



Anthropometric studies on school children in BTS (evaluation of underweight and over weight)

Dasari Bharath Kumar, Velpula Saikiran, Vallepu Nagaraju, Manish Kumar Thimmaraju and Raj Kumar Gaju
Department of Pharmacy, Balaji Institute of Pharmaceutical Sciences, Narsampet, Warangal, India
dasaribharath89@gmail.com

Available online at: www.isca.in, www.isca.me

Received 30th April 2018, revised 13th November 2018, accepted 15th December 2018

Abstract

Malnutrition is a remnant fitness complication with school going pupil in rural Telangana. The intention of the study is to conclude the cause that correlates with skinny and hefty in school going students in BTS. This study on guardians and students aged 12-16 in BTS is a cross sectional investigational study. The attendants numbered 264 students and their guardians. Anthropometric data were gathered utilizing calibrated apparatus, socio-demographic traits and social behavior were collected in a query form. The preponderance rates of skinny and hefty amongst the children were 19.31% and 11.74%, duly. Malnutrition was more dominant in boys. key elements such as having a skinny father, mom's level of education, and physical activities out of doors on weekends for more hours were considerably correlated with malnutrition of students. By conflict, hefty father and mother, moms with high levels of education, nap time of less than 9h, and physical activities out of doors on holidays for less hours were considerably correlated with hefty children. The preponderance of skinny in school children of BTS is huge. Eventually these factors are correlated with the socio demographic traits of students and their guardians, and the habits of students.

Keywords: Underweight, anthropometric studies, cross-sectional investigation, socio demographic characteristics, BTS (Balaji Techno School).

Introduction

Problems regarding skinny and obese can badly influence both visceral as well as mental growth of child¹⁻⁴. Deficiency of muscle stamina, late measurement, low bone denseness, and less work productiveness future in career are imaginable outcomes of skinny⁴⁻⁸. Fat or hefty youngsters are prone to HTN, DM type II, and both metabolic, mental disorders. Research works in other developing nations have brought out that stratum, impoverishment, lack education of parents, awareness of mom on diet pyramid, household earnings, communicable ailments, and lack of sanitation are hazardous parameters for under nutrition In Telangana, the event of life-style as well as socio demographic traits on the happening of skinny among school going pupil hasn't looked in⁸⁻¹².

In additional evolving nations, hefty as well as heaviness amidst youngsters are emulated by excess calorie intake, decreased body fitness, high income, seniority, feminine, participation in institute feeding plan, and urbanization Thence, the intention of this study to find out the ubiquity of bony as well as hefty amidst school going students in BTS and the link among student's physique besides individual behavior and socio demographic traits¹²⁻¹⁶.

Protocol

Plan: This cross investigational query was carried out in BTS from March to April 2018.

Attendants: This research numbered 264 children, who accomplished and returned the questionnaire. Interviews were done to gather info on food consumption; students are further categorized on the basis of their health condition: 50 underweight subjects, 179 normal-weight subjects, 28 overweight subjects and 07 obese subjects.

Apparatus: Physique of pupil was calculated with an Ajanta digital balance. Standing height was calculated utilizing Freemans measuring tape. (BMI) for (BAZs) were determined by working on Medscape CME App.

The query form, which is consisting of 23 items, was framed to gather info, containing pupil DOB, sex, and socio-demographic traits. The query form also involved query on pupil's physical activities, napping, way of life, and alternate health-related questions.

Information of dietary condition of pupil: A cut-off point z-score < -2.00 SD and > 1 SD for BAZ (BMI-for age z-score) were utilized to separate skinny and hefty pupil, therefore, to rule out the BMI condition of pupil.

Procedure: Each class in school was inspected by the volunteers, at a time. Before issuing the query form, a short detailed confession of the survey was delivered to the children. With the help of the faculty member, each pupil was presented with a query form to take home.

The query form was joined with a memorandum depicting the study, disclosing the willing nature of the study, and seeking cognizant drafted agreement from the guardians. When children came back with the query form, their physique and standing height were computed.

Variables of sample, skinny, normal, and hefty students were chosen to examine their dietary absorption. A nutritional recollection for one weekend day and one weekday was collected; the typical quantity of dietary absorption from those two day period was estimated and utilized in the scrutiny of survey. Samples of food regimens were measured in the course of data gathering for accurate quantification of foods or food products. Examination of Recommended Dietary Allowance (RDA) and Dietary absorption are serially compared with the Indian RDA.

Statistical interpretations: All the figures were indexed in the sigma stat version 4.0. Vivid stats were selected to examine the traits of the sample and describe anthropometrical data.

