

Self-Reflective Thoughts and Self-Practices of Obese Children: A Case Study of Grade 6 Children in Ubon Ratchathani Province

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ABSTRACT

A qualitative study of obese children regarding self-reflective thoughts and self-reactions to their obesity was conducted using some grade 6 students in Ubon Ratchathani province. The objective of the study was to explore the self-reflective thoughts and self-practices related to the obesity of these children. The 16 participants were grade 6 students who were identified as obese using body mass index criteria. Data were collected between September 2011 and February 2012 by non-participative observation, pictorial ethnography, written self-stories, in-depth interviews, and focus groups.

The findings revealed that most parents encouraged their children by promoting and providing healthy food consumption as well as encouraging independent food intake. Consequently, children learned pleasure in eating and overindulging as practiced by their families. This led children to “impulsive eating practices” and they seemed unable to control their poor eating habits. However, most family members had tried to intervene by punishing and blaming obese children rather than showing them a healthy food intake that was most appropriate. Furthermore, self-mastery was displayed by children who are at risk of obesity. Negotiation with their parents in order to continue their food consumption behaviors was utilized though it seemed easier and more comfortable for parents to regulate their obese children. However, it was difficult for obese children to control their hunger and their desire to eat more. Their own concepts were to redefine an overweight body to be viewed as healthy and useful. Also, they avoided some preferred activities and to maintain their current behavioral set and so were forced to participate in these activities to avoid the increased risk of suffering from serious health conditions.

It is suggested that parents should teach food eating discipline and teach their children how to think and decide what types of healthy food they should eat at a very young age. The parents of obese children should participate in activities with children and plan to lose weight with them.

Keywords: obese children, self-reflective, self-practice

บทคัดย่อ

การศึกษาเชิงคุณภาพเรื่องการคิดไตร่ตรองและการปฏิบัติตัวที่สะท้อนตัวตนของเด็กอ้วนเกี่ยว

กับความอ้วน ศึกษาในเด็กชั้นประถมศึกษาปีที่ 6 ในจังหวัดอุบลราชธานี วัตถุประสงค์เพื่อศึกษาการคิดไตร่ตรองและการปฏิบัติตัวตามความคิดของตนเองเกี่ยวกับความอ้วนของเด็ก ผู้เข้าร่วมวิจัย 16 คนเป็น

นักเรียนชั้นประถมศึกษาปีที่ 6 ที่ระบุว่าเป็นโรคอ้วน จากเกณฑ์ดัชนีมวลกาย การเก็บรวบรวมข้อมูล ระหว่างเดือนกันยายน 2011 ถึง เดือนกุมภาพันธ์ 2012 โดยวิธีการสังเกตแบบไม่มีส่วนร่วม การวาดภาพตนเอง การเขียนเรื่องราวของตัวเอง การสัมภาษณ์ในเชิงลึก และการสนทนากลุ่ม

ผลการวิจัยพบว่าพ่อแม่ส่วนใหญ่สนับสนุนให้บุตรหลานของตนอ้วน ด้วยการส่งเสริมและจัดให้บริการโภชนาการที่ดีต่อสุขภาพ การส่งเสริมให้เด็กบริโภคอาหารอย่างอิสระ ดังนั้นเด็กจึงได้เรียนรู้ความพึงพอใจในการรับประทานอาหาร และการทำตามความต้องการของตนเองจากประสบการณ์ในครอบครัว ซึ่งนำเด็กไปสู่ “การกินตามใจตนเอง” จึงทำให้เด็กไม่สามารถควบคุมตัวเองเกี่ยวกับการรับประทานอาหารที่ไม่ดีต่อสุขภาพ ซึ่งสมาชิกส่วนใหญ่ในครอบครัวได้พยายามที่จะควบคุมโดยการลงโทษและตำหนิเด็กอ้วนมากกว่าการแสดงให้เด็กเห็นถึงพฤติกรรมบริโภคอาหารที่ดีต่อสุขภาพอย่างเหมาะสม นอกจากนี้ เด็กยังเป็นนายตนเองให้เห็นในเด็กที่มีความเสี่ยงต่อโรคอ้วนนั้น เด็กมีการเจรจาต่อรองกับพ่อแม่เพื่อคงพฤติกรรมบริโภคอาหารตามความพอใจ อาจดูเป็นเรื่องง่าย สบายๆ สำหรับพ่อแม่ในการจัดระเบียบเด็กอ้วน แต่มันกลับเป็นเรื่องยากสำหรับเด็กอ้วนในการควบคุมความหิวและความต้องการกินของพวกเขา เด็กอ้วนที่มีความคิดเป็นของตัวเองได้กำหนดคตินิยมรูปร่างอ้วนของตนเองใหม่ว่าเป็นร่างกายที่แข็งแรงและมีประโยชน์ นอกจากนี้ เด็กยังต้องหลีกเลี่ยงกิจกรรมที่ชอบและถูกบังคับให้มีส่วนร่วมในพฤติกรรมลดความอ้วนที่อาจเพิ่มความเสี่ยงต่อสุขภาพของเด็ก

