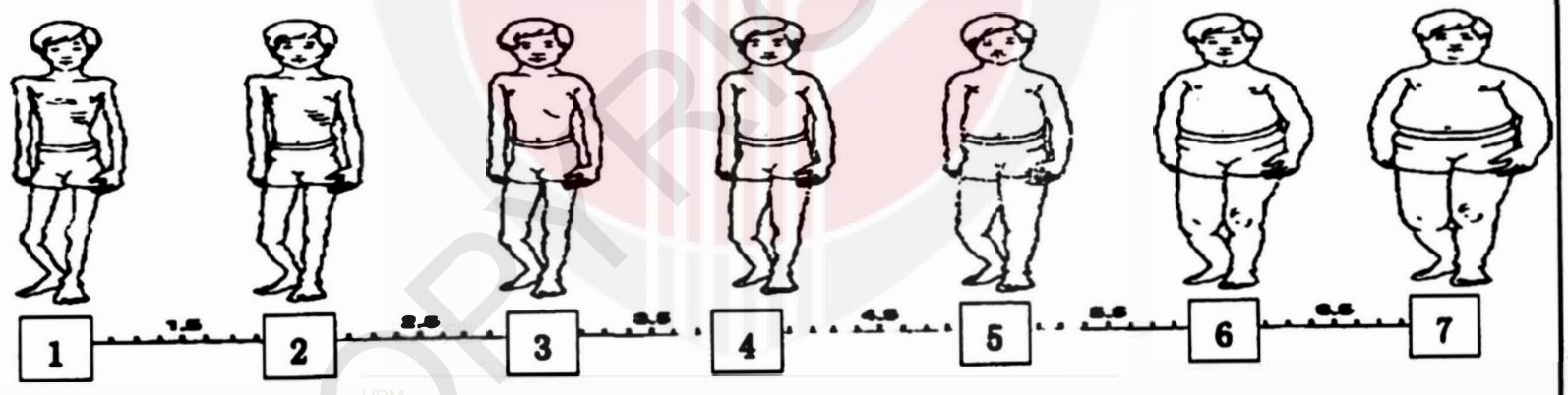
1=非常不满意　2=不满意　3=在满意与不满意之间　4=满意　5=非常满意

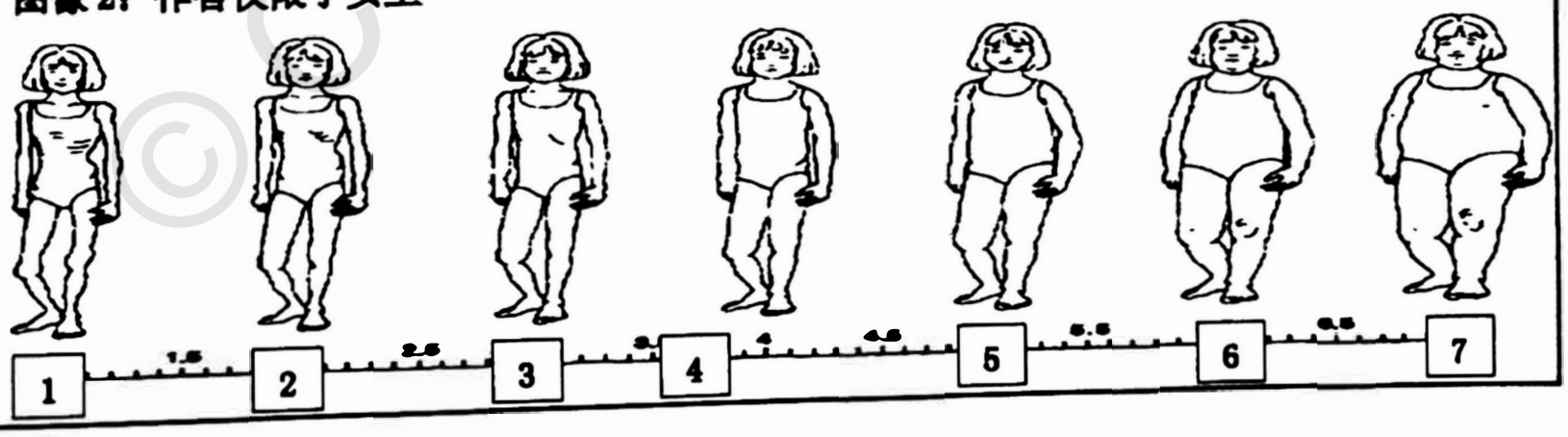
| No. | 身体部位 | 指数 | | | | |
|---|---|---|---|---|---|---|
| 4. | 臀 | 1 | 2 | 3 | 4 | 5 |
| 5. | 大腿 | 1 | 2 | 3 | 4 | 5 |
| 6. | 胸膛 | 1 | 2 | 3 | 4 | 5 |
| 7. | 肩膀宽度 | 1 | 2 | 3 | 4 | 5 |
| 8. | 脚 | 1 | 2 | 3 | 4 | 5 |
| 9. | 手臂 | 1 | 2 | 3 | 4 | 5 |
| 10. | 身躯的中间部分（腰，肚子） | 1 | 2 | 3 | 4 | 5 |

**(III) 体型感知**

**图像 1：作答仅限于男生**




**图像 2：作答仅限于女生**




1. 请问您觉得您看起来最像图像中的哪一个人？

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|

2. 请问您觉得您最想看起来像图象中的哪一个人？

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|

**(五)** *人体测量（仅填于研究人员）*

| | 测量 1 | 测量 2 | 平均数 |
|---|---|---|---|
| 体重 (kg) | | | |
| 体高 (cm) | | | |

**问卷完毕。谢谢!**

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UNIVERSITI PUTRA MALAYSIA

BERILMU BERBAKTI

**Faculty of Medicine and Health Sciences**

**Department of Nutrition and Dietetics**

**(கேள்வித்தாள்)**

**கோலாலும்பூர் ஆரம்ப பள்ளி மாணவர்களின் உணவு பழக்கத்துடன் கூடிய சுய மரியாதைக்கும் அவர்களின் கலாச்சாரத்திற்கும் இடையே உள்ள தொடர்பு.**

ஆராயசியாளர : Yong Tze Ying (177232)

மேற்பார்வையாளர் : Dr. Chin Yit Siew

தேதி :

குறிப்பு:

வழங்கப்பட்டுள்ள அனைத்துத் தகவல்களும் இரகசியமாக வைக்கப்படுவதோடு இவை முழுமையாக ஆய்வு நோக்கத்திற்கு மட்டுமே பயன்படுத்தப்படும். தகவல்களை அளிப்பதில் உங்களிடமிருந்து நேர்மையையும் உண்மையையும் எதிர்பார்க்கப்படுகிறது. உங்களது ஒத்துழைப்பை பெரிதும் பாராட்டுவதோடு ஆழ்ந்த நன்றியைத் தெரிவித்துக் கொள்கிறோம்.

