Chapter 1

Introduction

Quality of Life (QOL) is a broad concept including physical, mental and social well-being, and not merely the absence of disease. Health-related Quality of Life (HRQOL) is a narrow concept including attempts to define the impact of disease and treatments on a patient's subjective evaluation of his or her functioning and emotional well-being (Bowling, 2005; Guyatt et al., 1993; Testa&Simonson, 1996). The main clinical outcome of traditional physiological measures were mortality rates (length of survival), morbidity, complications, biochemical tests, physical condition, symptoms and, in the past, return to work. Clinicians had traditionally judged the value of an intervention mainly in terms of the five-year survival period. While obviously importance in the case of life-threatening conditions, this indicated ignores the living.

Measure of HRQOL assess were important aspects of health that influenced the development of clinical pathways, service provision, health care expenditures, and public health policy. HRQOL is the physical, psychological and social domains of health that are influenced by a person's experiences, beliefs, expectations, and perceptions (Matza et al., 2004). Assessment of QOL in children posed unique problems. Children differ from adult; they did not share adult views of quality of life about the cause, etiology, and treatment of illness. They may interpreted questions differently, and adopted a different time perspective regarding the course of a disease. In addition, their abilities to use rating scales, understand the language, and generally complete lengthy questionnaires of the type used in adult work, may be compromised by age and cognitive development (Eiser et al., 1999; Eiser&Morse, 2001a, 2001b). Therefore; assessment of QOL in children maybe used instrument for children.

The PedsQL^{TM} 4.0 Generic Core Scales (The Pediatric Quality of Life Inventory^{TM}) were child self-report and parent proxy-report scales developed to measure HRQOL, which used in children and adolescents ages 2 to 18. The PedsQL^{TM} 4.0 Generic Core Scales consist of 23 items applicable for healthy school

and community populations and pediatric populations with acute and chronic health conditions. There were designed to measure the core physical, mental and social health dimensions as delineated by the World Health Organization (1948), as well as role (school) functioning. Thus, the multi-dimensional PedsQL^{TM} 4.0 Generic Core Scales encompass the essential core domains for pediatric HRQOL measurement:
(1) Physical Functioning (eight items), (2) Emotional Functioning, (five items), (3) Social Functioning (five items), and (4) School Functioning (five items). The PedsQL^{TM} 4.0 Generic Core Scales were currently in used in several school districts nationwide, as well as by departments of health in several states as a way of monitoring the health of large populations of healthy and ill children. Clinical trials and treatment interventions utilizing the PedsQL^{TM} 4.0 Generic Core Scales were in the planning stages internationally. The PedsQL^{TM} 4.0 had been translated into Spanish and Arabic, with translations in German, Dutch and Thailand in progress (Seid et al., 2000; Varni et al., 2002).

The prevalence of Obesity was increasing worldwide that is a serious problem with profound health and social consequences (Laurie, 2003; Reilly et al., 1999; Rudolf et al., 2001; Zaninotto et al., 2006). Thailand school age children are defined as overweight or at risk for overweight increasing approximately 15 – 36 % (พรฑิตา ชัยอำนวย, 2547; ลัดดา เหมาะสุวรรณ, 2546, 2548; แสงโสม สี่นะวัฒน์, 2545; อุมาพร สุทัศน์วรวุฒิ, 2548). Children who overweight associated with numerous health and social consequences and more than 70% of obese children will became obese adult. Obesity was also associated with several other chronic conditions, such as cardiovascular disease, hypertension, diabetes mellitus, obstructive sleep apneas, asthma and other pulmonary syndromes (Berke et al., 2000; Carmago et al., 1999; Field et al., 2001; Freedman et al., 1999; Hannon et al., 2005; Haslam&James, 2005; Kilpelainen et al., 2006; Litonjua et al., 2002; Must et al., 1999; Sahakitrungruang, 2007; Tantisira et al., 2003 ; รังสรรค์ ตั้งตรงจิตร, 2550; ลัดดา เหมาะสุวรรณ, 2548; อุมาพร สุทัศน์วรวุฒิ2548). For adolescents and young adults who obese, there was increased risk of poor socio-economic outcome (lower educational attainment, social isolation,

low income), especially among women (Gortmaker et al., 1993; Stunkard, 1993). Moreover, an individual level obesity not only shortens life expectancy but also reduced the number of healthy and functional life-years (WHO 2000).

In Thailand, the HRQOL of children had been evaluated but its clinical based setting. In addition, the research of HRQOL in community-base was rarely identified. Furthermore, the study of HRQOL in child obese had not been identified.

Research Question

1. How is the health-related quality of life among school pupils?
2. How is the impact of Obesity on health-related quality of life of school pupils?

Objective

1. To describe health-related quality of life of school pupils
2. To evaluate factor that related health-related quality of life of school pupils
3. To assess the impact of obesity on health-related quality of life of school pupils

Definition of Term

Health-related Quality of Life (HRQOL)

In this study, HRQOL is the physical, psychological and social domains of health that influenced by a person's experiences, beliefs, expectations, and perceptions.

School pupils

In this study, school pupils defined as schoolchild, who's studying in primary school and secondary school, age between 8 – 18 years.

Child

In this study, child defined as schoolchild, who's aged between 8 – 12 years.

Adolescent

In this study, adolescent defined as schoolchild, who's aged between 13 – 18 years.

Obesity

In this study, we use data from the recent survey of Thai children of the Ministry of Public Health of Thailand to divide into 2 groups as obese and non obese for boys and girls of each age. The obese group was defined as weight for height as at or above 120% of standard weight for height for gender of Thai children. The non obese group was defined as weight for height as below 120% of standard weight for height for gender of Thai children (Jirapinyo et al., 2005a, 2005b; ลัดดา เหมาะสุวรรณ, 2546).

Figure 1.1

Conceptual Framework