

## Massive perspective: Lived experiences of obese and overweight students in Cainta Senior High School Rizal, Philippines

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### Abstract

A growing body of literature is pointing out that obese and overweight adolescents are subjected to serious and prevalent physical, social, medical, and psychological consequences. To provide richer literature about the lived experiences of obese and overweight students, this qualitative study was conducted. This phenomenological study aims to explore the lived experiences of obese and overweight students (OOS) in Cainta Senior High School. A semi-structured questionnaire was used to gather data from eight purposively-chosen respondents. Colaizzi's seven-step method was then utilized to analyze the data collected from focus group discussion (FGD). Data explication revealed the development of four themes. It may be helpful to educate individuals involved in stigma reduction interventions such as teachers, friends, and/or family members. Establishing a Fitness Club which will involve OOS to ensure the adequacy of physical activities in school is imperative. For future researchers, a qualitative study must also be done on why losing weight is difficult.

**Keywords:** Lived experiences; obese; overweight; phenomenology.

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## 1. Introduction

Obesity and overweightness are defined as excessive fat accumulation that can be diagnosed by several measures including body mass index (BMI), a person's weight (in kilograms) divided by the square of his or her height (in meters) (Obesity Medicine Association, 2015). The World Health Organization defines a person with BMI equal to or greater than 25 as overweight and a BMI equal to or greater than 30 as obese. This condition is associated with chronic disease, shortened lifespan, psychosocial implications, and significant health costs (Keller, Olsen, Kuilema, Meyermann, & van Belle, 2013).

Obesity and overweight prevalence are globally increasing despite current efforts to control this modern-day epidemic. In 2016, more than 1.9 billion adults aged 18 years and older were overweight worldwide. Of these, over 650 million adults were obese (World Health Organization [WHO], 2018). Obesity is a health problem that is spreading at an alarming rate across the world, particularly in the Asia-Pacific Region (Abadeen et. al., 2016).

Obesity and overweightness have once been considered a first-world country problem. However, this epidemic is now dominating in low and middle-income countries, particularly in urban settings. Children in third-world countries are more susceptible to insufficient prenatal, infant, and child nutrition. At the same time, these children are exposed to high sugar, high-fat, and micro-nutrient poor foods which tend to be lower in cost but also lower in nutrient quality (World Health Organization, 2018). These eating patterns, coupled with sedentary activities, result in childhood obesity which may remain unsolved until the teenage years.

A growing body of literature is pointing out that obese and overweight adolescents are subjected to serious and prevalent physical, social, medical, and psychological consequences (Puhl & Brownell, 2006). Several authors have recognized a solid link between obesity and internalizing difficulties, poor life quality, negative social issues, and increased behavioral problems. Obese children and adolescents are at greater risk for joint problems, as well as social and psychological problems, such as stress, anxiety, depression, and poor self-esteem. Accordingly, obesity is the strongest predictor of anxiety in childhood; obesity has a significant effect on childhood depressive symptoms, low self-esteem, and social isolation due to negative relationships with school peers (Al-Agha, Al-Ghamdi, & Halabi, 2016).

In the Philippines, specifically in the Department of Education, some programs aim to address obesity and overweightness among students such as Nutrition Month Celebration and the integration of nutrition education in TLE and Health subjects in junior high school (Department of Education, 2015). But these programs are not systemically and exhaustively implemented in schools (Nandi, 2007). Moreover, in senior high school, there is no specific program to fight obesity and overweightness. Although Senior High School Physical Education 1 to 4 is armed to promote the physical activities and exercise that may help prevent these conditions, this subject is not intensive enough to battle obesity and overweightness. Senator Estrada has filed a bill seeking the mandatory inclusion of an anti-obesity program in the basic education curriculum in 2015 (Gita, 2015). According to the bill, kindergarten and elementary pupils are required to conduct 200 minutes of physical activity every ten days. High school students, on the other hand, are obliged to perform 400 minutes of physical activities every ten days. The aforementioned challenges associated with overweightness and obesity inspired the researcher to explore the lived experiences of obese and overweight students (OOS) of Cainta Senior High School. The body of knowledge that was generated from this study contributed to a better understanding of the lived experiences of OOS. This study also provided a more enriched qualitative study about the phenomenon of obesity and overweightness. Furthermore, this research aimed to examine the perceived support an educational institution can provide to help alleviate obesity.