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1. பாலினம்:

☐ ஆண ☐ பெண்

2. இனம்:

☐ மலாய் ☐ சீனர ☐ இந்தியர ☐ வேறு (குறிப்பிடுக): _____

3. பிறந்த திகதி (நாள்.:.மாதம்.:.வருடம்): _____/_____/_____

4. வயது: _____ வயது

**(B) ஒரு பதிலைத் தேர்ந்தெடுத்து வட்டமிடவும்**

*0=* வலுவாக உடன்படவில்லை *1=* கருத்து வேறுபாடு

2= ஒப்புக்கொள்கிறேன் 3= உறுதியாக ஒப்புக்கொள்கிறேன்

| எண் | அறிக்கை | அளவு | | | |
|---|---|---|---|---|---|
| 1. | *என்னைப் பற்றிய எல்லா விஷயங்களையும் நான் நினைத்து பார்க்கும் போது, எனக்கு திருப்தியாக இருக்கிறது.* | 0 | 1 | 2 | 3 |
| 2. | *சில நேரங்களில், நான் எந்த விதத்திலும் சிறந்தவளாக இல்லை என்று நினைக்கிறேன்.* | 0 | 1 | 2 | 3 |
| 3. | *என்னிடம் நிறைய நல்ல பண்புகள் இருப்பதாக எனக்கு தோன்றுகிறது.* | 0 | 1 | 2 | 3 |
| 4. | *மற்ற பலரைப் போல என்னாலும் பல விஷயங்களை செய்ய முடிகிறது* | 0 | 1 | 2 | 3 |
| 5. | *பெருமைப்பட்டுக் கொள்வதற்கென என்னிடம் பெரிதாக ஒன்றும் இல்லை என எனக்கு தோன்றுகிறது.* | 0 | 1 | 2 | 3 |
| 6. | *சில நேரங்களில் நான் ஒன்றுக்கும் உதவவாதவள் என்று நிச்சயமாக தோன்றுகிறது.* | 0 | 1 | 2 | 3 |
| 7. | *மற்றவர்களுக்கு இணையான நிலையிலாவது, நான் மதிப்பு வாய்ந்தவள் என்று எனக்கு தோன்றுகிறது.* | 0 | 1 | 2 | 3 |
| 8. | *என் மீது எனக்கு உள்ள மரியாதை இன்னும் கூடுதலாக இருக்கலாம் என நான் ஆசைப்படுகிறேன்.* | 0 | 1 | 2 | 3 |
| 9. | *எல்லாவற்றையும் வைத்து பார்க்கும் போது, நான் ஒரு தோல்வி அடைந்தவள் என்று நான் உணர வைக்கப்படுகிறேன்.* | 0 | 1 | 2 | 3 |
| 10. | *என்னைப் பற்றி நான் நினைத்து பார்க்கும் போது, நல்லவிதமான பார்வையை நான் கொண்டிருக்கிறேன்.* | 0 | 1 | 2 | 3 |

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1. நீங்கள் உங்கள் பிரச்சனைகள் பற்றி உங்கள் அம்மாவிடம் எவ்வளவு பேச முடியும் என்று நினைக்கிறீர்கள்?

   a. இல்லை b. சிறிய c. சற்று d. மிகவும் சிறிய e. மிகவும்

2. அம்மா தங்களைப்பற்றி கவலைப்படுவதில்லை என்று நீங்கள் எவ்வளவு நினைக்கிறீர்கள்?

   a. இல்லை b. சிறிய c. சற்று d. மிகவும் சிறிய e. மிகவும்

3. மற்ற தாய்மார்களை ஒப்பிடும்போது, அம்மா உங்களிடம் எவ்வளவு கண்டிப்பாக இருக்கிறார்கள் என்று நீங்கள் கூறுவீர்கள்?

   a. மிகவும் குறைவான கண்டிப்பு b. ஓரளவு குறைவான கண்டிப்பு
   c. எப்பவும் போல் d. ஓரளவு நிறைவ கண்டிப்பு
   e. மிக மிக கண்டிப்பு

4. நீங்கள் உங்கள் பிரச்சனைகள் பற்றி உங்கள் தந்தையிடம் எவ்வளவு பேசமுடியும் என்று நினைக்கிறீர்கள்?

   a. இல்லை b. சிறிய c. சற்று d. மிகவும் சிறிய e. மிகவும்

5. தந்தை தங்களைப்பற்றி கவலைப்படுவதில்லை என்று நீங்கள் எவ்வளவு நினைக்கிறீர்கள்?

   a. இல்லை b. சிறிய c. சற்று d. மிகவும் சிறிய e. மிகவும்

6. மற்ற தந்தைமார்களை ஒப்பிடும்போது, உங்கள் தந்தை உங்களிடம் எவ்வளவு கண்டிப்பாக இருக்கிறார் என்று நீங்கள் கூறுவீர்கள்?

   a. மிகவும் குறைவான கண்டிப்பு b. ஓரளவு குறைவான கண்டிப்பு
   c. எப்பவும் போல் d. ஓரளவு நிறைய கண்டிப்பு
   e. மிக மிக கண்டிப்பு

