



## Contributing factors and consequences of childhood obesity – An analysis using Induced Fuzzy Cognitive Maps (IFCMs)

W.Ritha<sup>1</sup> and W.Lilly Merline<sup>2</sup>

<sup>1</sup>Department of Mathematics, Holy Cross College (Autonomous), Tiruchirappalli–620 002, Tamil Nadu, India.

<sup>2</sup>Department of Mathematics, Arignar Anna Government Arts College, Musiri, Tiruchirappalli district–621 211, Tamil Nadu, India.

### ARTICLE INFO

#### Article history:

Received: 12 May 2012;

Received in revised form:

15 June 2012;

Accepted: 10 July 2012;

#### Keywords

Fuzzy cognitive maps,

Childhood obesity,

Induced fuzzy cognitive maps.

### ABSTRACT

Obesity is now a common childhood disease and is widely acknowledged as having become a global epidemic. There are well-recognized health consequences of childhood obesity, both during childhood and adulthood, affecting health and psychological welfare. Childhood obesity is a risk factor for adult morbidity and mortality, independent of body mass index (BMI) in adulthood, family history of cardiovascular disease or cancer, and smoking. The present study was designed with the objectives to study contributing factors of childhood obesity like genetic, environmental, behavioral, metabolic, biochemical and social factors and its relationship. Hence, this research investigates the most contributing / impactful factor of childhood obesity using Induced Fuzzy Cognitive Maps (IFCMs). IFCMs are a fuzzy-graph modeling approach based on expert's opinion. This is the non-statistical approach to study the problems with imprecise information.

© 2012 Elixir All rights reserved.

### Introduction

Obesity is the most important nutritional disorder of the industrialized world and is also creeping slowly but steadily into the developing countries. Childhood obesity is a complex disease with different genetic, metabolic, environmental and behavioral components that are interrelated and potentially confounding, thus making casual pathways difficult to define[1].

Genetic factors may impart susceptibility to obesity but cannot alone be responsible for epidemic of obesity in such a short span[14]. Environment factors like increase in the availability and marketing of foods, increase in the use of computers and television viewing, greater reliance on motor vehicles for transport, reduction in physical education in schools and physical activity at work are all major determinants of obesity [1,2].

Behavioral factors like high intake of food, low physical activity, excessive sugar intake by soft drink [1,2] have been playing major roles in the rising rate of obesity.

Although genetics are undeniably important in obesity genesis, they form part of a complex interaction with many other environmental, behavioral and metabolic factors. Birth weight, timing or rate of maturation and gestational diabetes are all contributed to the onset of obesity. It has also been established that social factors like ethnicity and social and economic deprivation[2,3] are important determinants of obesity.

The current study examines the contributing factors of childhood obesity and analyses the most impactful factor of childhood obesity using Induced Fuzzy Cognitive Maps(IFCMs). An efficient knowledge-based approach utilizing the method of Fuzzy Cognitive Maps(FCMs) is presented in this research work.

Fuzzy Cognitive Maps (FCMs) is a well established technique for prediction and decision making especially for situations where fuzziness and uncertainty exists. To deal imprecise information, Lofti A.Zadeh,1965, introduced the

notion of fuzziness. In 1986, Kosko [8], the guru of fuzzy logic introduced the Fuzzy Cognitive Maps. It was a fuzzy extension of the Cognitive Map pioneered in 1976 by Political Scientist Robert Axelrod, who used it to represent knowledge as an interconnected, directed, bilevel-logic graph[4]. Thus the FCM plays a vital role in modeling system.

This paper describes the method of analyzing the most contributing factor in childhood obesity using Induced Fuzzy Cognitive Maps(IFCMs) which is the advanced study of FCM[15].

It is worth mentioning here, the book entitled 'FCMs and Neutrosophic Cognitive Maps' by Vasantha and Smarandache, 2003[16]. This book infers that FCMs strongly resemble neural networks and powerful for reaching consequences as a mathematical tool for modeling complex systems.

Implications for interdisciplinary reading: National Implication by Calais[7], FCM based tool for prediction of infectious diseases by Elpiniki et al.,[7], Benefits of literacy in Bhutan by Devadoss et al. [18], Problem faced by bonded labourers near Kodaikanal forests discussed and solution given by Vasantha [17] are notable studies in this area of research. In all the above studies, the various real life with imprecise information taken and the precise solutions given by FCM and its advanced studies.

