# Anthropometric Parameters and Their Relationship with Obesity in Adolescent Boys (Aged 13-17) in Delhi, India 

Sandhya Banik ${ }^{1} \quad$ Kalpana Sharma ${ }^{2}$<br>1.Author, Research Scholar, PhD, ASPESS, Amity University Uttar Pradesh, Noida, India<br>2.Supervisor, Director, ASPESS, Amity University Uttar Pradesh, Noida, India


#### Abstract

In today's world limited data are available on adolescent obesity regarding the better predictor among various parameters of anthropometric parameters. The aim of this study was to investigate whether there is a correlation between the obesity and anthropometric parameters such as Body mass index, waist circumference, waist to height ratio and to find out which one is the better predictor of obesity among these parameters. A status study was designed under purposive sampling included 162 school going adolescents in urban areas of the Delhi, India in the year 2013-2014.In this study, the prevalence of obesity and overweight was found between $3.70 \%$ and $19.75 \%$ respectively. According to waist to height ratio analysis $36.42 \%$ and waist circumference $22.83 \%$ male adolescents were found obese. Body Mass index, Waist to height ratio and Waist circumference were significantly correlated with each other. It was concluded that waist to height ratio is a better predictor for the obesity than Body mass index and Waist circumference.


Keywords: Body mass index, Waist height ratio, Obesity, Adolescents.

## 1. Introduction

Obesity is a highly complex multi factorial chronic(Al-Quaiz AJ 2001;Vaughan 2002) and non - communicable disease (Bharti, Deshmukh \&Garg 2008)where excessive fat in adipose tissues gets accumulated to an extent that health starts getting adversely affected (WHO 1998)and if not taken care seriously turns most children into adult obese in future.(Parsons et al 1999; Sharma \& Sharma 2006)In 2002 according to World Health Organisation's analysis report approximately $58 \%$ of diabetes, $21 \%$ of chronic heart disease and $8-42 \%$ of certain cancers globally were attributable to a BMI above $21 \mathrm{~kg} / \mathrm{m}^{2}$. (WHO fact sheet 2003) If current trends continue, India and the Middle Eastern crescent will have taken over by 2025, followed by China, Latin America and the Caribbean, and the rest of Asia .(WHO fact sheet 2003) There is an immediate need to control such globally threatening disease by spreading awareness about the fatal consequencesof being obese and overweight, involving children and adolescents into 60 minutes of regular physical activity (Commission on Ending Childhood Obesity: 2014 ) andhealthy food habits by cutting high carbohydrate, sugary and fatty foods.The previous study examined the relationship between Body mass Index as general obesity measure and Waist circumference \& Waist to Height Ratio as an abdominal obesity measures as strong predictors.(Huxley et al 2010; Report of WHO Expert Consultation. Geneva, 2008) In the INTER HEART case-control study of myocardial in fraction in diverse populations $(27,000)$ in 52 countries (Yusuf et al 2005), BMI, Waist circumference and waist hip ratio were all strongly and linearly associated with risk of myocardial in fraction.(Yusuf et al 2005) Europeans have less body fat as compared to Chinese's and South Asians as per the BMI classifications.Deurenberg2000; 1998)

## 2. Material and Methods

All the Measurements were taken by the experienced and trained physical education teachers for the dependent as well as independent variables after the informed consent by the participants. The calibrated digital weighing machine (WS593, 2014), stadiometer (WS700, 2014), steel measuring tape (WS024, 2014) was used for weight $(\mathrm{kg})$, height $(\mathrm{cm})$ and waist circumference $(\mathrm{cm})$ respectively with barefoot and lightest clothing on. BMI (weight $(\mathrm{kg}) /$ height $\left(\mathrm{m}^{2}\right)$ standard classification values were taken as underweight, normal weight, overweight, or obese (Coldiz 1995; WHO expert consultation 2001)