**(D)** ***சம்பந்தப்பட்ட கூற்றினைத் தேர்ந்தெடுத்து நிரப்புக / வட்டமிடுக***

**(I)** **உடல் எடை நிலையை உணர்தல்**

1. உங்கள் தற்போதைய உடல் எடை நிலையை உங்கள் கருத்து என்ன

   a. எடை b. சாதாரண எடை
   c. அதிக எடை d. பருமனான

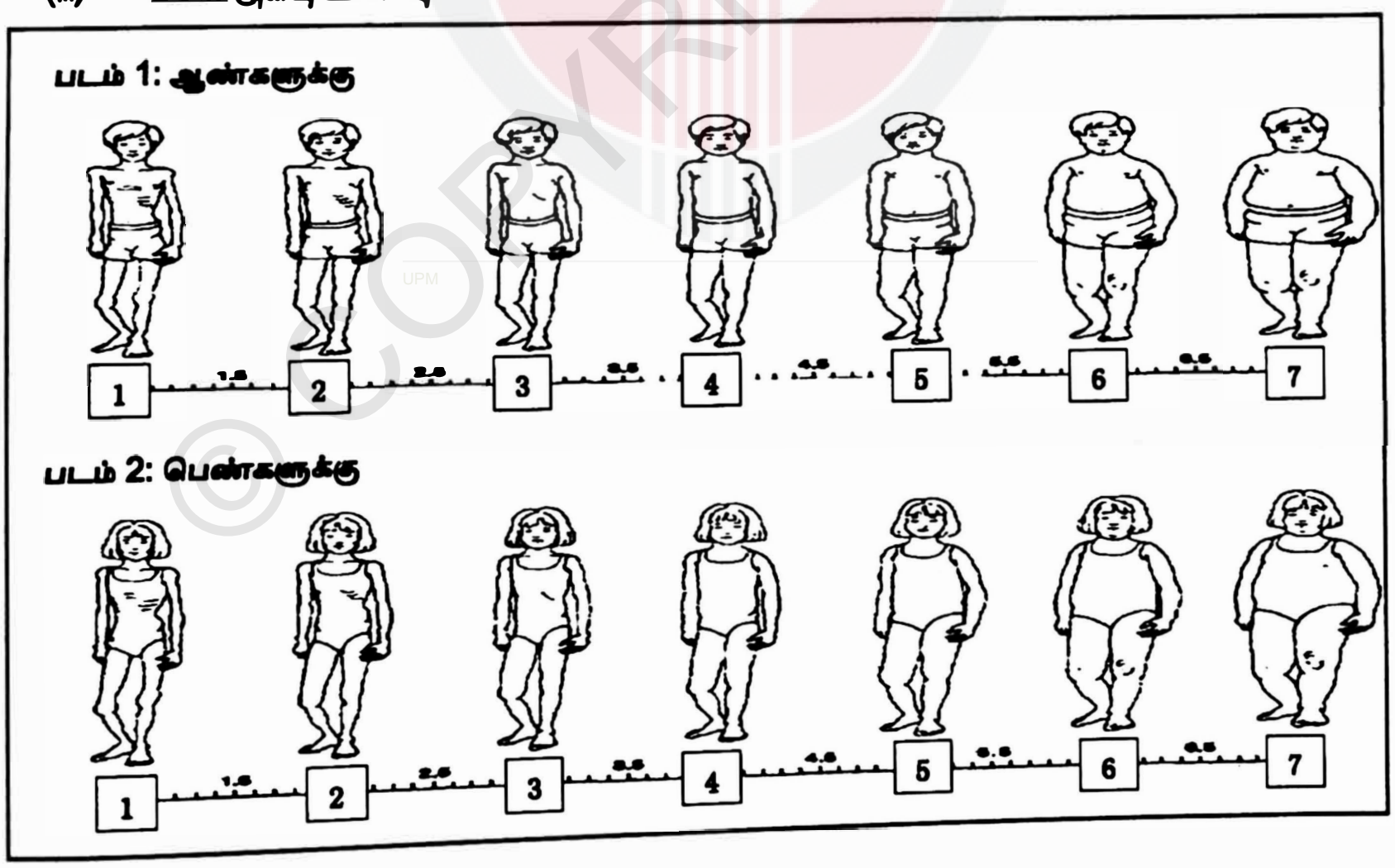
(II) **உடல் பாகங்கள் பற்றிய பார்வை**

1= மிகவும் அதிருப்தி 2= அதிருப்தி 3= இடையில் திருப்தி அதிருப்தி

4= ருப்தி 5= மிகவும் திருப்தி

| எண் | உடல் பாகங்கள் | அளவு | | | | |
|---|---|---|---|---|---|---|
| 1. | உடல் எடை | 1 | 2 | 3 | 4 | 5 |
| 2. | உடல் வடிவம் | 1 | 2 | 3 | 4 | 5 |
| 3. | தசை அளவு | 1 | 2 | 3 | 4 | 5 |
| 4. | இடுப்பு | 1 | 2 | 3 | 4 | 5 |
| 5. | தொடைகள் | 1 | 2 | 3 | 4 | 5 |
| 6. | மார்பு | 1 | 2 | 3 | 4 | 5 |
| 7. | தோள்களின் அளவு/அகலம் | 1 | 2 | 3 | 4 | 5 |
| 8. | கால்கள் | 1 | 2 | 3 | 4 | 5 |
| 9. | கரங்களில் | 1 | 2 | 3 | 4 | 5 |
| 10. | உடம்பின் நடுப்பகுதி (இடுப்பு, வயிறு) | 1 | 2 | 3 | 4 | 5 |

(III) **உடல் அளவு உணர்வு**

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1. அ. எந்த படம் மிகவும் உங்களைப்போல் காட்டுகிறது?

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

2. ஆ. உங்கள் விருப்பம்போல் அமைந்துள்ள படம் எது?

