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Women of childbearing age perspective on obesity: A qualitative study

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Abstract

Background: Obesity is an excessive increase in body fat that can cause health problems. It is characterized by a disturbance in the body's energy balance, namely a positive energy balance that is eventually stored in the form of fat in body tissues. Many factors influence obesity, especially in women of childbearing age.
Purpose: To explore more deeply the perspectives of women of childbearing age with obesity in Deli Serdang Regency.
Method: The study was qualitative descriptive conducted from September to December 2023 and within the scope of Deli Serdang Regency which has a prevalence of obesity in women of childbearing age of 32%. Six women of childbearing age were involved in this study using purposive sampling. Data were collected using in-depth interviews and analyzed using content analysis.
Results: The study emerged themes: 1) educational, 2) hereditary factors, 3) knowledge, 4) attitude, 5) food intake, 6) physical activity, dan 7) sleep quality.
Conclusion: The results found are factors that must be considered regarding obesity in women of childbearing age. We need to conduct quantitative research to see the extent of the relationship between the factors found and the incidence of obesity, to increase the independence of women of childbearing age in losing weight through controlling obesity in women of childbearing age.

Keywords: Childbearing Age; Obesity; Qualitative; Women.

INTRODUCTION

One of the public health problems that is an indirect cause of maternal and child mortality is the problem of obesity. Obesity is a major contributor to the burden of non-communicable diseases, especially related to the development of diabetes mellitus, hypertension, stroke, and cardiovascular diseases (Firoz, Pineles, Navrange, Grimshaw, Oladapo, & Chou, 2022). Obesity is an imbalance between a person's height and weight due to fat tissue in the body, resulting in excess body weight that exceeds the ideal size (Lin & Li, 2021). Obesity is the fifth leading risk factor for death in the world and is a cause of non-communicable diseases (Frühbeck, Toplak, Woodward, Yumuk, Maislos, & Oppert, 2013).

According to global data, more than 1.9 billion adults aged 18 years and over were overweight in 2016 (Ahmed & Konje, 2023). Of that number, it was found that adults who are obese are more than 650 million people. Around 13% of the world's adult population is obese (11% of men and 15% of women) (Kassie, Abate, & Kassaw, 2020). Globally, an estimated 40% and 15% of women aged 18 and over were overweight and obese in 2016 (Lim, Xue, & Wang, 2020). Some of the countries with the highest obesity in 2016 were Nauru at 61%, Palau at 55.3%,

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and Tuvalu at 51.6% (Onjewu, Sadraei, & Jafari-Sadeghi, 2024). A survey in the UK showed that 30% of women suffer from obesity and 4.6% of women suffer from severe obesity (Haase, Eriksen, Lopes, Satylganova, Schnecke, & McEwan, 2021).

Over the past decades, overweight and obesity have grown across all age groups. Basic health research data suggest a sharp increase in prevalence in recent years, particularly among adults (from 28.9 percent in 2013 to 35.4 percent in 2018). Adult women are disproportionately affected; as of 2018, a staggering 44.4 percent were living with overweight or obesity (vs. 26.6 percent of men) (Minister of Health of the Republic of Indonesia, 2018; United Nations Children's Fund, 2022). Based on the Provinces in Indonesia, North Sumatra is ranked fourth nationally with a prevalence of obesity in adults aged >18 years of 25.8%. Based on the 2018 North Sumatra health profile, the highest prevalence of obesity in adults aged >18 years was in Karo Regency at 41%, Padang Sidempuan City at 40%, Deli Serdang Regency at 32%, and Asahan Regency 29%. The number of obese women in 2022 in Deli Serdang Regency was 12,641 people (North Sumatra Provincial Health Service, 2022).

Obesity is suffered by many women of childbearing age because of an unbalanced diet that causes a person's nutritional status to be excessive. Diet and physical activity are factors that cause obesity so guaranteeing sufficient food in terms of quantity and quality, nutritious, and safe is a right for everyone (Langley-Evans, Pearce, & Ellis, 2022). Today's society's lifestyle has led to a modern lifestyle characterized by a Westernized diet (food that is high in carbohydrates, high in fat, and low in fiber intake) accompanied by a lack of physical activity (Clemente-Suárez, Beltrán-Velasco, Redondo-Flórez, Martín-Rodríguez, & Tornero-Aguilera, 2023). Likewise, lack of physical activity was independently associated with higher levels of body mass index (Đošić, Živković, Milanović, Živković, Bjelaković, Bratić, & Pantelić, 2021).