Table 1: Prevalence ofObesity on the basis of BMI among adolescent's boys of Delhi, India (n=162)

| Category for obesity | Body Mass Index (boys) | Values in Percentage |
| :--- | :--- | :--- |
| Under Weight Category | 43 | $26.54 \%$ |
| Normal Weight Category | 81 | $50 \%$ |
| Over Weight Category | 32 | $19.75 \%$ |
| Obese Category | 06 | $3.70 \%$ |

Table 2: The prevalence of obesity as per Waist to Height Ratio standard cut off ( $\mathrm{n}=162$ )

| Gender | Waist to Height Ratio Standard cut off ( 0.50) | Values in Percentage |
| :--- | :--- | :--- |
| Obese Boys | 59 | $36.42 \%$ |
| Non Obese Boys | 103 | $63.58 \%$ |

Table 3: The prevalence of obesity as per Waist Circumference ( $\mathrm{n}=162$ )

| Gender | Waist Circumference Standard cut off (0.90) | Values in Percentage |
| :--- | :--- | :--- |
| Obese Boys | 37 | $22.83 \%$ |
| Non Obese Boys | 125 | $77.16 \%$ |

Table 4: The correlation among anthropometric variables

|  | Body Mass Index | Waist Circumference | Waist to Height Ratio |
| :--- | :--- | :--- | :--- |
| Body Mass Index | ----- | $0.592^{*}$ | $0.617^{*}$ |
| Waist Circumference | $0.592^{*}$ | ---- | $0.947^{*}$ |
| Waist to Height Ratio | $0.617^{*}$ | $0.947^{*}$ | ----- |

*Significant at $(p<0.05)$ level of confidence.
Fig. 1


Fig. 2


Fig. 3


Table $1 \&$ Fig 1 shows the Body Mass Index standard cut off values, out of 162 boys, 43 (26.54\%) were in Under Weight Category, $81(50 \%)$ in Normal Weight Category, 32 ( $19.75 \%$ ) in Over Weight Category and 06 $(3.70 \%)$ in obese Category which, as compared to Irish adolescents is high in overweight category ( $11 \%$ ) and less in obese ( $8 \%$ ) category. (Obesity fact sheet)
Table 2\& Fig 2 illustrates the relationship of obesity with Waist to Height Ratio, ( $\mathrm{N}=162$ ), 59 boys ( $36.42 \%$ ) were in Overweight category. The standard cut off ( 0.50 ) was taken as reported worldwide. (McCarthy et al 2003; Ashwell\& Hsieh 2005; Patrícia FP et al 2011; Bacopoulou F. 2015)
Table 3\& Fig 3explains the relationship between Obesity and Waist Circumference, ( $\mathrm{n}=162$ ), 37 boys ( $22.83 \%$ ) were in Overweight category. The standard cut off (0.90) was taken as reported.(Report of WHO Expert Consultation.Geneva, 2008.)
According to results as shown in table 4, the Pearson's product-moment correlation among anthropometric variables was found to be significant (Gupta et al., 2007)

## 3. Findings

This study sought to ascertain the correlation between obesity and anthropometric parameters such as Body mass index, waist circumference, and waist to height ratio and also examined which one is the better predictor of obesity among these parameters of Delhi, India basedpublic schools adolescents. According to results, the prevalence of overweight (19.75\%) and obesity ( $3.70 \%$ ) of 162 boys, (collectively $23.45 \%$ ) is significantly higher than that found in the national survey of Delhi in 2006 (boys: 16.75\%), (Marwahaet al 2006) and also reported to be higher when compared with the meta-analysis of nine studies including 92,862 subjects, the prevalence of overweight was $12.64 \%$ and obesity $3.39 \%$ of childhood obesity in India. (Midha T et al 2007)

Results showed 59 boys ( $36.42 \%$ ) were of Overweight category in relation with Waist to Height Ratio as per the standard cut off (0.50) points accepted and used worldwide. (McCarthy et al 2003; Ashwell\& Hsieh 2005; Patrícia FP et al 2011; Bacopoulou F. 2015)