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

**(E) ஆந்த்ரோமெட்ரிக் அளவிட்டு (ஆராய்ச்சியாளரால் நிரப்பலாம்)**

| | Bacaan 1 | Bacaan 2 | Purata |
|---|---|---|---|
| Berat Badan (kg) | | | |
| Ketinggian (cm) | | | |

**கேள்வி முடிந்தது. நன்றி!**

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# Appendix I

## Parental Self-Administered Questionnaire

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**No. Rujukan:** | | | |

**JABATAN PEMAKANAN DAN DIETETIK**

**FAKULTI PERUBATAN DAN SAINS KESIHATAN**

**UNIVERSITI PUTRA MALAYSIA**

# BORANG SOAL SELIDIK (IBUBAPA/PENJAGA)

***(Borang soal selidik ini paling sesuai disi oleh ibu/bapa/penjaga yang paling kerap menjaga pemakanan anak ini.)**

**Perkaitan Antara Faktor-Faktor Pemakanan Dan Sosio-Budaya Dengan Harga Diri Dalam Kalangan Murid Sekolah Rendah Di Kuala Lumpur.**

Penyelidik : Yong Tze Ying (177232)
Penyelia : Dr. Chin Yit Siew
Tarikh :

**Nota:**

**Segala maklumat yang diberikan adalah sulit dan hanya untuk tujuan penyelidikan semata- mata. Kejujuran dan keikhlasan anda dalam memberi maklumat adalah amat diharapkan. Segala kerjasama yang diberikan amat dihargai dan didahului dengan ucapan jutaan terima kasih.**

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**Bahagian A:** Sila isi atau tanda pada pernyataan yang berkenaan.

1. Hubungan dengan murid ini:
   - ☐ Ibu
   - ☐ Bapa
   - ☐ Penjaga (Sila nyatakan): _____

2. Taraf Perkahwinan Ibu Bapa
   - ☐ Berkahwin
   - ☐ Bercerai
   - ☐ Lain-lain (Sila nyatakan) _____

3. Taraf Pendidikan **BAPA**:
   - ☐ Tiada Bersekolah Formal
   - ☐ Sekolah Rendah
   - ☐ Sekolah Menengah
   - ☐ Universiti atau Kolej

4. Taraf Pendidikan **IBU**:
   - ☐ Tiada Bersekolah Formal
   - ☐ Sekolah Rendah
   - ☐ Sekolah Menengah
   - ☐ Universiti atau Kolej

5. Pekerjaaan **BAPA**: _____

6. Pekerjaaan **IBU**: _____

7. Pendapatan Bulanan Jumlah Isi Rumah: RM _____

   - ☐ < RM2300.00
   - ☐ RM2300.00 – RM5599.99
   - ☐ ≥ RM5600.00

**Bahagian B:** Sila jawab semua soalan di bawah dan **bulatkan HANYA satu jawapan** sahaja.

| 1= Tidak pernah 2= Jarang 3= Kadang-kadang 4= Kerap 5= Selalu | | | | | | |
|---|---|---|---|---|---|---|
| **No** | **Tingkah laku makan** | **Skala** | | | | |
| 1. | Anak saya suka makanan. | 1 | 2 | 3 | 4 | 5 |
| 2. | Anak saya makan banyak apabila risau. | 1 | 2 | 3 | 4 | 5 |
| 3. | Anak saya berselera apabila makan. | 1 | 2 | 3 | 4 | 5 |
| 4. | Anak saya habiskan makanan dengan cepat. | 1 | 2 | 3 | 4 | 5 |
| 1= Tidak pernah 2= Jarang 3= Kadang-kadang 4= Kerap 5= Selalu | | | | | | |

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| No | Tingkah laku makan | Skala | | | | |
|---|---|---|---|---|---|---|
| 5. | Anak saya berminat pada makanan. | 1 | 2 | 3 | 4 | 5 |
| 6. | Anak saya selalu hendak minum minuman. | 1 | 2 | 3 | 4 | 5 |
| 7. | Anak saya menolak makanan baru pada mulanya. | 1 | 2 | 3 | 4 | 5 |
| 8. | Anak saya makan dengan perlahan. | 1 | 2 | 3 | 4 | 5 |
| 9. | Anak saya makan sedikit apabila marah. | 1 | 2 | 3 | 4 | 5 |
| 10. | Anak saya suka mencuba makanan baru. | 1 | 2 | 3 | 4 | 5 |
| 11. | Anak saya makan sedikit sahaja apabila penat. | 1 | 2 | 3 | 4 | 5 |
| 12. | Anak saya selalu minta makanan. | 1 | 2 | 3 | 4 | 5 |
| 13. | Anak saya makan banyak apabila geram. | 1 | 2 | 3 | 4 | 5 |
| 14. | Anak saya akan makan terlalu banyak jika dibenarkan. | 1 | 2 | 3 | 4 | 5 |
| 15. | Anak saya makan banyak apabila gelisah. | 1 | 2 | 3 | 4 | 5 |
| 16. | Anak saya suka pelbagai jenis makanan. | 1 | 2 | 3 | 4 | 5 |
| 17. | Anak saya tidak habiskan makanan apabila selesai makan. | 1 | 2 | 3 | 4 | 5 |
| 18. | Anak saya ambil masa lebih daripada 30 minit untuk habiskan makanan. | 1 | 2 | 3 | 4 | 5 |
| 19. | Anak saya akan makan setiap masa jika boleh. | 1 | 2 | 3 | 4 | 5 |
| 20. | Anak saya tertunggu-tunggu waktu makan. | 1 | 2 | 3 | 4 | 5 |
| 21. | Anak saya berasa kenyang sebelum makanan dihabiskan. | 1 | 2 | 3 | 4 | 5 |
| 22. | Anak saya gemar makan. | 1 | 2 | 3 | 4 | 5 |
| 23. | Anak saya makan banyak apabila gembira. | 1 | 2 | 3 | 4 | 5 |
| 24. | Anak saya susah berpuas hati dengan makanan. | 1 | 2 | 3 | 4 | 5 |
| 25. | Anak saya makan sedikit apabila sedih. | 1 | 2 | 3 | 4 | 5 |
| 26. | Anak saya cepat kenyang. | 1 | 2 | 3 | 4 | 5 |
| 27. | Anak saya makan banyak apabila lapang. | 1 | 2 | 3 | 4 | 5 |
| 28. | Walaupun kenyang, anak saya masih mahu makan makanan kegemarannya. | 1 | 2 | 3 | 4 | 5 |
| 29. | Anak saya akan minum minuman sepanjang hari jika boleh. | 1 | 2 | 3 | 4 | 5 |
| 30. | Anak saya tidak boleh makan lagi jika sudah makan makanan ringan. | 1 | 2 | 3 | 4 | 5 |
| 31. | Anak saya akan selalu minum minuman jika boleh. | 1 | 2 | 3 | 4 | 5 |