Results

Socio-demographics of students: On the whole 264 attendants, 17.17% (45) of the children were underweight and 11.06% (29) were overweight. The number of underweight boys 42(21.87%) is significantly more than that of number of skinny girls. (21.87%) boys vs. (11.11%) girls.

Agility and health-relevant nature of the students: Life style and health relevant nature and their impact on underweight and over weight of children show in Table-1.

Variables correlated with skinny and hefty among students: Table-1 depicting the conclusion of the underweight and overweight children by considering different variables like. i. Playing outdoor on weekdays <1hr were found to be 14 and >1hr were found to be 36 in underweight children and 18 <1hr and 10 are >1hr in overweight children. ii. playing outdoor

on weekends <2hr were found to be 20 and 30 are not playing more than 2hrs in underweight and in overweight, children playing <2hr were 17 and 11 were not playing more than 2hrs. iii. Going to bed <9pm and >9pm were 20, 30 in underweight similarly in over weight were 15, 134. Wakeup time of children <6am and >6am were found to be 27, 23 in underweight children and likewise in over weight its 15, 135. Sleeping time of children <9hrs and >9hrs were found to be 29, 21 and in overweight children 21, 07. iv. Having breakfast <5days/week and almost daily were found to be 32, 18 in underweight children and in overweight children were 25, 03.

Table-1: Life style and health relevant nature and their impact on underweight and over weight of children.

	Variable	Underweight (50)	Overweight (28)
Playing outdoor on weekdays	<1h or not	14	18
	>1h	36	10
Playing outdoor on weekends	<2h or not	20	17
	>2h	30	11
Bedtime	<9pm	34	15
	>9pm	16	13
Wakeup time	<6am	27	16
	>6am	23	12
Sleeping hours	>9hrs	29	21
	<9hrs	21	07
Breakfast	<5dys/wk	32	25
	Almost daily	18	03

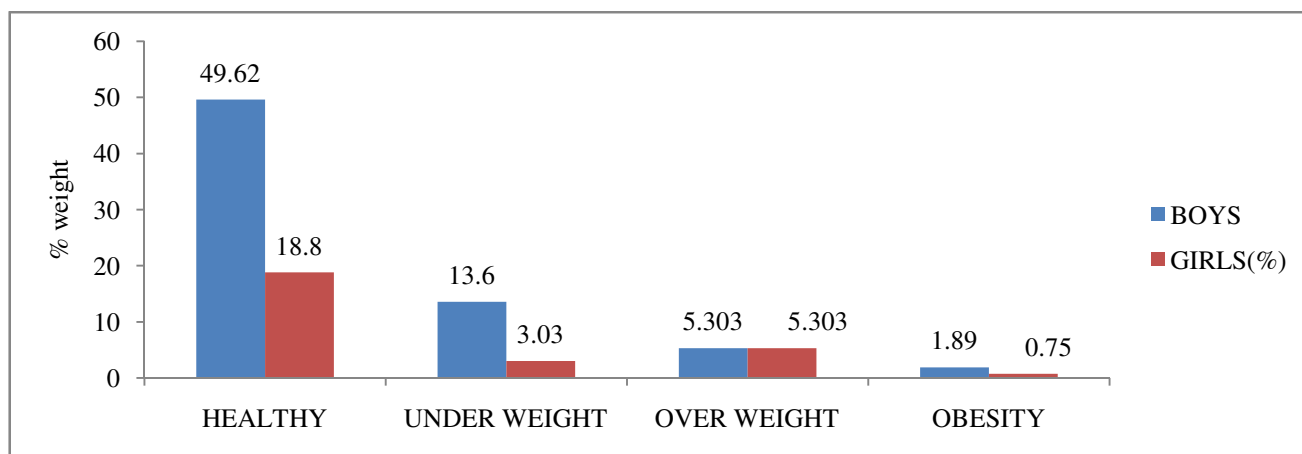


Figure-1: Showing BMI comparison with body fat percentage of both boys and girls.