Factors associated with the occurrence of obesity in women of childbearing age are diet, physical activity, family history, and sleep duration (Chen, Guo, Mao, Yang, Jiang, He, Lin, & Lien, 2021). This is supported by previous research which states that there was a relationship between food intake, physical activity, and use of contraceptives with the incidence of obesity in women of childbearing age, and short sleep duration is related to the incidence of overweight and obesity in education personnel (Arfini, Octaria, Fauziyah, A. & Sufyan, 2024).

The risk of obesity can be reduced by understanding and having good knowledge and a positive attitude regarding the importance of healthy living, preventing obesity, and recognizing actions in daily life that can cause obesity (López-Hernández, López-Hernández, Martínez-Arnau, Pérez-Ros, Drehmer, & Pablos, 2020). The nutritional status of women of childbearing age must be a concern. It is a basic element of reproductive health and obesity in women of childbearing age is a serious problem because it has a negative impact and is a risk factor for reproductive health problems. Obese women of childbearing age have impaired reproductive function which affects fertility (Sahu & Pajai, 2023).

In this case, there are still very few researchers researching obesity in women of childbearing age in qualitative research. Therefore, I am interested in researching the perspective of obesity in childbearing age qualitatively. This study aims to explore more deeply the perspectives of women of childbearing age with obesity.

RESEARCH METHOD

The study was qualitative and descriptive. The study was conducted from September to December 2023 and within the scope of Deli Serdang Regency which has a prevalence of obesity in women of childbearing age of 32%. Six women of childbearing age were involved in this study using purposive sampling with inclusion criteria, namely: 1) women of childbearing age aged 20-49 years, and 2) willing to participate in research, however exclusion criteria: 1) have a history of diabetes mellitus, 2) have a history of infectious diseases, and 3) have a history of malignant diseases. To determine the number of samples cannot be separated from the principle of data saturation.

The researchers collected data by asking, requesting, listening, talking, seeing, observing. To collect data from information sources (informants), the researcher as the main research instrument requires

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an interview guide and a recording device. Researchers conducted in-depth interviews using open-ended questions designed to elicit views and opinions from participants and were conducted face-to-face. The interview process was conducted informally, although researchers had interview guides, the interview process was entirely based on the spontaneous and natural development of questions. Therefore, the atmosphere during the interview must be made as comfortable as possible for researchers and participants. Data analysis is carried out continuously throughout the research, starting from collecting data to the report writing stage, including data reduction, data presentation, and drawing conclusions and verification.

Trustworthiness was conducted by source triangulation (health workers), theory triangulation, and member checking. The transferability is in the form of a detailed, clear, systematic, and reliable description of the research results. Thus, the reader will be clear with the results of this research and can decide whether this research can be applied elsewhere or not. To determine dependability, an audit of the entire research process can be carried out. The audit is carried out by an independent auditor in conducting the research, in this case, the supervising lecturer to audit all researcher activities in conducting the research. In this study, the researcher involved the role of the supervising to test the confirmability of the research results.

This study has received ethical approval from the Research Ethics Commission of the Faculty of Medicine, Andalas University with number 154/UN.16.2/KEP-FK/2023.

RESEARCH RESULTS

Table Characteristics of the Infromnts (N=6)

Informant	Age (year)	Educational	Weight (Kg)	Employment	Income
#1	28	Bachelor	90	Teacher	Above the regional minimum wage
#2	32	High school	85	Housewife	Below is the regional minimum wage
#3	25	Junior school	87	Housewife	Below is the regional minimum wage
#4	30	High school	83	Housewife	Below is the regional minimum wage
#5	27	High school	88	Housewife	Below is the regional minimum wage
#6	29	High school	81	Housewife	Above the regional minimum wage

Table 1 shows that the mean age and weight of informants are 28.5 years and 85.6kg. The majority of education and occupation are high school and housewives. The majority of income is below the regional minimum wage.