1= Tidak pernah 2= Jarang 3= Kadang-kadang 4= Kerap 5= Selalu

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| No | Tingkah laku makan | Skala | | | | |
|---|---|---|---|---|---|---|
| 32. | Anak saya minat mencuba makanan yang tidak pernah dirasai. | 1 | 2 | 3 | 4 | 5 |
| 33. | Anak saya tidak suka sesuatu makanan, walaupun belum mencubanya. | 1 | 2 | 3 | 4 | 5 |
| 34. | Anak saya akan sentiasa makan jika boleh. | 1 | 2 | 3 | 4 | 5 |
| 35. | Pada waktu makan, anak saya makan semakin lama, semakin perlahan. | 1 | 2 | 3 | 4 | 5 |

**Soalan Tamat. Terima Kasih!**

**(Borang soal selidik perlu dikembalikan kepada penyelidik melalui anak/penjaga anda)**

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**JABATAN PEMAKANAN DAN DIETETIK**

**FAKULTI PERUBATAN DAN SAINS KESIHATAN**

**UNIVERSITI PUTRA MALAYSIA**

## BORANG SOAL SELIDIK (IBUBAPA/PENJAGA)

## 问卷调查 （父母 / 监护人）

***(Borang soal selidik ini paling sesuai disi oleh ibu/bapa/penjaga yang paling kerap menjaga pemakanan anak ini. / 本调查问卷最适合那些经常关心这孩子的营养的母亲/父亲/监护者填写。)**

**Perkaitan Antara Faktor-Faktor Pemakanan Dan Sosio-Budaya Dengan Harga Diri Dalam Kalangan Murid Sekolah Rendah Di Kuala Lumpur.**

**吉隆坡小学生：营养和社会文化因素与自尊之间的关联**

Penyelidik / 研究员 : Yong Tze Ying / 杨诗盈 (177232)

Penyelia / 研究员的导师 : Dr. Chin Yit Siew / 陈奕绣博士

Tarikh / 日期 :

**Nota:**

**Segala maklumat yang diberikan adalah sulit dan hanya untuk tujuan penyelidikan semata- mata. Kejujuran dan keikhlasan anda dalam memberi maklumat adalah amat diharapkan. Segala kerjasama yang diberikan amat dihargai dan didahului dengan ucapan jutaan terima kasih.**

**注：**

**所有被提供的资料将会保密，并只用于研究目的。您在提供资料时的真实和诚意是我们衷心 所希望的。非常感激您所有给于的合作，在此先致上万二分的谢意。**

**Bahagian A:** Sila isi atau tanda pada pernyataan yang berkenaan.
**项目 A:** 请填入适当的答案或在格子里打勾。

1. Hubungan dengan murid ini/ 与这位学生之间的关系:
   - ☐ Ibu / 母亲
   - ☐ Bapa / 父亲
   - ☐ Penjaga (Sila nyatakan) / 监护者（请说明: _____

2. Taraf Perkahwinan Ibu Bapa / 父母的婚姻状况
   - ☐ Berkahwin / 已结婚
   - ☐ Bercerai / 已离婚
   - ☐ Lain-lain (Sila nyatakan) / 其他（请说明: _____

3. Taraf Pendidikan **BAPA/ 父亲**的教育水平:
   - ☐ Tiada Bersekolah Formal / 没有受过正规教育
   - ☐ Sekolah Rendah / 小学
   - ☐ Sekolah Menengah / 中学
   - ☐ Universiti atau Kolej / 大学或学院

4. Taraf Pendidikan **IBU / 母亲**的教育水平:
   - ☐ Tiada Bersekolah Formal / 没有受过正规教育
   - ☐ Sekolah Rendah /小学
   - ☐ Sekolah Menengah / 中学
   - ☐ Universiti atau Kolej / 大学或学院

5. Pekerjaaan **BAPA / 父亲**的职业: _____

6. Pekerjaaan **IBU / 母亲**的职业: _____

7. Pendapatan Bulanan Jumlah Isi Rumah/ 每月总家庭收入: RM _____
   - ☐ < RM2300.00
   - ☐ RM2300.00 – RM5599.99
   - ☐ RM5600.00

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**Bahagian B:** Sila jawab semua soalan di bawah dan **bulatkan HANYA satu jawapan** sahaja.

**项目 B:** 请在您选择的答案号码上画圈。每项问题**只限一个答案**。

1= Tidak pernah / 从来没有 2= Jarang / 很少 3= Kadang-kadang / 偶尔
4= Kerap / 经常 5= Selalu / 频密发生

| No | Tingkah laku makan / 饮食行为 | Skala / 指数 | | | | |
|---|---|---|---|---|---|---|
| 1. | Anak saya suka makanan. / 我的孩子喜欢食物。 | 1 | 2 | 3 | 4 | 5 |
| 2. | Anak saya makan banyak apabila risau. / 我的孩子焦虑时会吃得比较多。 | 1 | 2 | 3 | 4 | 5 |
| 3. | Anak saya berselera apabila makan. / 我的孩子胃口很大。 | 1 | 2 | 3 | 4 | 5 |
| 4. | Anak saya habiskan makanan dengan cepat. / 我的孩子吃东西的速度很快。 | 1 | 2 | 3 | 4 | 5 |
| 5. | Anak saya berminat pada makanan. / 我的孩子对食物有兴趣。 | 1 | 2 | 3 | 4 | 5 |
| 6. | Anak saya selalu hendak minum minuman. / 我的孩子经常讨饮料喝。 | 1 | 2 | 3 | 4 | 5 |
| 7. | Anak saya menolak makanan baru pada mulanya. / 我的孩子拒绝品尝新的食物。 | 1 | 2 | 3 | 4 | 5 |
| 8. | Anak saya makan dengan perlahan. / 我的孩子吃东西的速度很慢。 | 1 | 2 | 3 | 4 | 5 |
| 9. | Anak saya makan sedikit apabila marah. / 我的孩子生气时会吃得比较少。 | 1 | 2 | 3 | 4 | 5 |
| 10. | Anak saya suka mencuba makanan baru. / 我的孩子享受品尝新的食物。 | 1 | 2 | 3 | 4 | 5 |
| 11. | Anak saya makan sedikit sahaja apabila penat. / 我的孩子疲累时会吃得比较少。 | 1 | 2 | 3 | 4 | 5 |
| 12. | Anak saya selalu minta makanan. / 我的孩子经常讨食物吃。 | 1 | 2 | 3 | 4 | 5 |
| 13. | Anak saya makan banyak apabila geram. / 我的孩子烦燥时会吃得比较多。 | 1 | 2 | 3 | 4 | 5 |
| 14. | Anak saya akan makan terlalu banyak jika dibenarkan. / 若被允许，我的孩子会吃得过多。 | 1 | 2 | 3 | 4 | 5 |
| 15. | Anak saya makan banyak apabila gelisah. / 我的孩子紧张时会吃得比较多。 | 1 | 2 | 3 | 4 | 5 |
| 16. | Anak saya suka pelbagai jenis makanan. / 我的孩子享受多样化的食物。 | 1 | 2 | 3 | 4 | 5 |
| 17. | Anak saya tidak habiskan makanan apabila selesai makan. / 吃饱后，我孩子的盘子里仍剩下食物。 | 1 | 2 | 3 | 4 | 5 |