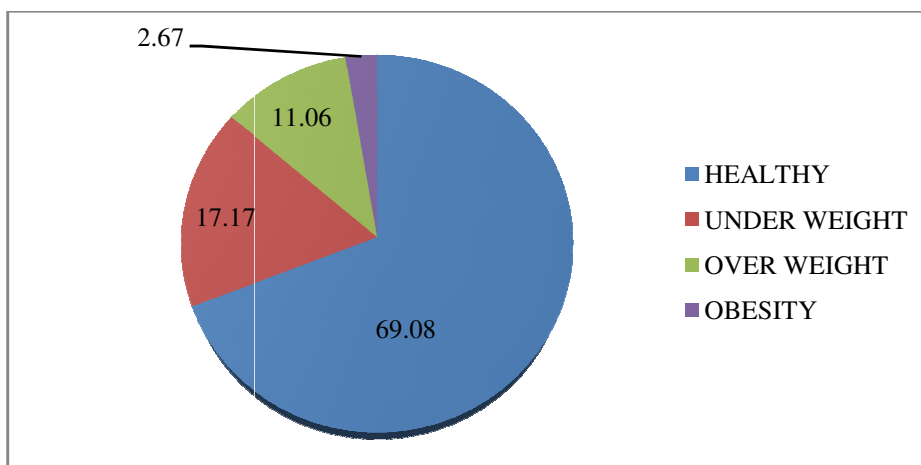


Figure-2: Showing the health status of BTS school children.

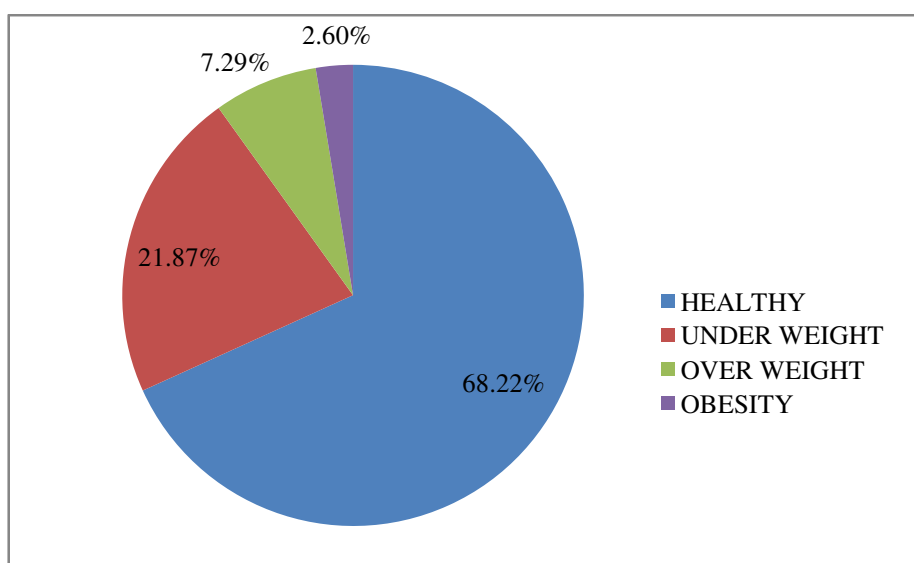


Figure-3: BMI data of BTS boys.

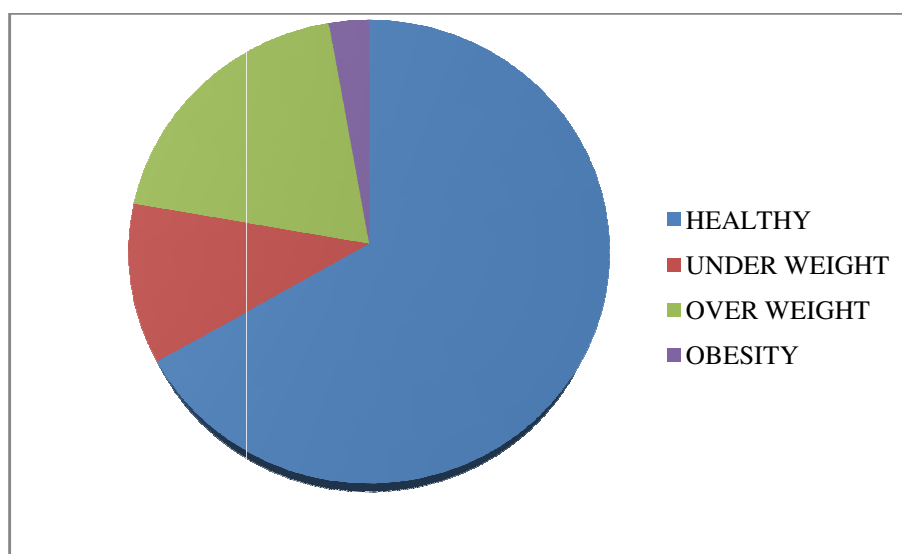


Figure-4: BMI data of BTS girls.

