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Short Communication

SCREENING OF COLLEGE STUDENTS FOR OBESITY

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ABSTRACT

A prospective, cross-sectional study on the prevalence of overweight and underweight among students at an institute in Bengaluru, was conducted by estimating their body mass index. The study was carried out on 121 students in the age group of 14-28 years. Of 121 students, 35 (28.92%) were underweight, 73 (60.33%) were normal weight and 13 (10.74%) were overweight. Based on the age group, 14-20 years of age group, 28 (38.8%) were underweight, 48 (55.5%) were normal weight and 4 (5.5%) were overweight. In age group of 21-25 years, 7 (15.5%) were underweight, 32 (71.11%) were normal weight and 6 (13.33%) were overweight and in age group 25-28 years, 0 (0%) were underweight, 1 (25%) were normal weight and 3 (75%) were overweight. The study concludes that the prevalence of underweight is higher than overweight among the college students.

Keywords: Prevalence, Overweight, Underweight and Body mass index.

INTRODUCTION

Body mass index (BMI) is a measure of weight adjusted to a height, calculated as weight in kilogram divided by a square of height in meter and expressed in kg/m² [1]. Often BMI is considered as indicator of body fatness, it is a surrogate measure of body fat because it measures excess weight rather than excess fat [1]. BMI is a simple inexpensive and non-invasive alternative measure of body fat [1].

High BMI envisages future morbidity and death. Hence, BMI is an appropriate measure for screening for obesity and its health risks [1]. Basically BMI does not distinguish between excess fat, muscle or bone mass, nor does it provide any indication of the distribution of fat among individuals [1].

BMI does not measure body fat directly. Therefore it should not be used as a diagnostic tool. Instead, BMI should be used as a measure to track weight status in populations and as a screening tool to identify weight problems in individuals [1].

Obesity means an abnormal growth of adipose tissue due to an enlargement of fat cell size. It is more prevalent form of malnutrition in both developed as well as many developing countries. Commonly, obese are at more risk of man-made disease or health conditions such as hypertension, Type 2 diabetes mellitus, cardiovascular (CVS) diseases, stroke, gall bladder disease, osteoarthritis, sleep apnea and respiratory problem and certain types of cancers (breast, colon, endometrial). Basically, active individuals require more calories compare to less active ones. It is believed that obesity increases in the last 25 years of life, due to decreased level of physical activities in everyday life.

BMI surveillance program conducted to assess the weight status of a specific population (i.e. college students) and to find out the percentage of students who are potentially at risk for weight related health problems. BMI is a vital and highly widespread condition in the world.

The world development report revealed that an increase in the intake of the fat, saturated fat, sugar, salt and vegetable ghee (clarified butter) in India [4].

METHODS

A prospective, cross-sectional study was conducted at People's Education Society (PES) Institute, Bengaluru, Karnataka. The study

was conducted on students of different departments including preuniversity, degree and pharmacy colleges.

Data collection tool was developed, which includes demographics, unique identification code, dietary habit, physical activity and measurement of BMI.

BMI was measured by an Android app: BMI calculator.

$$BMI = \frac{Weight (kg)}{Height (m^2)}$$

Weight was measured in kilograms after removal of shoes while wearing light clothes on mechanical weighing scale (model: Krups imperial).

Height was measured in meters using wall tape without shoes by maintaining straight body posture with arms hanging freely.

BMI was categorized by standard classification as Table 1.

The collected data were summarized using suitable statistical method.

RESULTS

Prevalence of obesity based on BMI

Among 121 students 35 (28.92%) students were underweight, 73 (60.33%) normal and 13 (10.74%) were overweight (including pre-obese 11 [9.09%], obese Class I 1 [0.82%] and obese Class II 1 [0.82%]) (Table 2).

Table 1: WHO classification of BMI

Classification	BMI (kg/m²)
Underweight	<18.50
Normal range	18.50-24.99
Overweight	≥25.00
Pre-obese	25.00-29.99
Obese	≥30.00
Obese Class I	30.00-34.99
Obese Class II	35-39.99
Obese Class III	≥40

BMI: Body mass index

Table 2: Prevalence of underweight and overweight as per BMI

Category of BMI	N (%)	Gender (%)	
		Male	Female
Under weight	35 (28.92)	21 (60)	14 (40)
Normal range Over weight	73 (60.33) 13 (10.74)	48 (65.75) 11 (84.61)	25 (34.25) 02 (15.39)
Pre-obese	11 (9.09)	11 (04.01)	02 (13.37)
Obese Class I	1 (0.82)		
Obese Class II	1 (0.82)		
Obese Class III	0 (0.00)		