### **1.1. Literature Review**

Health has been defined as a state of complete physical, psychological, and social wellbeing, reflected in the ability to be “confident and positive and able to cope with the ups and downs of life” (WHO, 1947). Concerning the relationship between physical health and obesity, the impact of obesity and overweightness is pressing the concerns of society at an increasing rate. In fact, in 2013, Institute for Health Metrics and Evaluation identified that more than 2.1 billion people – nearly 30% of the world’s population – are either obese or overweight (Murray & Ng, 2013). The dramatic increase in global obesity rates has been substantial which shows a key public health concern in both first and third-world countries.

According to the Department of Health in 2016, three identified factors were considered as the root causes of obesity and overweightness. First, there is an increased consumption of calories which may be derived from frequent ingestion of high sugar, salt, and fat content. It could also be a consequence of binge eating and/or bulimia. Second, there is energy expenditure reduction among humans. This case could be the result of a sedentary lifestyle due to changing nature of work, and urbanization. Lastly, obesity and overweightness could be hereditary or cause of an illness.

Furthermore, obesity is attributed to different physical, social, and psychological problems (Doll, Petersen, & Stewart-Brown, 2000). It may escalate the amount of work done by different glands and organs which may lead to different diseases and shortened lifespan. High blood pressure, stroke, heart problems, gall stones, arthritis, and other obesity-related illnesses may persist if this epidemic will not be prevented (Al-Agha, Al-Ghamdi, & Halabi, 2016). Socially, obesity and overweightness may cause clumsiness, timidity, and rejection among peers. It could also be ground for lack of confidence which may result in poor self-image (Department of Health, 2015).

According to Tacio (2017), at least 18 million Filipinos are obese and overweight. In 2016, this epidemic cost the country between 500 million dollars and one billion dollars, or equivalent to 4% to 8% of its healthcare spending. Apart from costs, obesity-related complications also persist to occur which consequently reduces lifespan by an average of four to nine years. Goncalves et. al., 2012 said that third-world countries are facing a double burden of the disease. The Philippines, a third-world country, while facing the fact that 7 million children are still experiencing hunger, is also bearing the trouble of increasing obesity rates (Tacio, 2017).

The survey conducted by the Global School-Based Student Health Survey (Philippines) in 2015, revealed that the occurrence of underweight high school students (10.7%) is a little higher than overweight high school students (10.1%) out of 8,761 students who were surveyed nationwide. However, in the Division of Rizal particularly in Cainta Senior High School, the case is different. As of June 2018, among the 465 Grade 12 students that were weighed, 3 students (0.84%) were considered severely wasted and 8 students (2.22%) were considered obese. For a state senior high school that has a greater number of obese students than severely wasted students, the abovementioned data is baffling. Moreover, since Philippine schools have programs that hope to battle malnutrition but do not have a substantive strategy to alleviate obesity and overweightness, mandatory inclusion of an anti-obesity program in public and private schools is being pushed in Congress (Villar, 2014).

In sum, the presented literature of this study addressed areas related to obesity and overweightness from both global and local perspectives. It also delves into the physical, social, medical, and psychological aspects of an obese and overweight person. Furthermore, the review of literature, studies, and readings relative to the present study shed light on how the researcher can help with the exploration of lived experiences of obese and overweight students (OOS). Previous research on the lived experiences of obese and overweight students and how an educational institution can provide support to alleviate obesity was limited. With this study, it is hoped that qualitative studies on obese and overweight Filipino students will be increased and enriched. This study also helped identify the programs that could be provided by the academic institution to alleviate obesity and overweightness.

With the ever-growing concerns for human health, this study provided a more thorough picture of the lives and experiences of OOS.