The data obtained from the results of in-depth interviews were typed in the form of verbatim archives, then read repeatedly, and coded to compile themes. The results of the interviews, verbatim, and coding were used to complete the results of this study. The themes and subthemes that emerged were as follows:

Educational

The level of education of women of childbearing age who are obese is in the low category. This category illustrates that the education of women of childbearing age who are obese is relatively low. This can be seen through the following expression:

"…My last education was only junior high school…" (#3).

"…My last education was high school…" (#2, #4, #5 and #6).

"…My last education was a bachelor's degree…"(#1).

The relationship between education and obesity in women of childbearing age. In this study, the informant revealed that education provides a lot of knowledge about nutrition and health. Meanwhile, some informants tend not to know the relationship between a person's education and the incidence of obesity in women of childbearing age. The following is the informant's statement regarding this matter:

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"…I think education has given me a lot of knowledge about nutrition and health. However, even though I know what I should eat, the practice is sometimes difficult…" (#1, #4 and #5).

"…Hmm, I don't know. But maybe my low level of education makes me less knowledgeable about health and how to maintain my weight…" (#2, #3 and #6).

Barriers to addressing obesity in women of childbearing age. Low education makes them less aware of how to diet well. Not understanding much about health, it is difficult to distinguish between what is good and what is not regarding obesity. Less able to get the right information and do not know how to effectively maintain weight. The following is the informant's statement regarding this matter:

"…I think my low education makes me less knowledgeable about how to diet properly. I am also confused about where to start…" (#2, #3 and #4).

"…The challenge is I don't know where to start. I see other people dieting or exercising, but I don't know the right way. With my education, I'm not a healthy person, so it's hard to tell what's good and what's not…" (#5).

"…The challenges are quite a lot. I feel like I am not able to get the right information and I don't know how to effectively maintain my weight. So, often I don't know where to start. Also, sometimes there is pressure from people who expect me to look slimmer, but I don't know how…"(#6).

Hereditary Factors

Families with obesity. In the family, several members also experience weight problems, one of them is the mother. Several informants stated that siblings, cousins , and aunts are obese. This can be seen through the following expressions:

"...Yes, I believe that genetic factors play a big role. In my family, several members also have weight problems, one of whom is my mother. That makes me think that there is a possibility of a genetic predisposition in it…" (#1, #3, #5 and #6).

"…Yes, actually there are, some of my siblings are obese. I am worried too, maybe I could be like them…"(#2).

"…Yes, there are some members of my family, like my cousins and my aunts who are indeed big. I feel that they influence because I see their unhealthy eating habits and sometimes I follow suit…"(#4).

Genetic factors in the incidence of obesity in women of childbearing age can influence, but do not know much about it. This category illustrates that the informant believes that genetics has an influence on obesity but does not know much about it. Not so sure, but there may be a little influence. This category illustrates that the informant is not so sure about hereditary factors for obesity. This can be seen through the following statement:

"…I think there is a genetic link because there are a lot of people in our family who are obese. But I don't know how big of an influence it is…"(#2, #3, #4, and #5).

"…I'm not sure, but there might be a slight influence. I've heard that genetics can play a role, though I don't know how much. I have people in my family who tend to gain weight more easily…"(#6).

Signs of people at risk of obesity. We can see by looking at their body shape, a fat body is likely at risk of obesity. This category illustrates that people who are obese can be seen based on their body shape. The following is the informant's statement regarding this matter:

"...We can see by looking at their body shape. If they are fat, it means they are obese, ma'am..."(#4).

Efforts to address genetic risks in obesity, not knowing for sure and not knowing how. The informant does not know the efforts to overcome genetic risks related to obesity. Trying to maintain a diet even though it is difficult to implement. This category provides an illustration that the informant knows the efforts to overcome risks related to obesity. The efforts made can be seen through the following statements:

"…I don't know for sure. I think I need to try harder to not follow the family's diet, but sometimes it's hard…" (#2).

"…I try to stick to my diet, but it doesn't always work. It's hard to give up favorite foods. Sometimes, I

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find it hard to choose healthy foods amidst the habits I already have…" (#4 and #6).