ข้อเสนอแนะ พ่อแม่ควรสอนวินัยการกินอาหารให้เด็กและสอนเด็กในการคิดตัดสินใจเลือกกินอาหารเพื่อสุขภาพตั้งแต่วัยเด็กเล็ก และพ่อแม่ของเด็กอ้วนควรมีส่วนร่วมในกิจกรรมกับเด็กและร่วมวางแผนร่วมกับเด็กในการลดน้ำหนัก

คำสำคัญ: เด็กอ้วน การคิดไตร่ตรองสะท้อนตัวตน

การปฏิบัติตัว

INTRODUCTION

Background and the problem in perspectives

In Thailand, the Department of Public Health estimates that by 2015, the prevalence of obesity among children will be 20 percent in preschool children and 10 percent of school-aged children if obesity in children is ignored (Office of Health Promotion, 2013). Data suggested that in the past five years, obesity in children preschool aged and aged 6–13 years old have increased 36 percent and 15.5 percent, respectively.

There have been policies to decrease the number of cases of childhood obesity in Thailand for the past 20 years where Department of Public Health policy has promoted a school-based center for weight calculation using body mass index (BMI) measurement to increase the knowledge and awareness of parents in weight control, exercise, and related activities. But in reality, child obesity does not rest solely on food intake and family participation. Rather it is associated with obese children's attitudes, beliefs, and interactions with their surroundings.

Turner (2008) proposed the body as a project that people potentially had to control, ask questions about, analyze, and have self-reflection against social order. According to Turner, obese children are said to interact and negotiate independently against family negative comments toward their bodies. Children used their new found identity to say that their bodies are not linked to weakness identified in any way by social current meanings of obesity.

Obese children are independent thinkers and can freely negotiate with their parents about what activities to do and what food to consume in order to reduce their weight under the control of family structure. Being independent thinkers shows that obese children have self reflection in order to break free from the sense of identity that was forced upon

them under the norms of society. Even though the obese children are limited in the activities that they can do due to their body size, these children are able to reflect their thoughts, feelings, actions, and most importantly absorb their own experiences to fully function on their own.

The misunderstanding between social needs and a child's appreciation is limited to obese children. As a result, there are complications, confusion, and anxiety which lead to abnormality in consumption and self pathologies in obese children that are caused by a lack of self management, self regulation, and self mastery.

However, the attempt to regulate body size based on a medical viewpoint, has resulted in a continuous increase in the number of Thai children displaying nutritional problems (Tantiwong, 2005). The results from programs promoting obesity prevention for Ubon Ratchathani students in 1999 showed that the weights of the children in primary school were above average, particularly for students in the sixth grade. The research, conducted during 2005 to 2009 by the 7th Bureau of Disease Control and Prevention with the cooperation of nine primary schools in the Ubon Ratchathani municipality, revealed that there was still 22.30 percent of students overweight (Kosanvit, Ponkerd, & Polhom, 2005).

The problem of obese children has been recognized. Research pertaining to fifth and sixth grade students that was conducted in the past usually pertained to social psychology and aimed to change the children behavioral patterns; however, children were forced to abide by the programs, which caused the children to be stressed (Leelahakul, Ounnapiruk, Bunnag, Leelahakul, Autthakornkovit, & Vanitcharoenchai, 2007). Additionally, Saguy and Riley (2005) reported that body mass index calculations might have the potential to affect increasing stigmatization of obese children. Such a label from society shows as a negative mark for obese children in that they are either "too fat" or have a higher risk of health problems which could

potentially drive obese children to hate their bodies and to try to reduce weight in inappropriate ways including reducing the desire for food, eating less, and as a consequence, suffering from malnutrition.