In the current study, Section1 overviews the Fuzzy Cognitive Maps theory, and its influence. Section2 explains the Algorithmic approach of IFCM models. Section3 discusses the possible components(attributes) contributes the Childhood Obesity. Section4 gives implementation of IFCM model and Section5 reveals the discussion of the proposed work.

### Fuzzy Cognitive Maps

Fuzzy Cognitive Maps(FCMs) are digraphs that capture the cause/effect relationship in a system. Nodes of the graph stand for the concepts representing the key factors and attributes of the modeling system, such as inputs, variable states, components,

factors, events, actions of any system. Signed weighted arcs describe the casual relationships, which exists among concepts and interconnect them, with a degree of casuality. The constructed graph clearly shows how concepts influence each other and how much the degree of influence is.

Cognitive Maps(CMs) were proposed for decision making by Axelrod [5] for the first time. Using two basic types of elements; concepts and casual relationship, the cognitive map can be viewed as a simplified mathematical model of a belief system. FCMs were proposed with the extension of the fuzzified casual relationships. Kosko[8], introduced FCMs as fuzzy graph structures for representing casual reasoning. When the nodes of the FCM are fuzzy sets then they are called fuzzy nodes. FCMs with edge weights or casualities from the set  $\{-1, 0, 1\}$  are called simple FCMs.

Consider the nodes/concepts  $P_1, P_2, P_3, \dots, P_n$  of the FCM. Suppose the directed graph is drawn using edge weight  $e_{ij}$  from  $\{-1, 0, 1\}$ . The matrix  $M$  be defined by  $M=(e_{ij})$  where  $e_{ij}$  is the weight of the directed edge  $P_i P_j$ .  $M$  is called the adjacency matrix of the FCM, also known as connection matrix.

The directed edge  $e_{ij}$  from the casual concept  $P_i$  to concept  $P_j$  measures how much  $P_i$  causes  $P_j$ . The edge  $e_{ij}$  takes values in the real interval  $[-1, 1]$ .

$e_{ij} = 0$  indicates no casuality.

$e_{ij} > 0$  indicates casual increase / positive casuality.

$e_{ij} < 0$  indicates casual decrease / negative casuality.

Simple FCMs provide quick first-hand information to an expert's stated casual knowledge. Let  $P_1, P_2, P_3, \dots, P_n$  be the nodes of FCM. Let  $A = (a_1, a_2, \dots, a_n)$  is called a state vector where either  $a_i = 0$  or 1. If  $a_i = 0$ , the concept  $a_i$  in the OFF state and if  $a_i = 1$ , the concept  $a_i$  in the ON state, for  $i = 1, 2, \dots, n$ . Let  $P_1 P_2, P_2 P_3, \dots, P_i P_j$  be the edges of the FCM ( $i \neq j$ ). Then the edges form a directed cycle.

An FCM is said to be cyclic if it possesses a directed cycle. An FCM with cycles is said to have a feedback, when there is a feedback in an FCM, i.e., when the casual relations flow through a cycle in a revolutionary way, the FCM is called a dynamical system. The equilibrium state for the dynamical system is called the hidden pattern. If the equilibrium state of a dynamical state is a unique state vector, it is called a fixed point or limit cycle. Inference from the hidden pattern summarizes the joint effects of all interacting fuzzy knowledge.

**Algorithmic Approach in IFCM**

Even though IFCM is an advancement of FCM it follows the foundation of FCM, it has a slight modification only in Algorithmic approaches. To derive an optimistic solution to the problem with an unsupervised data, the following steps to be followed:

**Step 1:** For the given model (problem), collect the unsupervised data that is in determinant factors called nodes.

**Step 2:** According to the expert opinion, draw the directed graph.

**Step 3:** Obtain the connection matrix,  $M_1$ , from the directed graph (FCM). Here the number of rows in the given matrix = number of steps to be performed.

**Step 4:** Consider the state vector  $C_1$  which is in ON position. Find  $C_1 \times M_1$ . The state vector is updated and threshold at each stage.

**Step 5:** Threshold value is calculated by assigning 1 for the values  $> 0$  and 0 for the values  $< 1$ . The symbol ' $\rightarrow$ ' represents the threshold value for the product of the result.

**Step 6:** Now each component in the  $C_1$  vector is taken separately and product of the given matrix is calculated. The vector which has maximum number of one's is found. The vector with maximum number of one's which occurs first is considered as  $C_2$ .

**Step 7:** When the same threshold value occurs twice. The value is considered as the fixed point. The iteration gets terminated.

**Step 8:** Consider the state vector  $C_1$  by setting  $C_2$  in ON state that is assigning the second component of the vector to be 1 and the rest of the components as 0. Proceed the calculations discussed in Steps 4 to 6.