### **1.2. Research Questions**

This phenomenological study was guided by the following central research question: What are the lived experiences of obese and overweight students (OOS) in Cainta Senior High School? The sub-questions for the study were:

1. How can OOS describe its challenges in terms of:
  - 1.1. physical activity;
  - 1.2. aesthetic value;
  - 1.3. self-esteem;
  - 1.4. general health; and
  - 1.5. negative stereotypes?
2. How can the school alleviate cases of obesity and overweightness?
3. How can these students help themselves lose weight?

### **1.3. Significance of the Study**

The researcher considered that the body of knowledge that will be produced from this study could add to a better understanding of the lived experiences of OOS. Additionally, the researcher believed that this study will be valuable to the following group of people:

Students. With this study, learners with similar cases of obesity and overweightness will be given an idea of how to possibly handle their situations, especially when being stigmatized. Furthermore, they could appreciate this study as a motivational tool to help themselves lose weight for their good.

Parents. This study could better inform parents about the challenges their child is facing being obese or overweight. In this way, parents could give their child proper support and advice whenever necessary to at least lessen the negative assumptions made by family members.

Teachers and school heads. Data from this study would enable teachers and school heads to develop and implement socially appropriate and delicate strategies as well as policies that will reduce the growing health crisis among the students, which would aid in decreasing this major health issue. The advocacy of this research could aid the school in encouraging the students to stay in school, thus, could help in reducing drop-out rates due to weight-based teasing.

Future researchers. With the growing number of obese and overweight learners, it is vital to engage in research to examine this rising phenomenon. Specifically, more exploratory research is needed to provide a piece of fundamental knowledge in determining efficient schemes to fight the rising epidemic.

## **2. Materials and Methods**

Health research has already accepted a qualitative type of methodology in the past years (Murphy et al., 1998). Authors identified the effectiveness of qualitative methodology in bringing out a greater depth of understanding of the complex phenomena faced by patients living with long-term conditions (Neergaard et al., 2009).

One field under qualitative research is phenomenological research. This approach allows the researcher to frame significant themes from participants' narratives and descriptions of the phenomenon (Sanders, 2003). In this study, the goal was to examine the lived experiences of OOS, their physical, social, medical, and psychological challenges, and their perception of how academic institutions can help in alleviating cases of obesity.

### **2.1. Sampling Techniques and Participants**

A qualitative method of research, specifically phenomenological research, was used in this study. To realize this research design, specific, purposively-chosen participants played a crucial role in the data gathering procedure. This strategy is a kind of non-probability sampling technique, which targets a particular group of people (Creswell, 2008). Purposive sampling was used because the researcher believed that subjects were the most fitted to become respondents of the study. This type of sampling allowed the selection of participants who had experienced or were experiencing the particular phenomenon (obesity) under study. This sampling technique also allowed the researcher to draw stories from OOS about their actual life experiences (Miles & Huberman, 1994; Polit & Beck, 2008). In this study, the number of participants was eight (8). Morse in 1994 suggested at least six respondents for phenomenological research design. The increase in the number of participants was to ensure the richness of data that will be obtained from the focus group discussion.

### **2.2. Data Collection Procedure**

This study utilized a phenomenological research design. In gathering necessary data in realizing this design, focus group discussion (FGD) using an adapted and modified interview guide was done. Informed consent forms for participants, permit letters for the parents of participants and permit letters to interview the principal were prepared to address ethical issues regarding the interview that took place. The researchers asked permission to conduct the study from school administrators. When the study was approved, the researcher talked to the target participants and explained to them the nature, objective, and significance of the study. If the target participants agreed to the interview, they will be given an informed consent form and permit letter for their parents. If the participant won't agree, the researcher will thank the participant and politely end the conversation.

One (1) focus group was created. This focus group was composed of ten (10) participants which will undergo a focus group discussion (FGD). The date and time of FGD were negotiated with the participants for their convenience. FGD started after the informed consent form and permit letter to the parents were filled out completely. The interview guide adapted from Bowen (2012) was modified to suit the present setting of the study.