Knowledge

Knowledge of women of childbearing age regarding obesity is defined as being overweight. Some informants do not know more deeply about the causes and effects of obesity. This is expressed through the following statement:

"…I know obesity is having more weight…"(#1, #4 and #6).

"…But I don't understand the details like body mass index or others. I just know, that if the body looks big, yes it might be called obesity. But I don't know more deeply about the causes and effects…"(#2, #3 and #5).

Factors that cause obesity in women of childbearing age are eating too much, lack of physical activity unhealthy eating, and feeling less confident and not knowing. Here is the informant's statement regarding this:

"…For me, maybe I eat too much… but I don't know about other factors…"(#1, #2, #3, #4, #5 and #6).

"…My body only moves a little, so it's not balanced…"(#2, #3, #4, #5 and #6).

"…That's what I heard, but I'm not sure…"(#2, #3 and #5).

The impact of obesity on reproductive fertility; Being too fat makes it difficult to have children and damages fertility. This category describes the informant's understanding of the impact of obesity on reproductive quality. Some informants are not sure about the impact of the exact relationship as follows:

"…What I know is that there are impacts, people say that if you are too fat, it will be difficult to have children…" (#1, #3, #4, #5, and #6).

"…I don't know yet. There might be impacts, but I can't explain further…" (#2).

Knowledge of what's on my plate; Not knowing in detail. This category describes the informant's lack of understanding of the meaning of the contents of my plate. Interpreting the contents of my plate as an order to fill the plate so that I always eat. This category also describes the informant's lack of knowledge about the contents of my plate and answering as best they can. The following is the informant's statement:

"…Hmm, I've heard of it, but I don't remember the details. It might have something to do with diet…"(#2, #3 and #5).

"…As far as I know it means, don't let my plate be empty, I want to keep eating…"(#4 and #6).

Food affects the incidence of obesity; Not knowing for sure. This category illustrates the lack of informant knowledge about foods that affect obesity. Eating carelessly such as fat and sugar, high in calories can cause obesity. In this category, several informants provided responses related to fat and sugar consumption that causes obesity. The following are informants' statements related to this:

"…Maybe, yes. But I don't know for sure, I've never studied it myself…"(#2, #4 and #6).

"…I think so, especially foods that are high in fat and sugar…"(#1, #2, #3, #4, #5, and #6).

Attitude

Views on obesity; Dominant informants admitted to being obese. Having been obese since entering childbearing age. Having been obese since childhood. In this category, informants were found to have been obese since childhood. The following are the informants' statements regarding this matter:

"... yes, if you look at this body, it seems obese, my friends also say I am obese... because my body is indeed fat..." (#1, #2, #3, #4, #5, and #6).

"…Since entering the fertile age, I already know, moreover it is innate, I want to eat continuously, yes, my weight increases, that's why many women of fertile age are obese, you know… (#1).

"… yes, since I was little, it was obvious, because my body is indeed big, not like other girls, then I can eat again, I want to not move around much, like that…" (#4).

"… You can immediately tell, from my fat body, my cheeks too, my steps feel heavy, I can eat, I don't feel like moving…" (#1 and #4).

Efforts to address obesity; Regulate the type of food and eating patterns. Get used to doing physical activities. Here are the informants' statements regarding this:

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"…Not much, at most, I just cut down on food, I don't have much time for exercise…" (#1, #2, #3, #5 and #6).

"…Since I became obese, I just force myself to exercise by walking, because if I don't force myself, my body becomes lazy all the time, and I also regulate the types of food and meal times, God willing, my body is starting to shrink…" (#4, #5 and #6).

Attitudes regarding obese women of childbearing age; Feeling sorry and concerned. Feeling difficult to handle obesity problems on oneself. Thinking that obese women do not maintain their health. This is expressed through the following statements:

"…I feel sorry, maybe they are struggling like me. But sometimes I also think, they are not taking care of their health…"(#2, #3, #5, and #6).

"…I think maybe they have the same problems…"(#1).

"…I feel sorry, maybe they are struggling like me. But sometimes I also think, they are not taking care of their health…"(#2).