With many negative labels from society also forcing obese children to change their behavior, it can be difficult for children to survive within their society. Today's society is known to be a "somatic society" (Turner, 2008) in that society places a significant emphasis on the body image. This makes people become more concerned about their body to regulate how they can conform to the norm of society until it becomes the source of behavior, practice, and control. In a somatically aware society, the development of the body is the appearance of the 'self' that is metaphorical as any form of the body. Within the organization of social physics, obese children have the mechanics of self-reflection on body size regulation through the BMI process. Therefore, the researcher is interested in studying the self-reflexive thoughts on the obesity of children, on practice, and self-presentation.

Objectives

This research aimed to study the self-reflection and self-practice of obese children as measured against the family's influence on body development toward obesity.

METHODOLOGY

Qualitative research explores the experiences of obese children on self-reflection and self-practice processes as measured against the family's influence on body development toward obesity. This study emphasized the importance of embedded experience transfer by the obese children. The researcher undertook the research project with the approval of the Ethical Research Committee of Mahidol University. The research recruited 16 male and female participants aged between 10 and 13 years old in grade 6 from one school in Ubon Ratchathani province. They were first selected using BMI

measurements for those who were considered either slightly overweight or obese. Students were then categorized into two groups; the first group was slightly overweight (+2 SD and +3 SD) and the latter (+3 SD) was obese. Selection criteria to select the participants were those who had used or attempted any known method to lose weight. Sixteen of sixty-nine students met these criteria.

There were four different methods used to collect data: non-participative observation, self-expression writing, focus group discussion, and in-depth interviews. The non-participative observation was used to observe the activities of children during school, while talking, interacting, and playing with friends during the lunch break. Other observations were made on the children's selection of food and drinks throughout the school day, during physical education classes, and during other related activities such as Scouting.

The second method was self-expression writing that comprised two activities. The first activity consisted of a drawing technique (pictorial ethnography), where participants were asked to draw a picture of their perceived bodies at the present time. Next, they were asked to draw an image of their future body with a 5–10 sentence story. The second activity consisted of writing about self (writing an autobiography), where participants were asked to describe the meaning of obesity and beauty, body appearance, and their experience of being overweight. They were also asked to explain their expectations about body size and how to achieve their goals (future self). The third method was focus group discussion, using a semi-structured interview to gather data on self-perception of appearance, reflection, and feelings about obesity. The fourth method was in-depth interviews which were used to gather data on the meaning of obesity, self-perception, self-reflection, feelings, self-practice, and the influences of different meanings defined by family, society, school, and media on obesity.

To verify the accuracy of data, all field notes were tested based on compatibility with the work of Denzin and Lincoln (1994), as a methodological triangulation check, and a data triangulation check (people, time, and place). The researcher interviewed students, parents, and teachers to check different sources of data and evaluate that the data were similar. The researcher spent some time in familiarization with the sample group. This included private time between each member of the sample and the researcher so sample members could express their ideas and feelings. Therefore, the researcher spent different amounts of time in interviews to check the validity of the data. Students were interviewed at school under different conditions to check the similarities and differences of the data and further observation was undertaken of each sample member's actions both at home and at school.

It was important that the researcher used trust building and reflexivity to obtain correct data. Reflexivity was also used to verify the data. The researcher continuously checked herself for biased opinions, which was one of the researching tools of the study. Trust can be formed when the researcher offers herself to act as a friend, student, or researcher to prevent the students from seeing the researcher as a public health authority. This approach involved participating in activities and exchanging opinions with the students, so that the students became familiar with the researcher.

The researcher analyzed the data using a content analysis method for all content gathered during the fieldwork which was then analyzed when the data collection process was completed. The researcher used Turner's concept (Turner, 2008) to explore self-reflection and self-practice and to interpret and present data. Self-reflection identified the reasoning and conscious thinking in response to the meaning of obesity given by society. Then, the interpretation of such meaning was defined by the obese children where self-practice was used to explain the obese children's responses to the meaning of obesity.