### **2.3. Data Analysis**

There was a large amount of data obtained in the qualitative interview conducted and it was necessary to use a structured framework (Sanders, 2003). Therefore, Collaizi's Seven-Step Method was used to analyze and interpret protocols (Collaizi, 1978 as cited in Sanders, 2003). The said data analysis method was chosen because this method let the researcher determine and deduced important themes from participants' narratives. The seven-step method was summarized as follows: a) read written protocols; b) extracted significant statements; c) formulated meanings for each significant statement; d) formulated meanings are organized into themes; e) integrated results into the phenomenon f) formulated exhaustive description into a statement of identification; g) participants validated the findings (validity check).

### **2.4. Ethical Issues**

Before the start of the study, the researcher sought permission for conducting the study through a letter given to the principal. Since the study concerns a subject that is considered sensitive, several potential ethical issues were addressed. For purposively-chosen participants, the entire consent form was given to them. This action allowed them to carefully read the purpose of the study, risks, and discomfort the group discussion may bring, benefits of the study, and confidentiality of the information. A consent letter for the parents of participants was also given to ensure that the parents of the minors allowed them to partake in the said study. The focus group discussion was held at the most convenient time for the participants. The researcher also explained to each of the participants that participation in the study is not compulsory, and they may stop the interview at any time if they

feel uncomfortable or embarrassed. Before conducting the FGD, the researcher reviewed the consent form and reminded the participants that the discussion will be tape-recorded.

### 3. Results

This phenomenological study primarily aimed to explore the lived experiences of obese and overweight students (OOS) in Cainta Senior High School. The result and discussion section were presented with identifying themes from participants' narratives vis-à-vis the research questions. According to Auerbach & Silverstein (2003), themes may emerge as a result of the repeating concepts which are mutually shared by participants.

It is found that the identified themes were congruent to the research questions as follows:

1. Various coping responses to manage their conditions
2. Negative assumptions about an obese and overweight person
3. Obesity's implications on health conditions
4. Advocacies to combat obesity and overweightness

Interpretations of these themes with selected verbal protocols from the participants were provided to demonstrate their lived experiences of being overweight or obese.

#### 3.1. Coping responses to manage their conditions

The meta-theme coping responses to manage their conditions consisted of limitations to space mobility, reactions to bullying, and support from friends.

##### 3.1.1. Limitations to space mobility.

Participants agreed that before when they were still slim or thin, they were more active. In a study conducted by Kimm, et. al., in 2002, it is well documented that with the increase in weight, physical activity starts to go down as one participant commented,

*"Madalas na pagpapawis, konting init lang, papawisan. Mahirap ang space, parang laging masikip, nakakalimit ng galaw. Naalala ko, payat pa ko nung 5 years old ako. Tapos, tumaba ako nung nag 8 years old, kasi hiniyang ako ng mga magulang ko sa gatas. Mas active pati ako dati" (Respondent 5).*

Limitations in the physical movement are the same experience for another participant. She shared,

*"Limited ang paggalaw lalo na kung may mga kukunin o aabuting bagay. 6-7 years old ako nun, payat pa 'ko, around 10 years old, lumusog na, kasi lagi akong nasa bahay, naging bahay na ang mundo ko nun. Mas active rin ako dati" (Respondent 2).*

##### 3.1.2. Reactions on Bullying.

Part of the daily lives of overweight and obese students is being attacked by bullies (Janssen, et. al., 2004). Weight-based teasing occurs at school more often than discrimination due to religion, race, or disability. Although bullying is a similar event for the participants, it's their reactions that differ. As one of the participants commented,

*"Sakin di masyadong serious. Kasi pag binubully ka, wag nyo na dapat damdamin, kasi tanggap ko na rin. Alam ko na sa sarili ko na malakas ako kumain. First time nabully, nasaktan ako. Nagsuntukan kami, ako pa ang naguidance" (Respondent 2).*

Another participant told his experience of bullying by a teacher bully. The bullying happens every time they play basketball. He shared,