BMI: Body mass index

BMI
Underweight Normal Overweight

9%
30%

Fig. 1: Prevalence of under, normal and overweight as per body mass index

Table 3: Prevalence of underweight and overweight based on age

Age (years)	N (%)		Over weight			
	Under weight	Normal weight	Pre-obese	Obese Class I	Obese Class II	Obese Class III
14-20 (N=72)	28 (38.88)	40 (55.5)	4 (5.5)	0	0	0
21-25 (N=45)	7 (15.5)	32 (71.11)	5 (11.11)	0	1 (2.22)	0
>25 (N=4)	0	1 (25)	2 (50)	1 (25)	0	0

Prevalence of BMI according to age

In Class I, age 14-20 years 28 (38.88%) were underweight, 40 (55.5%) were normal and 4 (5.5%) were obese.

In Class II, age 21-25 years 7 (15.5%) were underweight, 32 (71.11%) were normal and 5 (11.11) were obese.

In Class III, age >25 years 1 (25%) was normal and 3 (75%) were obese (Fig. 1 and Table 3).

DISCUSSION

Underweight and obesity are the common health conditions in developed as well as in developing countries.

Inadequate intake, excessive losses, malabsorption, increased requirement, body image and self-esteem level leads to underweight.

Many factors facilitates progression to obesity like sedentary lifestyle, increased junk food consumption, decreased physical activity, high use of smart gadgets, improper diet habits, social history such as smoking and alcohol and improper sleep patterns.

The present study was an attempt to identify, assess and aware weight related status in college students, by measuring their BMI.

In one of the studies conducted in nursing students, prevalence of obesity was found to be 9.16% and underweight 9.56%.

In another study conducted on medical students at Lahore Medical and Dental College, the prevalence of underweight 6%, normal weight 60%, overweight 27% and obese 7%, where as our results of the present study observed that much higher prevalence of underweight 28.9% than normal 60.33% and overweight 10.74%.

CONCLUSION

The current study shows the prevalence rate of underweight is higher than overweight among college students. Poor management of underweight lead to complications such as weakened immune system, poor physical stamina, pregnancy complications and menstrual abnormalities in females and osteoporosis. On the other hand, poor management of obesity leads to CVS disorders, cancer, diabetes mellitus, gall bladder disease, endocrine and metabolic disturbances,

osteoarthritis, gout and pulmonary disease. Hence, educating the students about nutritious diet plays a vital role to maintain good health.

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REFERENCES

- BMI. Consideration for Practitioners, Department of Health and Human Resources, Centre for Disease Control and Prevention. Available from: http://www.cdc.gov/obesity/downloads/BMIforPactitioners.pdf.
- Jagjeet K, Indarjit W. Body mass index among nursing students. Nurs Midwifery Res J 2008;4(3):102-6. Available from: http://www.medind. nic.in/nad/t08/i3/nadt08i3p102.pdf.
- BMI. Measurement in Schools. Executive Summary Centers for Disease Control and Prevention. Available from: http://www.cdc.gov/ HealthyYouth/obesity/bmi/pdf/BMI execsumm.pdf.
- Griffins LP, Bentley EM. The nutrition transition is underway in India. J Nutr Am Soc Nutr Sci 2001;131:2672-700.
- Ocker LB, Melrose DR. Examining the validity of the body mass index cut-off score for obesity of different ethnicities. J Multicult Gend Minor Stud 2008;2(1):1-6.
- Bhaskaran K, Douglas I, Forbes H, dos-Santos-Silva I, Leon DA, Smeeth L. Body-mass index and risk of 22 specific cancers: A population-based cohort study of 5.24 million UK adults. Lancet 2014;384(9945):755-65.
- WHO. Obesity: Prevention and Managing the Global Epidemic WHO. Geneva: WHO; 2000.
- Lunder E, Alton I. The Underweight Adolescent. Univerity of Minnesota. Available from: http://www.epi.umn.edu/let/pubs/img/adol_ch8.pdf.
- Daud S, Javaid F. Estimation of body mass index in medical students. Pak J Med Health Sci 2012;5:702-5. Available from: http://www.researchgate.net/profile/Seema_Daud/publication/216866695_Estimation_of_Body_Mass_Index_(BMI)_in_medical_students/links/02bfe50daa3680f3a8000000.
- Kobayashi F. Academic achievements, BMI and fast food intake of American and Japanese college students. Nutr Food Sci 2009;39(5):555-66. Available from: http://www.emeraldinsight.com/ doi/abs/10.1108/00346650910992213.
- Buckworth J, Nigg C. Physical activity, exercise and sedentary behavior in college students. J Am Coll Health 2004;53(1):28-34.