As results showed of 37 boys $(22.83 \%)$ were obese as per waist circumference $(0.90 \mathrm{~cm})$, which is recorded much higher as compared to6829 adolescents from Germany, Iran and Brazil which was $10.5 \%$. (Peter S. \&Gerda M. H. 2012)

The correlation between body mass index, Waist circumference and Waist to height ratio was significant.(Gupta et al., 2007)

## 4. Conclusion

The results have shown that there is a significant correlation among anthropometric parameters such as Body Mass Index, Waist circumference, Waist to height ratio and Waist to height ratio should be preferred to be used over and above BMI and Waist circumference and as a strong predictor which can be interpreted for the adolescent boys as an indicator for adolescent Obesity.(Edel Rafael et al 2013; Kubaet al 2013; Moksha et al. 2010;Claudio Maffeis et al 2008)

## 5. Conflict of Interest

There is no conflict of interest in this research work.

## 6. Source of Funding

There was no funding received for this research work.

## References

1. Al-Quaiz AJ. (2001), "Current concepts in the management of obesity. An evidence based review", Saudi Med J. Mar;22(3):205-10
2. Ashwell M, Hsieh SD. (2005), "Six reasons why the waist-to-height ratio is a rapid and effective global indicator for health risks of obesity and how its use could simplify the international public health message on obesity", Int J Food SciNutr, 56,303-307.
3. Bacopoulou F, Efthymiou V, Landis G, Renotoumis A and Chrousos PG. (2015), "Waist circumference, Waist- to- hip ratio and Waist to- height ratio reference percentiles for abdominal obesity among Greek adolescents", BMC Pediatrics, DOI: 10.1186/s12887-015-0366-z
4. Bharti DR, Deshmukh PR, Garg BS. (2008), "Correlates of overweight \& obesity among school going children of Wardha city, Central India", Indian J Med Res, 127: 539-43.
5. Claudio Maffeis, Claudia Banzato and Giorgio Talamini. (2008), "Waist-to-Height Ratio, a Useful Index to Identify High Metabolic Risk in Overweight Children", Volume 152, Issue 2, Pages 207-213.e2. DOI: http://dx.doi.org/10.1016/j.jpeds.2007.09.021
6. Coldiz G,willett W, Rotnitzky A, Manson. (1995), "Weight gain as a risk factor for clinical diabetes mellitus in women" ,Ann Intern Med, 122, pg481-86.
7. Deurenberg P, Yap M, van Staveren WA. (1998), " Body mass index and percent body fat: a meta-analysis among different ethnic groups", Int J ObesRelatMetabDisord, 22:1164-71.CrossRefMedline
8. Deurenberg-Yap M, Schmidt G, van Staveren WA, Deurenberg P. (2000), "The paradox of low body mass index and high body fat percentage among Chinese, Malaysian and Indians in Singapore", Int J ObesRelatMetabDisord, 24:1011-7.CrossRefMedline
9. Edel Rafael Rodea-Montero, María Lola Evia-Viscarra, and EveliaApolinar-Jiménez. (2014), "Waist-toHeight Ratio Is a Better Anthropometric Index than Waist Circumference and BMI in Predicting Metabolic Syndrome among Obese Mexican Adolescents", International Journal of Endocrinology, Volume 2014, Article ID 195407, pg 1-9; http://dx.doi.org/10.1155/2014/195407
10. Gupta R, Rastogi p, Sarna M, Gupta VP, Sharma SK, Kothari K.(2007), " Body-Mass Index, Waist- Size, Waist-Hip Ratio and Cardiovascular Risk Factor in Urban Subjects", JAPI. VOL. 55, pg-621-627. www.japi.org