RESULTS

There were two main categories in the 16 obese children (13 males and 3 females) aged between 11 and 12 years who identified themselves as coming from middle class families. One third of the participants was from nuclear families, one third was from divorced families, and the last part was from extended families. Parents were currently employed outside of their hometown. The two main categories were as follows:

Self-reflective thinking

Mothers are the primary caregiver in the family. The mother perceives the image of childhood obesity typically as being healthy, strong, and well-loved. Children were encouraged to eat and were given motivation and rewards to consume more food. Thus, when children grow up, they continued to practice that eating pattern. When the body size became unacceptable to their parents, the parents started to control and force their children to reduce their body weight by means of physical activities. However, parents were seen to be disengaged with their children during the physical activities and healthy eating habits.

As parents were disengaged from the healthy eating practices, it caused a lack of supervision and punishment so the children maintained their old behavioral patterns by practicing unhealthy, non-nutritious food consumption. They were led to believe that it was normal because they saw their families practicing it, with the parents being role models for their children. Parents that were not strict with regard to controlling the behavior of their children still believed that as their children became older, they would be able to think for themselves and control their own body.

"He should be thinner and lose more weight, if he is in love, he will learn the lesson by himself" (Kan's mother)

"He will be conscious of his body more when he starts dating or seeing someone" (Tun's mother).

Obese children realized they were overweight through the definition of obesity according to society and the BMI measurements. They were aware of their larger body frames during second or third grade. They were also constantly reminded of their body sizes by parents, relatives, friends, and teachers. These children believed that their body sizes were undervalued or undesired by members of society though some of them still described themselves indifferently from their regular body-sized peers. However, these caused some changes in 3–4 children through self-indicating some signs of abnormality, ill-bodies, weaknesses, and unattractiveness.

"I am not looking good, no matter how good looking the obese people are, the slim people always look better" (Na, 11 years old)

However, some obese children reflected on themselves by redefining the meaning of obesity. In doing so, obese children felt less stressed and pressured, and could comfortably live in the society.

"Wealthy people are usually chubby; they do not have to do anything but live on their money" (Can, 11 years).

Most participants had the opinion that obese people are successful in life and have all the power while some of them perceived themselves as being healthy individuals and lacking illnesses. One participant, Tun, similarly reflected on his body and shrugged off people's perception of obese people. He appeared not to care and said obese children are happy and are able to consume anything they desired.

"I'm glad I'm fat, it is all good, but does not hurt. I do not feel anything because I love to eat" (Tun, 12 years old).

Obese children were said to follow their own needs, feelings, and thoughts. When told to reconstruct (change) their body size, the reflection of obese children was to avoid and refuse to face such demands from their family. Children became angry, frustrated, bored, and could not stand feeling hungry. Children would complain saying things such as:

"When I am losing weight, I feel like I am suffering; when dieting, I feel fatigued and tired" (Phe, 11 years old).

In some families, loose supervision and rules allowed children to violate the eating rules. Though they perceived their parents to be somewhat caring, the rules were lightly reinforced and thus, they continued their old eating pattern.

"I just wanted to feel full and to eat, and I don't care what my father said" (Phe, 11 years old).

"I pretended to go to the bathroom or picked out some food/sweets on the kitchen table when nobody sees." (Sung, 11 years old).

Occasionally, some disagreement and exchanges were severe and these obese children did what they were told not to do and ended up eating more. For example, Kan, 11 years old said, "When I was angry at my mother, I ended up eating more—usually 3 to 4 times what I normally eat—to make my mother upset".

Self-practices

When the meaning of obesity had been defined and redefined by the families, this resulted in pressures being placed on the obese children to start regulating their bodies. This was initiated by the parents using different reasons to control their children which was something the children were not used to. Reflective thinking was required for the children to think about how other people defined the meaning of being obese. During these processes, parents demanded changes, but reportedly failed to become involved with obese children making it unlikely that their children would lose weight. Reactions ranged from obedience, negotiation, or resistance to free themselves from the demands of their parents.

Negotiating was the response of obese children to deal with their families. In order to stay away from parental control over their food intake, they tried to persuade their parents of their need to eat to feel more energetic, to keep up with homework, and often resorted to begging to eat more.

"When I say I have no energy and am unable to do anything, they do not believe me. I just do as I say, I stay still pretending I had no energy to even move myself", (Phe, 11 years old), and, *"Can I have one more bite"* (Kan, 11 years old).

If both begging and negotiating failed, they would use more extreme methods to protest against the demands of their parents by locking themselves in the room or covering themselves with a blanket and crying.