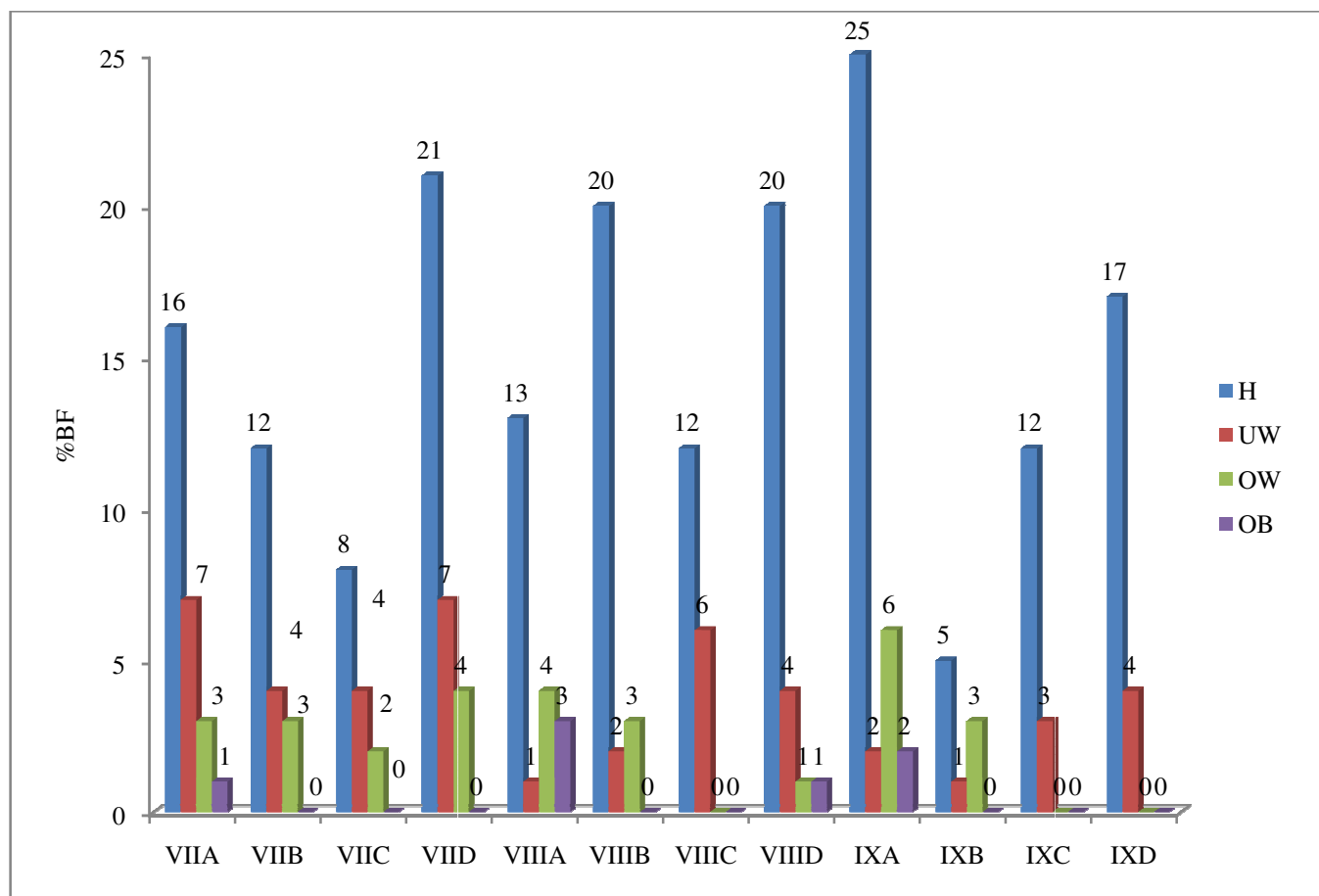


Figure-5: BMI Distribution among BTS school children.

Figure-1 showing BMI comparison with body fat percentage of boys and girls as 49%, 18.8% healthy boys and girls and 13.6, 3.03 under weight boys and girls. Equal 5.3% over weight boys and girls. Similarly 1.89%, 0.75% obese boys and girls.

Figure-2 gives the information showing the health status of school children in the form of pie diagram as 69% healthy, 17% underweight, 11.06% over weight, and 2.67% obese children.

Figure-3 showing the health status of BTS school boys in the form of a pie diagram as 68.22% healthy, 21.87% under weight, 7.2 over weight, and 2.60% obese boys.

Figure-4 showing the nutritional status of BTS school girls in the form of a pie diagram as 66.6% healthy, 11.11% under weight, 19.44% over weight, 2.77% obese girls.