Habits that lead to obesity; Overeating habits, excessive snacking habits and not doing physical activities. The following are informant statements related to these categories:

"…Habits might be like eating too much, especially when stressed or bored. I sometimes do that and it's hard to change…"(#1, #2, #3, #4, #5, and #6).

"…Now I'm learning a lot from my friends, what are the habits that make them obese, So according to their experience, the habits that make them obese are irregular eating, snacking after or before eating, and rarely exercising…"(#3 and #4).

"…Now I'm learning a lot from my friends, what are the habits that make them obese, So according to their experience, the habits that make them obese are irregular eating, snacking after or before eating, and rarely exercising…"(#4).

Food Intake

Taking into account the nutritional content of food and consumption patterns; Not taking into account nutritional content, prioritizing feeling full, and not knowing how to calculate nutritional content. This can be seen through the following categories:

"…No, I just want to be full. Although sometimes I am curious about the nutritional content, I just eat it…" (#1, #2, #5 and #6).

"…I have to admit, in my daily life, I often focus on being full rather than paying attention to the nutritional content in detail. I know that nutrition is important, but sometimes when I feel hungry, I tend to choose food that is quick to cook or easy to reach without paying attention to the calories or nutrients contained in it. Maybe this is one of the reasons why I often feel like my weight is not moving, even though I don't try to maintain it in the right way…" (#2, #3, #4, and #5).

The relationship between income and food quality; It is difficult to get healthy food with minimal economic conditions and people prefer to buy cheap food. This can be seen through the following categories:

"…Sometimes it's not enough to buy healthy food. Even though I have a salary and my husband also has a salary, it's enough to just buy what's needed…"(#1, #2, #3, #4, and #6).

"…I often choose cheaper food, even though it's not balanced in terms of nutrition. I wish I could choose healthier food, but often the price is a barrier for me to do so…"(#4, #5 and #6).

Daily eating and snacking routine; Dominated by eating 3 times a day. In certain conditions, the intensity of eating can be more than 3 times. The habit of snacking two to three times a day. Free situations are used as a time for snacking. The following are statements from informants regarding this category:

"…I usually eat three times a day, breakfast, lunch, and dinner…"(#2, #3, #4, #5, and #6).

"…Sometimes more if there is delicious food…"(#2, #4 and #5).

"…I usually eat three times a day, breakfast, lunch, and dinner…"(#2, #3, #4, #5, and #6).

"…Sometimes more if there is delicious food…"(#2, #4 and #5).

"…I often snack, sometimes two to three times, especially when I am not busy…"(#2, #3, #4, #5, and #6).

"…Sometimes even more, depending on my mood, sometimes two to three times, especially when I am not busy…"(#3 and #6).

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Physical Activity

Rarely doing physical activity. This category provides an overview of the informant's statement that they rarely do physical activity. This was expressed by the informant through the following statement:

"... I often lie down at home because I feel tired after taking care of children and working all day. Although I am aware that being less active can hurt health, it is very difficult to find the motivation to exercise after being tired..." (#1, #2, #3, #4, #5, and #6).

A physical activity carried out is only cleaning the house. This category describes that the informant only carries out physical activities in the form of cleaning the house.

"... At most, I only take care of the house, such as cleaning the house, cooking, and looking after the children. I don't have time for special sports so that activity is considered sufficient ..." (#2 and #5).

Implementation of physical activity during pregnancy; Physical activity tends to be walking. The intensity of physical activity is still minimal. This category illustrates that informants still rarely do physical activity, especially during pregnancy. This was expressed by the informant through the following statement:

"…When I was pregnant, I tried to walk lightly. It felt okay, but I didn't move too much because I was tired…" (#2, #3, #4 and #6).

"…When I was pregnant, I didn't move much. I was afraid of doing too much activity. Actually, I know I should be more active, but laziness and discomfort made me rest more…" (#5).

Sleep quality

Sleep duration is dominated by 6-7 hours a day. This category illustrates that respondents are dominated by having a sleep duration of 6 to 7 hours which can be seen through the following statement:

"…I sleep about 6-7 hours a day, depending on my activity…"(#2, #4 and #6).

"…I usually sleep about 5 or 6 hours, although sometimes less…"(#3).