"I just go to my room and cover myself up and cry when I get very upset" (Kan, 11 years old).

Resistance by means of starvation and crying have been successful methods where obese children portrayed themselves as being victims of hunger and control to manipulate their parents' permission to eat. Another example of self-practice is exercising. Obese children who intended to lose weight by exercising knew they had to be well-disciplined while those who did not like to exercise always used excuses to get away from parental control and exercising after school.

Obese children reflected on their identity in resistance and negotiating forms. These forms aid obese children to stay relevant in the society. They, in fact, tried to regulate their own body to choose the path they desire. These negotiating processes became a method to survive without changing the nature of their body so they would no longer have to suffer from hunger and used their different reasons to convince parents until their needs were met. While society has created a negative image, obese children constantly evaluate themselves. As soon as the obese children accepted the fact, within the frame of society, that they were obese, they would try to put themselves in a position where they would be fully accepted. They tried to behave appropriately and took time to regulate their bodies using medical concepts. They had to choose the most effective methods for themselves in order for them to lose weight such as exercising, eating less food, or avoiding any sweets.

"I would drink a can of coke once in a while. Grandma doesn't seem to care. As for sweets, I would have that too, just a small bowl." (Games, 12 years old).

If one method did not work out, children felt discouraged and finally gave up. Some children starved themselves until they would shake uncontrollably, got a headache, and were not able to think straight after trying to lose weight by skipping dinner, so finally they stopped trying.

"I skipped dinner entirely, with only water or milk allowed. I felt tortured during the first day but by the second day I was fine. I tried to do it for 5 days but could not do it any longer." (Van, 12 years old).

Weight loss techniques were also used that led to the torture of the physical bodies of the obese children. For example, the symptoms of stomach ache or abdominal muscle pain were the result of the immediate exercise after a meal, before the food had been fully digested.

"The experience of pain makes me afraid to work out again because it makes me suffer." (Wan, 12 years old);

"Exercise with a Hula-hoop was great fun and effective at the beginning, but I finally stopped because it caused me stomach pain." (Tar, 12 years old);

Sadly, the attempts to control body weight often fail. Most obese children reasoned that they failed because they were hungry. Some of the obese children had the intention to reduce what they ate at meals to control their weight, but they had to fight with the hunger in the middle of the night.

Other various techniques were used by the children to control their weight, such as drinking more water, tightening their belts so that they ate less, or using the digestive technique by eating more fiber from vegetables and fruits, or drinking commercial beauty drinks (such as "Beauty Drink") which the children believed could help their digestive system and be very effective in losing weight.

"If the belt is loose, I tend to eat more." (Na, 11 years old).

"Drinking the Green Beauty Drink helps, you know, but it's not as good as fruit and vegetables. Delicious!" (Arm, 12 years old).

Obese children try to adjust their identity to suit the norm of society by presenting themselves in a way that may be impressive to society. When interacting with society, obese children will talk and behave in a way that they think society wants them to behave, and to change society's perspective to one of being obese is a good thing because they are very disciplined, helpful to society, and physically strong.

The obese children represented the image that they are disciplined with people they have just met. For example, adopt the eating habit of choosing food that helps to lose weight and choosing to drink sugar-free drink products, such as "Fuji Tea without sugar" or plain water. They would rarely drink soda or sweetened drinks, but if they did, they would use the excuse that there was no water and that it was okay to drink soda and sweetened drinks once in a while. They might use as an excuse for their habit of eating candies by saying that these candies have no sugar, and thinking that no matter how much they consume sugar-free products, they will never get fat.

"I love eating chocolate because it has no sugar, just real chocolate. I like it because it does not contain sugar at all, so no matter how much I eat chocolate, I will never get fat. Also, there is no fat in the chocolate." (Noom, 12 years old).

"I eat only one piece and then keep it away for a few days before I eat it again, because I do not want to over-eat." (Game, 12 years old);

"I do not eat the durian flavor...there is pork too. I don't eat the sweet flavors because I heard that being obese means there is more chance of developing diabetes, so I choose not to eat sweets. The sweet flavor is due to the high sugar concentration. Butter has no taste, right?" (Can, 11 years old).