11. Huxley R, Mendis S, Zheleznyakov E et al. Body mass index, waist circumference and waist:hip ratio as predictors of cardiovascular risk - a review of the literature. European Journal of Clinical Nutrition, 64(1):16-22.
12. Kubaet al. (2013) "Is waist-to-height ratio a useful indicatorof cardio-metabolic risk in 6-10-year-old children?" ,BMC Pediatrics, 1391, doi:10.1186/1471-2431-13-91.
13. Marwaha Raman K, Tandon Nikhil, Singh Yashpal, Aggarwal Rashmi, Grewal Khushi and Mani Kalaivani. (2006), " A Study of Growth Parameters and Prevalence of Overweight and Obesity in School Children from Delhi", INDIAN PEDIATRICS, 43, pg944-953.
14. McCarthy HD, Ashwell M. (2003), "Trends in waist-height ratios in British children aged 11-16 over a two decade period", ProcNutrSoc, 62: 46A
15. Midha T, Nath B, Kumari R, Rao YK, Pandey U. (2007), "Childhood obesity in India : a meta- analysis", Indian J Pediatr, Jul;79(7): 945-8. doi: 10.1007/s12098-011-0587-6.
16. Moksha et al. (2010), "Utility of waist-to-height ratio in assessing the status of central obesity and related cardiometabolic risk profile among normal weight and overweight/obese children. The Bogalusa Heart Study", BMC Pediatrics, 10:73, DOI: 10.1186/1471-2431-10-73
17. Obesity fact sheet: Irish Heart Foundation Available on https://www.irishheart.ie/media/pub/factsheets/obesity.pdf
18. Parsons IJ, Power C, Logan S \&Summerbelluk CD. (1999), "Childhood predictors of adult obesity: a systematic review" ,Int. J. Obes.Relat. Metab. Disord. 23, 1107.
19. Patrícia Feliciano Pereira, Hiara Miguel S. Serrano, Gisele QueirozCarvalho, Joel Alves Lamounier, Maria do Carmo G. Peluzio, Sylvia do Carmo C. Franceschini, Silvia EloizaPriore. (2001), "Waist and waist-toheight ratio useful to identify the metabolic risk of female adolescents?", Rev Paul Pediat, 29(3) : 372-377.
20. Peter Schwandt and Gerda-Maria Haas (2012), "Waist Circumference in Children and Adolescents from Different Ethnicities", ISBN: 978-953-51-0374-5, InTech, Availablefrom: http://www.intechopen.com/books/childhood-obesity/waist-circumference-in-children-and-adolescents-from-different-ethnicities. DOI: 10.5772/17936.
21. Sharma A, Sharma K and Mathur KP. (2006), "Growth pattern and prevalence of obesity in affluent school children of Delhi" ,Public Health Nutrition: 10(5), 485-491. doi: 10.1017/S1368980007223894.
22. Vaughan L.A. (2002), "Treatment Options for Adult Obesity", Inet CE, Vol 6; Number 1: 221-146-04-056H01
23. World Health Organisation. (1998), " Obesity - preventing and managing the global Epidemic" Report of a WHO Consultation on Obesity.WHO, Geneva.
24. World Health Organisation. (2003), "Fact sheet: GLOBAL STRATEGY ON DIET, PHYSICAL ACTIVITY AND HEALTH" Available on http://www.who.int/dietphysicalactivity/media/en/gsfs_obesity.pdf
25. World Health Organisation. (2014), "Commission on Ending Childhood Obesity", Available on http://www.who.int/end-childhood-obesity/facts/en/
26. World Health Organisation. (2008), "Waist Circumference and Waist-Hip Ratio", Report of WHO Expert Consultation. Geneva, 8-11, December 2008.
27. Yusuf $S$, Hawken $S$, Оиприи $S$ et al. (2005), "Obesity and the risk of myocardial infarction in 27,000 participants from 52 countries: a case - control study", Lancet, 366(9497):1640-1649.
28. WHO expert consultation. (2004), "Appropriate body mass index for Asian population and its implications for policy and intervention strategies", THE LANCET. Vol 363. January 10 2004. www.thelancet.com