Perceived sleep quality; Sleep deprivation to poor sleep quality. This category provides an illustration that the informant has sleep deprivation to poor sleep quality. This can be seen through the following statement:

"…My sleep quality is poor. I often wake up at night and have trouble getting back to sleep…"(#2, #3, #4, #5 and #6).

" …I often wake up at night and can't get back to sleep. It makes me feel tired during the day…"(#2, #3, #5 and #6).

Intensity of staying up late; Often stay up late. This category directly describes that the informant often stays up late. This can be seen through the informant's statement as follows:

"...Yes, I often stay up late, especially when there is an event or when I am awake because of thoughts..." (#2, #3, #4, #5, and #6).

Factors that cause staying up late; The activities of watching TV and playing with cell phones, the mental burden factor results, and the factor of taking care of children and husbands result in staying up late. This can be seen through the following statement:

"…Usually because I watch TV or play with my cellphone…" (#2, #3 and #4).

"…Yes, a lot, but, generally because of thoughts, sometimes these thoughts are far away, that's why I can't sleep until late at night but, not all the time, sometimes I just stay up late…" (#6).

"…Mostly because of my children and husband. If my children wake up, I have to wake up too. And sometimes, if my husband comes home late, I don't want to sleep first…" (#5).

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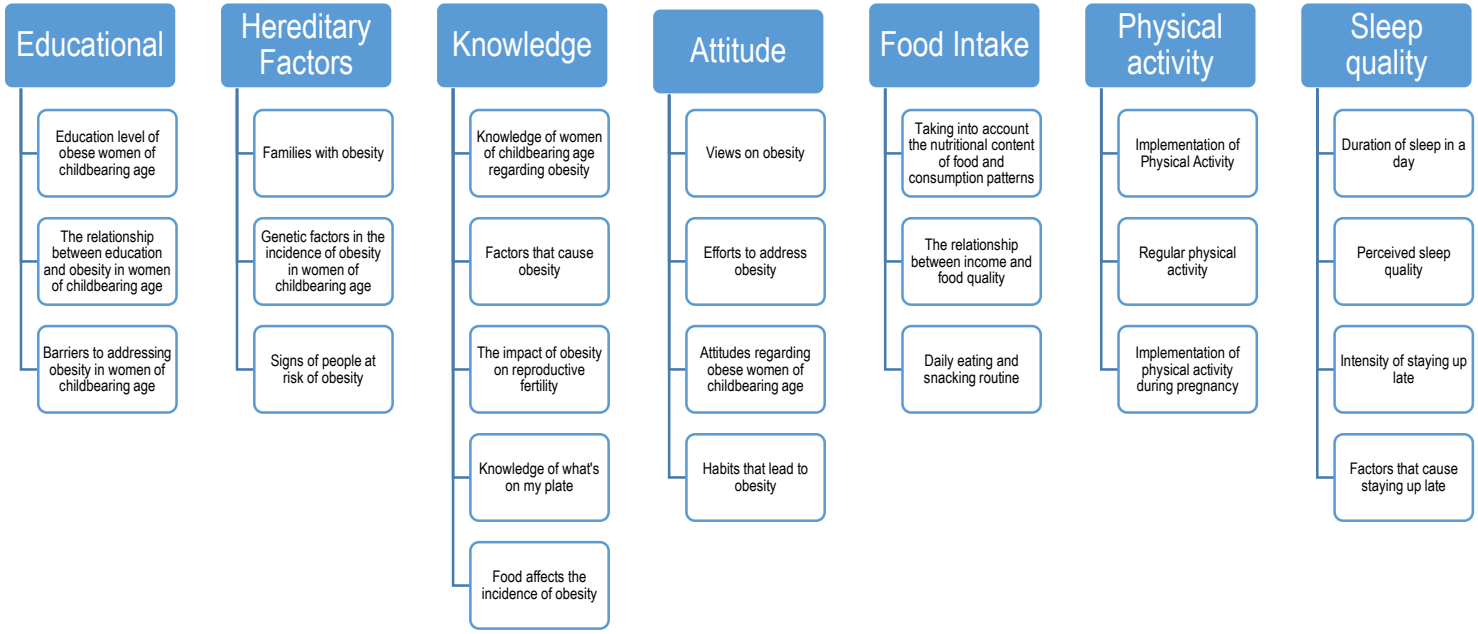