**Step 9:** Continue Step 9 for all the state vectors and find hidden pattern.

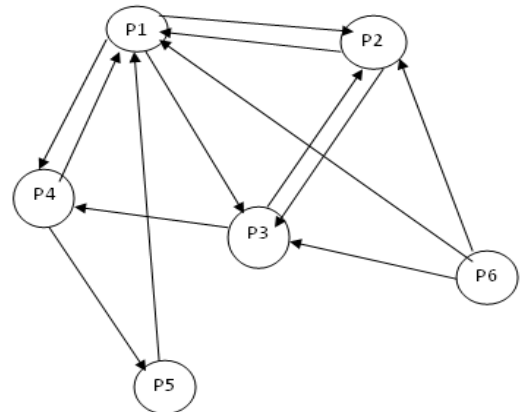
**Contributing factors of childhood obesity – strategies**

Using the survey and the experts (Doctors) opinion, We have taken the following six concepts(factors) as  $\{P_1, P_2, P_3, P_4, P_5, P_6\}$ . The following factors are taken as the main nodes for our studies:

- P1 – genetic factors
- P2 – environmental factors
- P3 – behavioral factors
- P4 – metabolic factors
- P5 – biochemical factors
- P6 – social factors.

**Implementation of IFCM model to the study**

Based on the Experts' opinion, the directed diagram is drawn as follows:



The corresponding connection matrix  $M_1$  is given as

$$M_1 = \begin{pmatrix} 0 & 1 & 1 & 1 & 0 & 0 \\ 1 & 0 & 1 & 0 & 0 & 0 \\ 0 & 1 & 0 & 1 & 0 & 0 \\ 1 & 0 & 0 & 0 & 1 & 0 \\ 1 & 0 & 0 & 0 & 0 & 0 \\ 1 & 1 & 1 & 0 & 0 & 0 \end{pmatrix}$$

**Step 1:**

Let us consider  $C_1$  in the step1, by setting the concept P1 to ON state i.e., the first component of the vector is set to be 1 and the rest are assigned to 0.

$C_1 = (1 \ 0 \ 0 \ 0 \ 0 \ 0)$

$C_1 \times M_1 = (0 \ 1 \ 1 \ 1 \ 0 \ 0) \rightarrow (1 \ 1 \ 1 \ 1 \ 0 \ 0) = C_1^1$

The symbol ' $\rightarrow$ ' represents the threshold value for the product of the result.

Now, as per the Induced Fuzzy Cognitive Map methodology, each component in the  $C_1^1$  vector is taken separately and product of the given matrix is calculated. The vector which has the maximum number of one's which occurs first is considered as  $C_2$ .

The symbol ' $\sim$ ' denotes the calculation performed with the respective vector,  $C_1^1$ .

$$C_1^1 \times M_1 \sim (1\ 0\ 0\ 0\ 0\ 0) \times M_1 \rightarrow (0\ 1\ 1\ 1\ 0\ 0)$$

$$\sim (0\ 1\ 0\ 0\ 0\ 0) \times M_1 \rightarrow (1\ 0\ 1\ 0\ 0\ 0)$$

$$\sim (0\ 0\ 1\ 0\ 0\ 0) \times M_1 \rightarrow (0\ 1\ 0\ 1\ 0\ 0)$$

$$\sim (0\ 0\ 0\ 1\ 0\ 0) \times M_1 \rightarrow (1\ 0\ 0\ 0\ 1\ 0)$$

Therefore,  $C_2 = (0\ 1\ 1\ 1\ 0\ 0)$  (the vector which has the maximum number of 1's)

$$C_2 \times M_1 = (2\ 1\ 1\ 1\ 1\ 0) \rightarrow (1\ 1\ 1\ 1\ 1\ 0) = C_2^1$$

$$C_2^1 \times M_1 \sim (1\ 0\ 0\ 0\ 0\ 0) \times M_1 \rightarrow (0\ 1\ 1\ 1\ 0\ 0)$$

$$\sim (0\ 1\ 0\ 0\ 0\ 0) \times M_1 \rightarrow (1\ 0\ 1\ 0\ 0\ 0)$$

$$\sim (0\ 0\ 1\ 0\ 0\ 0) \times M_1 \rightarrow (0\ 1\ 0\ 1\ 0\ 0)$$

$$\sim (0\ 0\ 0\ 1\ 0\ 0) \times M_1 \rightarrow (1\ 0\ 0\ 0\ 1\ 0)$$

$$\sim (0\ 0\ 0\ 0\ 1\ 0) \times M_1 \rightarrow (1\ 0\ 0\ 0\ 0\ 0)$$

Therefore,  $C_3 = (0\ 1\ 1\ 1\ 0\ 0) = C_2$ .