*"May teacher ako mahilig mambully. Kapag naglalaro kami ng basketball, lagi akong kinakantayanan na "ano, ano, di mo ko kayang habulin no?" Minsan nagdilim paningin ko, sabi ko sa isip ko, papatayin ko na to" pero nakangiti ako, parang plinastik ko sya, sa isip ko lang*

*yun. Ginawa kong motivation yung pag aasar nya kasi pinaghusay ko ang pagbabasketball” (Respondent 4).*

The fifth participant encountered forms of bullying with his playmates when he was young. He commented,

*“Nung nakakapaglaro pa ko sa labas, lagi akong binabatukan, tapos tatakbo sila. Kasi di ko naman raw sila maaabutan. Nabadtrip ako, nung hinabol ko ung isa at nahuli ko, binugbog ko. Nabarangay ako nun. Okay naman kami ngayon” (Respondent 5).*

### 3.1.3. Support from Friends

One sub-theme of coping responses to manage their conditions is the support they got from their friends. Close friends take part in an important role in providing social support for overweight adolescents (Furman & Buhrmester, 1992). One participant explained that his friends are enjoying his company. According to him,

*“Yung mga kaklase ko ay natutuwa sa kin kase lagi nilang sinasabi na kapag nagkajowa ako, may unan ka na, may kama ka pa. Yung mga kaklase kong bababe, nacucute-an sa kin, kahit ganito ako, enjoy naman silang kasama ako, nakakaoverwhelm nga po eh” (Respondent 2).*

Another participant responded with a brief but meaningful statement; he added,

*“Ang nakakatuwa sa mga tropa ko, tanggap ako nila” (Respondent 3).*

Support from friends is also evident in the story of another participant. According to him,

*“Kahit sinong tropa ko, tanggap ako. Kapag lalabas ako, gusto kong kumain, sasama sila. Nagkakalaman-laman sila dahil sa kin, ayun, nagpapasalamat sila dahil tropa nila ako” (Respondent 5).*

## 3.2. Negative assumptions about an obese and overweight person

Overweight and obese people often experience damaging labels which include being ugly, unhappy, incompetent, and sloppy (Puhl & Brownell, 2001). It is similar to the experience of one participant who shared her experience of how she was bullied by her family members because of her looks. She even cried at the end of her statement. She said,

*“Sa family po, everytime na uuwi ang Tita ko from abroad, lagi na lang sinasabi, ang taba tuba mo, ang pangit pang it ng katawan mo, walang manliligaw sayo. Kapatid ko, Lola ko, Tita ko, lahat sila. Mas madalas ako makarinig ng negative sa family ko kesa sa friends ko na nakakadown, sobra” (Respondent 7)*

Another participant shared her experience with her family members,

*Sa family ko, unang una yun. Lagi nilang sinasabi sa kin na, “Uy nakita mo na ba ang sarili mo? Magbawas ka na” (Respondent 3).*

The third participant also experiences the same event with a family member. She said,

*“Madalas, kapag may family gathering, mismong family member pinagdadiet ako. Sasabihin nila, lumalaki ka na ah, magdiet ka na” (Respondent 6).*

These accounts where family members are involved in embarrassing the participants are similar to the findings of Puhl and Brownell in 2006, where they concluded that family members were among the most common sources of negative assumptions towards obese and overweight adolescents.

### 3.3. Obesity's implications for health conditions

Participants shared their thoughts and experiences as regards their health conditions. It was found out that it is the parent who worries about the condition of their child's health. In a survey

conducted by Costa in 2015, parents were most worried about childhood obesity rather than any type of concern. It is parallel with the statement of one participant who said,

*“Natatakot si mama, lalo na ang side niya, kasi may diabetes sila. Tapos ako mahilig sa sweets. Pero sakin, di ako natatakot eh. Si mama lang talaga ang laging nagsasabi sakin na magbawas ka na” (Respondent 6).*

Another participant shared her experience about how relaxed she is as regards her health but it's their parents who are anxious about their health. *She explained,*

*“Di ako takot ngayon about my health. Chill pa nga ako eh. Sa side ni mama, sila talaga natatakot, kasi, may highblood, sa side ni papa naman, may diabetes” (Respondent 7)*