Figure themes and sub-themes that emerged from six women of childbearing age on the perspective of obesity in the Deli Serdang district

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DISCUSSION

In this study, the education of women of childbearing age is high school. Education plays an important role in obtaining information, especially about things that support health. Education can improve a person's quality of life by providing the knowledge needed to maintain health and reduce the risk of disease (Raghupathi & Raghupathi, 2020). In addition, education can also help someone to more easily receive and understand information, and the higher the level of education of a person, the greater the possibility of receiving information more effectively. This shows that education plays an important role in helping someone gain the knowledge and information needed to maintain health and improve their quality of life (Arlinghaus & Johnston, 2018).

The results of this study are not in line with previous studies where the results showed no relationship between maternal education level (p=0.912) and nutritional knowledge (p=0.239) in adolescents with obesity incidence in Samarinda (Humairoh & Nugroho, 2021). The same thing was also proven on research in BRICS economies for 1990–2016 through causality and cointegration tests, where the results of the causality test revealed that educational attainment and economic globalization had a significant influence on obesity in adult women and men in the short term. Furthermore, cointegration analysis shows a negative impact of education on obesity attainment across BRICS economies in the long run, but the impact of economic globalization on obesity in BRICS countries. Moreover, the negative impact of education attainment on obesity is relatively higher in women than in men (Sart, Bayar, & Danilina, 2023).

Obesity is a medical condition in which the body stores fat that can increase the risk of various health problems. One of the causes of obesity is heredity. If one of the parents is obese, the chance of the children becoming obese is 40-50% and if both parents suffer from obesity then the chance of hereditary factors becomes 70-80% (Safaei, Sundararajan, Driss, Boulila, & Shapi'i, 2021). In line with a study on students at Malahayati University in 2020, where there is a significant relationship between hereditary factors and the incidence of obesity (p=0.002; OR=6), there is a significant relationship between gender and the incidence of obesity (p=0.002; OR=5.2) and there is a significant relationship between the socioeconomic level of parents and the incidence of obesity (p=0.004; OR=4.75) (Lubis, Hermawan, Febriani, & Farich, 2020).

Research on the relationship between education and obesity in women of childbearing age suggests that education level influences health literacy and access to health resources (Lubis et al., 2020). Women with higher education generally have more knowledge about nutrition and healthy eating patterns, and better understand the importance of physical activity, which can reduce the risk of obesity. In addition, higher education is often associated with better socioeconomic conditions, allowing easier access to healthy foods and health services (Hamulka, Wadolowska, Hoffmann, Kowalkowska, & Gutkowska, 2018).

In contrast, women with low education tend to have limited access to health information and services (Zajacova & Lawrence, 2018). This has the potential to increase the risk of obesity due to a lack of understanding of a healthy lifestyle and barriers to obtaining quality food choices and health services (Fruh, Williams, Hayes, Hauff, Hudson, Sittig, Graves, Hall, & Barinas, 2021). Knowledge can play a key role in increasing health awareness and behavior to reduce the prevalence of obesity in women of childbearing age (Cardozo, Dune, Neff, Brocks, Ekpo, Barnes, & Marsh, 2013).

Attitudes and obesity in women of childbearing age show that a person's attitude toward health, diet, and physical activity plays an important role in the risk of obesity. Women with positive attitudes toward the importance of a healthy lifestyle, such as understanding the benefits of a balanced diet and exercise, tend to have a lower risk of obesity. Conversely, a less health-conscious attitude can increase the chances of overeating and a less active lifestyle, which contribute to obesity. These attitudes are also influenced by socioeconomic and educational factors, which can shape their views on healthy living habits (Venkatesh, Ferreira, Benonisdottir, Rahmioglu, Becker, Granne, Zondervan, Holmes, Lindgren, & Wittemans, 2022; Zheng, Yang, Guo, Yao, Zhang, & Pu, 2023).