The fixed point is  $C_2 = (0\ 1\ 1\ 1\ 0\ 0)$

When the same threshold value occurs twice, the value is considered as the fixed point. The iteration gets terminated and the calculation gets terminated and the calculation for step 2 is performed. Similar to the step 1, consider  $C_1$  by setting  $C_2$  in ON state, i.e., assigning the second component of the vector to be 1 and the rest of the components as 0.

**Step 2:**

Let us consider  $C_1$  in the step 2, by setting the concept P2 to ON state i.e., the second component of the vector is set to be 1 and the rest are assigned to 0.

$$C_1 = (0\ 1\ 0\ 0\ 0\ 0)$$

$$C_1 \times M_1 = (1\ 0\ 1\ 0\ 0\ 0) \rightarrow (1\ 1\ 1\ 0\ 0\ 0) = C_1^1$$

$$C_1^1 \times M_1 \sim (1\ 0\ 0\ 0\ 0\ 0) \times M_1 \rightarrow (0\ 1\ 1\ 1\ 0\ 0)$$

$$\sim (0\ 1\ 0\ 0\ 0\ 0) \times M_1 \rightarrow (1\ 0\ 1\ 0\ 0\ 0)$$

$$\sim (0\ 0\ 1\ 0\ 0\ 0) \times M_1 \rightarrow (0\ 1\ 0\ 1\ 0\ 0)$$

Therefore,  $C_2 = (0\ 1\ 1\ 1\ 0\ 0)$

$$C_2 \times M_1 = (2\ 1\ 1\ 1\ 1\ 0) \rightarrow (1\ 1\ 1\ 1\ 1\ 0) = C_2^1$$

$$C_2^1 \times M_1 \sim (1\ 0\ 0\ 0\ 0\ 0) \times M_1 \rightarrow (0\ 1\ 1\ 1\ 0\ 0)$$

$$\sim (0\ 1\ 0\ 0\ 0\ 0) \times M_1 \rightarrow (1\ 0\ 1\ 0\ 0\ 0)$$

$$\sim (0\ 0\ 1\ 0\ 0\ 0) \times M_1 \rightarrow (0\ 1\ 0\ 1\ 0\ 0)$$

$$\sim (0\ 0\ 0\ 1\ 0\ 0) \times M_1 \rightarrow (1\ 0\ 0\ 0\ 1\ 0)$$

$$\sim (0\ 0\ 0\ 0\ 1\ 0) \times M_1 \rightarrow (1\ 0\ 0\ 0\ 0\ 0)$$

Therefore,  $C_3 = (0\ 1\ 1\ 1\ 0\ 0) = C_2$ .

The fixed point is  $C_2 = (0\ 1\ 1\ 1\ 0\ 0)$

In the above manner, the other steps to be performed. By keeping each vector in ON position, the various fixed points are found.

**Discussion**

In this study, we have performed two steps. Result of step1 suggests, by keeping  $C_1$  in ON state, we obtain the hidden pattern  $C_2 = (0\ 1\ 1\ 1\ 0\ 0)$ . That is, all the 1's in  $C_2$  are the possible factors revealed from the first factor. More precisely, the factors viz., environmental, behavioral and metabolic factors are interrelated and they are in ON state. The biochemical and social factors are in OFF state.

In a similar manner, we can discuss the result of step2. In a step2, we kept  $C_2$  in ON position and we have derived  $C_2$  as the hidden pattern.  $C_2$  contains the factors in ON state are nothing but the factors which are discussed in step1. So by taking

environmental factor also, we have obtained the same implications. The factors in ON state are environmental, behavioral and metabolic factors.

First, by observing the above calculation of IFCM done in steps1 and 2, it is explicitly shown that the fixed point vector is taken as the vector which has the maximum number of ones. In both the steps, we have obtained the fixed point vector as  $(0\ 1\ 1\ 1\ 0\ 0)$ . That is, the factors P1, P2, P3, and P4 are the main implicated factors. Since P5 and P6 are OFF state, the biochemical and social factors do not have more impact on obesity directly.

The second interesting result we can see that the above fixed point vector  $(0\ 1\ 1\ 1\ 0\ 0)$  is nothing but the first factor in the casual connection matrix  $M_1$  – genetic factor. So, we can conclude that the genetic factor is the most impactful factor in this study, even though many attributes were present.