The image of being disciplined was presented because the obese children thought that it helped to promote their self-esteem and helped them to control their eating behavior, and to be aware of their eating habits. The obese children chose to present their bodies as useful. Having a larger body size than other children of the same age made them stronger than the others. This representation was in exchange for eating as freely as they pleased by showing that they could lift heavy things like 30-50 kilograms and carry the heavy products to send to customers, or help neighbors to carry kitchenware. Such behavior made an impression on others, and in return they received compliments or monetary rewards. Then, they used the money to buy snacks. Sometimes they helped carry injured friends and took them back to their house, which made a very good impression on the parents of how a big body size could be very helpful. They could also help their teacher carry heavy things. By helping others, these obese children felt good and were proud for themselves. They voluntarily did these activities even though they knew they did not have to, but they did it because they felt that their physical body could be useful to help others.

"I can help my friends. When my friend fell I carried my friend on my back and brought them home. My friend's mother said that my big size body is good and useful. And there is nothing bad about being fat." (Tun, 12 years old).

Presenting an image of having a useful body instead of being obese might occur from the learning process. The obese children learned from their experience and received acknowledgement that their body size could be latent and useful. These children assumed that they were capable of doing things. They decided to use their bodies in a positive way because they wanted to, not because they were forced. Turner (1994) believed that a person processes and is equipped with embodied consciousness, where they are capable of absorbing several symbolic values from experiences, and to use their knowledge to make them decide and

behave in the most meaningful way to both the self and society.

CONCLUSION AND RECOMMENDATIONS

In most families, the way parents treat their children could be a cause of their children's actions and reactions to societal expectations. They nurture and take care of their children by placing an important emphasis on childhood obesity and the ideal body size according to the norm of society. Society sets images of obese children as being cute, strong, and healthy. Some families encourage children to feel free to eat, which does not help build discipline. When those children grow up, they absorb and learn their food consumption style from their parents, to eat when they are hungry that lead to self-practices, which result in an obese body. The families cannot teach their obese children that overeating is unacceptable behavior. In addition, the parents have no time to monitor and control their children's eating behaviors since they have to work during the day. Suntarathada and Lertchaiyapetch (2009) reported that the family structure in Thailand has evolved and been divided into various structures, which harden the effect on the family relationship between family members. Family involvement in their children's lives has decreased and there are many other involvements that have more effect on the children, such as friends or the internet.

The parents of obese children are confused about their roles: whether to let their children eat without restraint because the children are already mature or to force them not to eat because the children still need their parent's guidance. Another study by Cherchai (2009) suggested that the parents think that their children are already mature, thus they give them freedom because they think that mature children will be able to think for themselves about which types of healthy food children should consume. But contrariwise, the parents also think

that the children are immature and thus need to be given discipline and regulations to control them and to enforce that being obese is unacceptable.

The parent's concept of obesity in their children is that their children need to be more concerned about their eating habits and their own ability to control their desire to eat. The only role of the family is to instruct or comment but not to force their obese children to change their eating habits, or to be involved with their children in physical activities to control their weight. The expectation for their obese children to change their eating habit by themselves can be very difficult, and may lead to emotional frustration and certain behavioral responses such as locking themselves in their room, stopping eating, purposely eating more, or isolating themselves from the family.

When the obese body plays a significant role in trying to be disciplined by reason, awareness, and being able to control their life, the children may experience suffering or feel emotionally vulnerable. The obese children may think of themselves as having the power to control their eating behavior, which is in conflict with the idea that eating is necessary for healthy development and parents encourage this idea. These children are living in a somatic society where there is a high risk of health problems occurring. Several advertisements on snacks and food these days can influence children to eat more which will result in obesity. These advertisements have a strong influence on inducing an appetite that young children easily succumb to, and ultimately become incapable of controlling their desire for these snacks.

Recommendations

Parents should teach food eating discipline and teach their children how to think and decide what types of healthy food they should eat at a very young age. As role models, parents should set a good example with their own eating habits, such as avoiding eating fatty foods and sugary drinks. The parent of obese children should spend more time

exercising and participating in activities with children to lose weight. The activities can be jogging, playing sport, and eating healthy food with a high fiber content. Planning weight control activities more frequently will help obese children to become more active and healthy. Discussion with obese children on ways to lose weight targeted to 0.5 kilograms per week seems appropriate. Parents also need to teach their children to lead a healthy life style in their future life.

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