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1= Tidak pernah / 从来没有 2= Jarang / 很少 3= Kadang-kadang / 偶尔
4= Kerap / 经常 5= Selalu / 频密发生

| No | Tingkah laku makan / 饮食行为 | Skala / 指数 | | | | |
|---|---|---|---|---|---|---|
| 18. | Anak saya ambil masa lebih daripada 30 minit untuk habiskan makanan. / 我的孩子需用超过 30 分钟才能吃完一餐。 | 1 | 2 | 3 | 4 | 5 |
| 19. | Anak saya akan makan setiap masa jika boleh. / 若能选择, 我孩子大多数时间都在吃东西。 | 1 | 2 | 3 | 4 | 5 |
| 20. | Anak saya tertunggu-tunggu waktu makan. / 我的孩子很期待用餐时刻的到来。 | 1 | 2 | 3 | 4 | 5 |
| 21. | Anak saya berasa kenyang sebelum makanan dihabiskan. / 我的孩子还没吃完盘里的食物就已经觉得饱了。 | 1 | 2 | 3 | 4 | 5 |
| 22. | Anak saya gemar makan. / 我的孩子享受吃东西。 | 1 | 2 | 3 | 4 | 5 |
| 23. | Anak saya makan banyak apabila gembira. / 我的孩子开心时会吃得比较多。 | 1 | 2 | 3 | 4 | 5 |
| 24. | Anak saya susah berpuas hati dengan makanan. / 我的孩子对食物很挑剔，难满足。 | 1 | 2 | 3 | 4 | 5 |
| 25. | Anak saya makan sedikit apabila sedih. / 我的孩子伤心时会吃得较少。 | 1 | 2 | 3 | 4 | 5 |
| 26. | Anak saya cepat kenyang. / 我的孩子很容易觉得饱。 | 1 | 2 | 3 | 4 | 5 |
| 27. | Anak saya makan banyak apabila lapang. / 当没事做时，我的孩子会吃得比较多。 | 1 | 2 | 3 | 4 | 5 |
| 28. | Walaupun kenyang, anak saya masih mahu makan makanan kegemarannya. / 尽管我的孩子已经觉得饱了，但他/她还是会继续吃他/她爱吃的食物。 | 1 | 2 | 3 | 4 | 5 |
| 29. | Anak saya akan minum minuman sepanjang hari jika boleh. / 若情况允许, 我的孩子会一整天都喝料。 | 1 | 2 | 3 | 4 | 5 |
| 30. | Anak saya tidak boleh makan lagi jika sudah makan makanan ringan. / 我的孩子吃了小食/点心后，就吃不下主食了。 | 1 | 2 | 3 | 4 | 5 |
| 31. | Anak saya akan selalu minum minuman jika boleh. / 若情况允许, 我的孩子会经常喝饮料。 | 1 | 2 | 3 | 4 | 5 |
| 32. | Anak saya minat mencuba makanan yang tidak pernah dirasai. / 我的孩子有兴趣品尝他/她未品尝过的食物。 | 1 | 2 | 3 | 4 | 5 |
| 33. | Anak saya tidak suka sesuatu makanan, walaupun belum mencubanya. / 在未品尝某新食物之前，我的孩子就已下定论他 / 她不会喜欢此食物。 | 1 | 2 | 3 | 4 | 5 |

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| 1= Tidak pernah / 从来没有 2= Jarang / 很少 3= Kadang-kadang / 偶尔 4= Kerap / 经常 5= Selalu / 频密发生 | | | | | | |
|---|---|---|---|---|---|---|
| **No** | **Tingkah laku makan / 饮食行为** | **Skala / 指数** | | | | |
| 34. | Anak saya akan sentiasa makan jika boleh. / 若情况允许, 我的孩子总是吃不停。 | 1 | 2 | 3 | 4 | 5 |
| 35. | Pada waktu makan, anak saya makan semakin lama, semakin perlahan. / 吃饭时, 我的孩子会越吃越慢。 | 1 | 2 | 3 | 4 | 5 |

**Soalan Tamat. Terima Kasih! (Borang soal selidik perlu dikembalikan kepada penyelidik melalui anak/penjaga anda)**

**问卷完毕。谢谢! (请通过您的孩子把调查问卷交回给研究员。)**

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No. Rujukan/ குறிப்பு எண் :

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# JABATAN PEMAKANAN DAN DIETETIK
# FAKULTI PERUBATAN DAN SAINS KESIHATAN
# UNIVERSITI PUTRA MALAYSIA

## BORANG SOAL SELIDIK (IBUBAPA/PENJAGA)

**கேளவித்தாள் (பெற்றோர்.பாதுகாவலர்)**

***(Borang soal selidik ini paling sesuai disi oleh ibu/bapa/penjaga yang paling kerap menjaga pemakanan anak ini.)**

***(இகே கள்வித்தாள் இச்சிறாரின் உணவு முறையை அறிந்த அம்மா/அப்ப ா/ பாதுகாவலரால் நிரப்பப்பட வேண்டும்)**

**Perkaitan Antara Faktor-Faktor Pemakanan Dan Sosio-Budaya Dengan Harga Diri Dalam Kalangan Murid Sekolah Rendah Di Kuala Lumpur.**