Ika Nur Saputri[1]*, Delmi Sulastri[1], Mudjiran[2], Eva Chundrayetti[1], Nur Indrawaty Lipoeto[1], Defrin[1], Meri Neherta[1], Hafni Bachtiar[1]

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Attitudes towards body image and motivation to maintain health are also important. According to research, women of childbearing age with a positive view of their bodies and high motivation to maintain health tend to be more disciplined in maintaining ideal body weight. Obesity can cause changes in reproductive function as well as various other health problems, so adopting a proactive attitude in preventing obesity is important to improve reproductive health in women of childbearing age (Ogunwole, Zera, & Stanford, 2021).

Food intake with the incidence of obesity in women of childbearing age has shown that dietary patterns play an important role in increasing the risk of obesity in this group (Monda, de Stefano, Villano, Allocca, Casillo, Messina, Monda, Moscatelli, Dipace, Limone, Di Maio, La Marra, Di Padova, Chieffi, Messina, Monda, & Polito, 2024). Women of childbearing age who consume a diet high in calories, especially those from fat, added sugar, and processed foods, have a higher risk of experiencing excessive weight gain leading to obesity (Casas, Barquero, & Estruch, 2020). Several studies suggest that poor dietary patterns, such as low consumption of vegetables, fruits, and whole grains, significantly contribute to an increased risk of obesity and other related health problems in women in this age range (Awoke, Skouteris, Makama, Harrison, Wycherley, & Moran, 2021; Zhao, Zhang, Lin, Marquez Zhang, & Cao, 2024).

Research shows that adequate physical activity plays an important role in preventing obesity in women of childbearing age. Regular physical activity can reduce the risk of excess weight gain, which is a major factor in obesity in this age group. Studies show that higher levels of activity are significantly correlated with lower body mass index in pre-pregnancy and postpartum women, emphasizing the importance of consistent activity patterns across the reproductive stage (Awoke et al., 2021; Mena, Mielke, & Brown, 2019). However, many women of childbearing age do not achieve the recommended levels of physical activity due to various constraints, such as fatigue, low motivation, and family responsibilities (Awoke, Wycherley, Earnest, Skouteris, & Moran, 2022).

The study in the Marina Permai Health Center Work Area of Palangka Raya City, reported that respondents who were obese, namely doing light activities as many as 26 people (33.8%), 26 people (33.8%) doing moderate activities, and 25 people (32.5%) doing heavy activities, while respondents who were not obese who did light activities were 17 people (22.1%). The results of the study showed that there was a relationship between physical activity and the incidence of obesity in productive age (Agustina, Lestari & Prasida, 2023). Physical activity carried out by humans is closely related to quality of life, health, and well-being (Marquez, Aguinãga, Vásquez, Conroy, Erickson, Hillman, Stillman, Ballard, Sheppard, Petruzzello, King, & Powell, 2020). Overweight and obesity are major risk factors for several chronic diseases, including diabetes, cardiovascular disease, and cancer. Obesity is already widely found in various developing countries, caused by a lack of physical activity, an unbalanced diet, and a family history (Welsh, Hammad, Piña, & Kulinski, 2024).

Research shows that poor sleep quality was closely related to the incidence of obesity in women of childbearing age (Bastain, Naya, Yang, Vigil, Chen, Chavez, Toledo-Corral, Farzan, Habre, Lerner, Lurvey, Grubbs, Dunton, Breton, & Eckel, 2023). A study in Iran showed that about 77% of overweight women and 93% of obese women had low sleep quality. Poor sleep affects the regulation of hormones, such as leptin and ghrelin, which control appetite, leading to a tendency to eat more and choose high-calorie foods. This condition is exacerbated by decreased insulin sensitivity and increased stress hormone cortisol, which triggers the accumulation of body fat (Salarinia, Bani, Jafarabadi, Hasanpoor, Abasalizadeh, & Ansari, 2017).

CONCLUSION

Women's perspectives on obesity in childbearing age gave rise to related themes: 1) education, 2) heredity, 3) knowledge, 4) attitude, 5) food intake, 6) physical activity, and 7) sleep quality. The results found are factors that must be considered regarding obesity in women of childbearing age. It is necessary to conduct quantitative research to see the extent of the relationship between the factors found and the incidence of obesity, to increase the independence of women of childbearing age in losing weight through obesity control in women of childbearing age.

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