Figure-5 showing the class wise nutritional data of BTS school children in the form of a bar diagram as in the class VII-A 16,7,3,1 and in class VII-B 12,4,3,0 and in class VII-C 8,4,2,0 and in class VII-D 21,7,4,0 and in class VIII-A 13,1,4,3 and in class VIII-B 20,2,3,0 and in class VIII-C 12,6,0,0 and in class VIII-D 20,4,1,1 and in class IX-A 25,2,6,2 and in class IX-B 5,1,3,0 and in class IX-C 12,3,0,0 and in class IX-D 17,4,0,0 healthy, under weight, overweight, obese children.

Conclusion

The study reveals that the prevalence of underweight, overweight, healthy and obesity in school children as 17.17%, 11.06%, 69.08%, 2.67% duly. Student's sex, education level, lifestyle, particularly time spending in outdoor, napping are correlated with their health condition.

This conclusion proves the urge to develop guardians knowledge on associated factors of obesity of their child and there is requirement of providing balanced Diet to underweight children as the percentage is 17.17%.

References

1. Best C., Neufingerl N., Van Geel L., van den Briel T. and Osendarp S. (2010). The nutritional status of school-aged children: why should we care?. *Food and nutrition bulletin*, 31(3), 400-417.
2. Pasricha S.R. and Biggs B.A. (2010). Undernutrition among children in South and South-East Asia. *Journal of paediatrics and child health*, 46(9), 497-503.
3. Pulgaron E.R. (2012). Division of clinical psychology. department of pediatrics, university of Miami, miller school

- of medicine, Miami FL, USA. epulgaron@med.miami.edu
Clin Ther., 35(1), 18-32. doi 10.106/j.clinthera.2012.12.014
4. Stewart L. (2015). Childhood obesity. *Medicine* (Baltimore), 43(2), 108-111.
 5. Wolde M., Berhan Y. and Chala A. (2015). Determinants of underweight, stunting and wasting among schoolchildren. *BMC Public Health*, 15(1), 8.
 6. Mistry S.K. and Puthussery S. (2015). Risk factors of overweight and obesity in childhood and adolescence in South Asian countries: a systematic review of the evidence. *Public health*, 129(3), 200-209.
 7. World Health Organization (2008). WHO child growth standards: training course on child growth assessment. Geneva.
 8. de Onis M. (2011). New WHO child growth standards catch on. *Bull World Health Organ*, 89(4), 250-251.
 9. Yang W.Y., Burrows T., MacDonald-Wicks L., Williams L.T., Collins C. and Chee W.S.S. (2014). Quality of dietary assessment methodology and reporting in epidemiology studies examining relationship between dietary outcome and childhood obesity in developing Asian countries: A systematic review. *Nutrition and dietetics*, 71(3), 201-209.
 10. Gopinath B., Baur L.A., Burlutsky G., Robaei D. and Mitchell P. (2012). Socio-economic, familial and perinatal factors associated with obesity in Sydney schoolchildren. *Journal of paediatrics and child health*, 48(1), 44-51.
 11. Mak T.N., Prynne C.J., Cole D., Fitt E., Bates B. and Stephen A.M. (2013). Patterns of sociodemographic and food practice characteristics in relation to fruit and vegetable consumption in children: results from the UK National Diet and Nutrition Survey Rolling Programme (2008–2010). *Public health nutrition*, 16(11), 1912-1923.
 12. Birbilis M., Moschonis G., Mougios V. and Manios Y. (2013). Obesity in adolescence is associated with perinatal risk factors, parental BMI and sociodemographic characteristics. *European journal of clinical nutrition*, 67(1), 115.
 13. Gupta N., Goel K., Shah P. and Misra A. (2012). Childhood obesity in developing countries: epidemiology, determinants, and prevention. *Endocrine reviews*, 33(1), 48-70.
 14. Lavelle H.V., Mackay D.F. and Pell J.P. (2012). Systematic review and meta-analysis of school-based interventions to reduce body mass index. *Journal of Public Health*, 34(3), 360-369.
 15. Spruyt K., Molfese D.L. and Gozal D. (2011). Sleep duration, sleep regularity, body weight, and metabolic homeostasis in school-aged children. *Pediatrics*, 127(2), 345-352.
 16. Syahrul S., Kimura R., Tsuda A., Susanto T., Saito R. and Ahmad F. (2016). Prevalence of underweight and overweight among school-aged children and its association with children's sociodemographic and lifestyle in Indonesia. *International Journal of Nursing Sciences*, 3(2), 169-177.