**கோலாலும்பூர் ஆரம்ப பள்ளி மாணவர்களின் உணவு பழக்கத்துடன் கூடிய சுய மரியாதைக்கும் அவர்களின் கலாச்சாரத்திற்கும் இடையே உள்ள தொடர்பு.**

Penyelidik / ஆராயசியாளர : Yong Tze Ying (177232)
Penyelia / மேற்பார்வையாளர் : Dr. Chin Yit Siew
Tarikh / தேதி :

Nota:

Segala maklumat yang diberikan adalah sulit dan hanya untuk tujuan penyelidik sahaja.
Kejujuran dan keihlasan anda dalam member maklumat adalah amat diharapkan dan dihargai.
Segala kerjasama yang diberikan didahulukan dengan jutaan terima kasih.

குறிப்பு:

வழங்கப்பட்டுள்ள அனைத்துத் தகவல்களும் இரகசியமாக வைக்கப்படுவதோடு இவை முழுமையாக ஆய்வு நோக்கத்திற்கு மட்டுமே பயன்படுத்தப்படும். தகவல்களை அளிப்பதில் உங்களிடமிருந்து நேர்மையையும் உண்மையையும் எதிர்பார்க்கப்படுகிறது. உங்களது ஒத்துழைப்பை பெரிதும் பாராட்டுவதோடு ஆழ்ந்த நன்றியைத் தெரிவித்துக் கொள்கிறோம்.

**Bahagian A:** Sila isi atau tanda pada pernyataan yang berkenaan.
**பகுதி அ :** கீழ் உள்ளவற்றை நிரப்புக.்.குறியிடுக

1. Hubungan dengan murid ini/ சிராருடன் கொண்ட உறவு:
   - ☐ Ibu / அம்மா
   - ☐ Bapa / அப்பா
   - ☐ Penjaga (Sila nyatakan) / பாதுகாவலர (குறிப்பிடுக): _____

2. Taraf Perkahwinan Ibu Bapa / திருமண நிலை அம்மா அப்பா:
   - ☐ Berkahwin / திருமணமாணவர
   - ☐ Bercerai / விவாகரத்தாணவர
   - ☐ Lain-lain (Sila nyatakan) / வேறு (குறிப்பிடுக): _____

3. Taraf Pendidikan **BAPA**/ கல்வி தகுதி அப்பா:
   - ☐ Tiada Bersekolah Formal / முறையான கல்வி இல்லை
   - ☐ Sekolah Rendah / முறையான கல்வி இல்லை
   - ☐ Sekolah Menengah / இடைநிலை கல்வி
   - ☐ Universiti atau Kolej / பல்கலைக்கழகம் அல்லது கல்லூரி

4. Taraf Pendidikan **IBU** / கல்வி தகுதி அம்மா:
   - ☐ Tiada Bersekolah Formal / முறையான கல்வி இல்லை
   - ☐ Sekolah Rendah / முறையான கல்வி இல்லை
   - ☐ Sekolah Menengah / இடைநிலை கல்வி
   - ☐ Universiti atau Kolej / பல்கலைக்கழகம் அல்லது கல்லூரி

5. Pekerjaaan **BAPA** / உத்தியோகம் அப்பா: _____

6. Pekerjaaan **IBU** / உத்தியோகம் அம்மா : _____

7. Pendapatan Bulanan Jumlah Isi Rumah / மாத வீட்டு வருமானம்: RM_____
   - ☐ < RM2300.00
   - ☐ RM2300.00 – RM5599.99
   - ☐ ≥ RM5600.00

**Bahagian B:** Sila jawab semua soalan di bawah dan **bulatkan HANYA satu jawapan** sahaja.
**பகுதி ஆ:** அனைத்து கேள்விகளுக்கும் பதில் அளிக்கவும். ஒரு பதிலை மட்டுமே வட்டமிடுக.

1= Tidak pernah / ஒரு போதும் இல்லை 2= Jarang / அரிதாக 3= Kadang-kadang / எப்போதாவது 4= Kerap / அடிக்கடி 5= Selalu / எப்பொழுதும்

| No | Tingkah laku makan / உணவு பழக்கவழக்கம் | Skala / அளவு | | | | |
|---|---|---|---|---|---|---|
| 1. | Anak saya suka makanan. / என் குழந்தைக்கு உணவு பிடிக்கும். | 1 | 2 | 3 | 4 | 5 |
| 2. | Anak saya makan banyak apabila risau. / என் குழந்தை கவலையில் அதிகம் உணணுவான் | 1 | 2 | 3 | 4 | 5 |