Earlier studies in this field, revealed results by concentrating one or two factors alone. But the unique contribution of this study is that various contributing factors that are related have been found and among them the most impactful contributing factor of childhood obesity is also found.

**References**

[ 1 ] S.K. Singh, Dheeraj Kapoor, Rakesh Goyal, Amit Rastogi, Sushil Kumara, O.P. Mishra, Childhood obesity: Contributing factors and consequences in Indian children, Diabetes & Metabolic Syndrome: Clinical Research & Reviews (2007) 1, 167—172.

[ 2 ] Louisa J. Eells, Prevention of childhood obesity, Best Practice & Research Clinical Endocrinology & Metabolism Vol. 19, No. 3, pp. 441—454, 2005.

[ 3 ] M. A. A. Moussa, A. A. Shaltout, D. Nkansa-Dwamena, M. Mourad, N. AlSheikh, N.Agha, D. O. Galal, Factors Associated with Obesity in Kuwaiti Children, European Journal of Epidemiology, Vol. 15, No. 1 (Jan., 1999), pp. 41-49.

[ 4 ] Christine A. Limbers, MS, Erlanger A. Turner, MS, James W. Varni, Promoting healthy lifestyles: Behavior modification and motivational interviewing in the treatment of childhood obesity, Journal of Clinical Lipidology (2008) 2, 169—178.

[ 5 ] R. Axelrod, Structure of Decision, the cognitive maps of Political Elites, Princeton, NJ: Princeton University Press, 1976.

[ 6 ] Bart, Fuzzy Cognitive Maps Int. J. Man-Machine Studies 24 (1986) 65—75.

[ 7 ] Gerald J. Calais, Fuzzy Cognitive Maps Theory: Implications for Interdisciplinary Reading, National Publications FOCUS On Colleges 2 (2008) 1—15.

[ 8 ] Kosko, B., January, 1986, "Fuzzy Cognitive Maps", International journal of man-machine studies, pp.62-75.

[ 9 ] Elpiniki I. Papageorgious, Nikolaou I. Papandrianos, Georgia Karaginni, George C. Kejriazopoulos and Dimitrios Sfyas, A fuzzy cognitive map based tool for prediction of infectious diseases, Proceedings of the International Conference on Mathematics and Computer Science, 2009.

[ 10 ] Tanasescu M, Ferris AM, Himmelgreen DA, Rodriguez N, Pe' rez-Escamilla R. Biobehavioral factors are associated with obesity in Puerto Rican children. J Nutr 2000; 130:1734—817.

[ 11 ] Gortmaker SL, Must A, Perrin J, Sobol AM, Dietz WH. Social and economic consequences of overweight in adolescents and young adults. N Engl J Med 1993; 329:1008—12.

[ 12 ] Must A, Jacques PF, Dallal GE, Bajema CJ, Dietz WH. Longterm morbidity and mortality of overweight adolescents: a follow-up of the Harvard Growth Study of 1922 to 1935. N Engl J Med 1992; 327:350—5.

- [ 13 ] Lobstein T, Baur L, Uauy R, IASO International Obesity Task Force. Obesity in children and young people: a crisis in public health. *Obes Rev* May 2004; 5(suppl 1): 4e85.
- [ 14 ] Farooqi IS, O'Rahilly S., Genetic factors in human obesity, *Obes Rev* 2007; 8(suppl 1): 37e40.
- [ 15 ] S. Stephen, T. Vivin Arokia Raj and A. Clement King, Analysis of the Real world Problems using Induced Fuzzy Cognitive Maps (IFCM), 2008.
- [ 16 ] W.B. Vasantha Kandasamy and Florentin Smarandache, Fuzzy Cognitive Maps and Neutrosophic Cognitive Maps, Copyright (2003), 510E, Townley Ave, USA.
- [ 17 ] W.B. Vasantha Kandasamy, S. Narayanamoorthy and Mary John, Study of problems faced by bonded labourers near Kodaikanal forests using FCMs, 2008
- [ 18 ] A. Victor Devadoss, G. Vijayakumar and Singye Namgyel, Sustainable development of Teacher Education in Bhutan, 2007.
- [ 19 ] Stewart L, Chapple J, Hughes AR, Poustie V, Reilly JJ., Parents' journey through treatment for their child's obesity: qualitative study, *Arch Dis Child* 2008; 93: 35e9.
- [ 20 ] DietzWH & Gortmaker SL. Preventing obesity in children and adolescents, *Annual Review of Public Health* 2001; 22: 337–353.