One more participant talked about his own experience: he commented,

*“Natatakot po ako kasi sinasabi ng mama ko, dahil sa taba ko, baka mamaya magkadiabetes ako. Kaya ayun, binabawasan ko na kain ko, baka nga magkadiabetes ako” (Respondent 8).*

### **3.4. Advocacies to combat obesity and overweightness**

#### **3.4.1. Institutional interventions to combat obesity**

Participants were asked about the part a school can play in alleviating cases of overweightness and obesity. One participant said, *“Ipromote uli yung physical fitness test na ginagawa nung elementary at high school sa shs level” (Respondent 8).*

According to another participant, promoting outdoor programs and team-building activities will help students combat obesity.

*An outdoor program like camping, hiking, and trekking. Ung program ng PE ngayon, medyo boring, may sayaw. Dapat pinopromote nila yung mga team building activities.*

*(Respondent 3).*

Another participant commented,

*“Ung PE ngayon, nahahati sa ibang bracket, may music pa rin. Mas iextreme nila ang physical activities, outdoor activities. Yung naglalaro sa labas tulad ng habulan, mas magandang ibalik yun” (Respondent 2).*

#### **3.4.2. Personal discipline to lose weight**

Participants were also asked about their insights on how can they help themselves lose weight. One participant shared his thoughts about self-discipline.

*“Self-control, dapat mag-exercise, minsan mabilis magsawa sa exercise kasi nakakatamad. Push lang sa sarili” (Respondent 8).*

It was almost the same as the thoughts of the third participant. He said,

*“Simula sa disiplina sa sarili, bawas sa kain, hanap ng alternative, halimbawa, rice to brown rice. Kanin ang babawasan ko” (Respondent 3)*

Another participant remarked on her self-awareness and self-control on her food intake. She explained,

*“Kapag napapansin sarili ko na lumalaki ako, bigla akong nagdadiet, magkaroon ng diet, bawas sa kain. Nakakatempt lang kasi everytime na mangangako ako na magdidiet ako, ang srap lagi ng ulam” (Respondent 7).*

Most of the participants shared the same belief on that personal discipline is the key factor in losing weight. An online article suggests that self-discipline is the key to losing weight. This article

emphasized a weight loss program that stresses self-discipline is the safest method to lose weight (Self-discipline, 2014; Nishida & Puska, 2016).

#### 4. Conclusion

Based on the foregoing findings, the researcher considers that it may be helpful to educate individuals involved in stigma reduction interventions such as teachers, friends, and/or family members. These people must be informed about the varied coping strategies that OOS employ and that these may have both positive and negative implications for their wellbeing. It is also recommended the strict implementation of the more physically-inclined activities in PE subject in senior high schools. More systematic and enhanced teaching and application of nutrition education are also encouraged. The upsurge of obesity cases presents a relatively new task that entails a more determined response especially in creating interventions in schools and other local government unit to ensure that health is promoted.

One concrete advocacy plan is to establish a Fitness Club in school which will involve overweight and obese students. This club will be in charge of strengthening the adequacy of physical activities in the school which may involve team building, and outdoor activities. For future researchers, a qualitative study must also be done on why losing weight is difficult. Table 1 shows the plan of action proposed by the researcher.

This phenomenological study is concentrated on examining the lived experiences of OOS in Cainta Senior High School. This study was limited only to the examination of the lived experiences of OOS particularly their descriptions of the challenges they experience as regards physical activity, aesthetic value, self-esteem, general health, and negative stereotypes, and their perception of how the school can help address obesity. It involved eight (8) obese and overweight senior high school students who are currently enrolled in Cainta Senior High School S.Y. 2018-2019. Their BMI was taken as of June 2018 by school authorities. The study was conducted in the second semester of the school year 2018-2019. Data gathering employed several instruments which were constructed and modified by the researcher. The findings of the study, therefore, were true only for the subjects concerned and for the given period, although this could be used as a basis for similar studies that would be conducted at different schools in the country.

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