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| No | Tingkah laku makan / உணவு பழக்கவழக்கம | Skala / அளவு | | | | |
|---|---|---|---|---|---|---|
| 3. | Anak saya berselera apabila makan. / என் குழந்தை நன்றாக உணணுவான். | 1 | 2 | 3 | 4 | 5 |
| 4. | Anak saya habiskan makanan dengan cepat. / என் குழந்தை சீக்கிரமாக உண்ணுவான். | 1 | 2 | 3 | 4 | 5 |
| 5. | Anak saya berminat pada makanan. / என் குழந்தைக்கு உணவு நாட்டம் அதிகம். | 1 | 2 | 3 | 4 | 5 |
| 6. | Anak saya selalu hendak minum minuman. / என் குழந்தை எப்பொழுதும் நீர் அருந்துவான். | 1 | 2 | 3 | 4 | 5 |
| 7. | Anak saya menolak makanan baru pada mulanya. / என் குழந்தை முதலில் உண்ண மறுப்பான். | 1 | 2 | 3 | 4 | 5 |
| 8. | Anak saya makan dengan perlahan. / என் குழந்தை மெதுவாக உண்ணுவான். | 1 | 2 | 3 | 4 | 5 |
| 9. | Anak saya makan sedikit apabila marah. / என் குழந்தை கோபத்தில் குறைவாக உண்ணுவான். | 1 | 2 | 3 | 4 | 5 |
| 10. | Anak saya suka mencuba makanan baru. / என் குழந்தை புதிய உணவுகளை ருசிப்பான். | 1 | 2 | 3 | 4 | 5 |
| 11. | Anak saya makan sedikit sahaja apabila penat. / என் குழந்தை சோர்வில் குறைவாக உண்ணுவான். | 1 | 2 | 3 | 4 | 5 |
| 12. | Anak saya selalu minta makanan. / என் குழந்தை எப்பொழுதும் உணவு கேட்பான். | 1 | 2 | 3 | 4 | 5 |
| 13. | Anak saya makan banyak apabila geram. / என் குழந்தை வெறியில் அதிகமாக உண்ணுவான். | 1 | 2 | 3 | 4 | 5 |
| 14. | Anak saya akan makan terlalu banyak jika dibenarkan. / என் குழந்தை அனுமதி கிடைத்தால் அதிகமாக உண்ணுவான். | 1 | 2 | 3 | 4 | 5 |
| 15. | Anak saya makan banyak apabila gelisah. / என் குழந்தை பரபரப்பில் அதிகமாக உண்ணுவான். | 1 | 2 | 3 | 4 | 5 |
| 16. | Anak saya suka pelbagai jenis makanan. / என் குழந்தை வெறியில் அதிகமாக உண்ணுவான். | 1 | 2 | 3 | 4 | 5 |
| 17. | Anak saya tidak habiskan makanan apabila selesai makan. / என் குழந்தை உணவை முழுமையாக உண்டு முடிக்க மாட்டான். | 1 | 2 | 3 | 4 | 5 |
| 18. | Anak saya ambil masa lebih daripada 30 minit untuk habiskan makanan. / என் குழந்தை 30 நிமிடங்களுக்கு மேல் உண்ணுவான். | 1 | 2 | 3 | 4 | 5 |
| 19. | Anak saya akan makan setiap masa jika boleh. / என் குழந்தை முடிந்த மட்டும் எந்நேரமும் உணணுவான். | 1 | 2 | 3 | 4 | 5 |

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| No | Tingkah laku makan / உணவு பழக்கவழக்கம | Skala / அளவு | | | | |
|---|---|---|---|---|---|---|
| 20. | Anak saya tertunggu-tunggu waktu makan. / என் குழந்தை உணவருந்தும் வேளைக்காக காத்திருப்பான். | 1 | 2 | 3 | 4 | 5 |
| 21. | Anak saya berasa kenyang sebelum makanan dihabiskan. / என் குழந்தைக்கு உணவை முடிப்பதற்குள் வயிறு நிரம்பிவிடும். | 1 | 2 | 3 | 4 | 5 |
| 22. | Anak saya gemar makan. / என் குழந்தை விரும்பி உண்ணுவான். | 1 | 2 | 3 | 4 | 5 |
| 23. | Anak saya makan banyak apabila gembira. / என் குழந்தை ஆணந்தத்தில் அதிகமாக உண்ணுவான். | 1 | 2 | 3 | 4 | 5 |
| 24. | Anak saya susah berpuas hati dengan makanan. / என் குழந்தை உணவருந்துவதில் திருப்தி கொள்ள கடினம். | 1 | 2 | 3 | 4 | 5 |
| 25. | Anak saya makan sedikit apabila sedih. / என் குழந்தை கவலையில் குறைவாக உண்ணுவான். | 1 | 2 | 3 | 4 | 5 |
| 26. | Anak saya cepat kenyang. / என் குழந்தைக்கு சீக்கிரமாக வயிறு நிரம்பிவிடும். | 1 | 2 | 3 | 4 | 5 |
| 27. | Anak saya makan banyak apabila lapang. / என் குழந்தை நேரம் கிடைக்கயில் அதிகம் உணணுவான். | 1 | 2 | 3 | 4 | 5 |
| 28. | Walaupun kenyang, anak saya masih mahu makan makanan kegemarannya. / என் குழந்தைகு வயிறு நிரம்பி இருப்பினும் விருப்பமான உணவை உண்ணுவான். | 1 | 2 | 3 | 4 | 5 |
| 29. | Anak saya akan minum minuman sepanjang hari jika boleh. / என் குழந்தை முடிந்த வரையில் நாள் முழுக்க நீர் மட்டுமே அருந்துவான். | 1 | 2 | 3 | 4 | 5 |
| 30. | Anak saya tidak boleh makan lagi jika sudah makan makanan ringan. / என் குழந்தை நொருவை தீனகீகு பின் உண்ண மாட்டான். | 1 | 2 | 3 | 4 | 5 |
| 31. | Anak saya akan selalu minum minuman jika boleh. / என் குழந்தை முடிந்த வரையில் நரீ மட்டுமே அருந்துவான். | 1 | 2 | 3 | 4 | 5 |
| 32. | Anak saya minat mencuba makanan yang tidak pernah dirasai. / என் குழந்தை புதிய உணவருந்த ஆர்வம் காட்டுவான். | 1 | 2 | 3 | 4 | 5 |
| 33. | Anak saya tidak suka sesuatu makanan, walaupun belum mencubanya. / என் குழந்தை ஒரு சில உணவுகளை சுவைக்காமலே உண்ண மாட்டான். | 1 | 2 | 3 | 4 | 5 |
| 34. | Anak saya akan sentiasa makan jika boleh. / என் குழந்தை முடிந்த வரையில் சாப்பிட்டு கொண்டே இருப்பான். | 1 | 2 | 3 | 4 | 5 |
| 35. | Pada waktu makan, anak saya makan semakin lama, semakin perlahan. / இரவு வேளையில் என் குழந்தை மிகவும் தாமதமாக உண்ணுவான். | 1 | 2 | 3 | 4 | 5 |



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**Soalan Tamat. Terima Kasih!**

**(Borang soal selidik perlu dikembalikan kepada penyelidik melalui anak/penjaga anda)**

**கேள்வி முடிந்தது நன்றி!**

**(அந்த பாரத்தை வகுப்பாசிரியர்கள் மூலம் ஆய்வு மேற்கொள்பவரிடம் ஒப்படைக்க வேண்டும்)**

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