

Research Article

ASSOCIATION OF BODY FAT AND BLOOD PRESSURE AMONG SCHOOL CHILDREN (9-12 YEARS)

Renu Mogra* and Bubble Preet Kaur

Department of Foods and Nutrition, College of Home Science, Maharana Pratap University of Agriculture and Technology, Udaipur-313001

**Author for Correspondence*

ABSTRACT

Nutritional anthropometry of 270 school children was assessed and their blood pressure was determined. It was found that 21.48 percent children were underweight, 34.07 normal, 14.45 percent overweight and 30 percent obese. Weight, height, abdominal circumference, hip circumference were higher in obese and overweight subjects than the normal. About 30, 36.6 and 41.1 percent children in the age group of 9-10, 10-11 and 11-12 years were hypertensive with blood pressure ranging from 110-160 mmHg systolic and 70-90 mm Hg diastolic. Normal children were having normal blood pressure. Pearson's correlation coefficient among body fat and blood pressure showed a positive correlation. Faulty diet, inactive life style, playing of indoor and computer / video games, more of studying, sitting and sleeping hours, lack of exercise were some of the reasons for increased problem of overweight and obesity among children which in turn increased blood pressure among children.

Key Words: school children, obesity, overweight, blood pressure

INTRODUCTION

School going children, our future citizen forms an important segment of Indian population. They contribute to vital human potential and impact strength to the national economy and development. Nutrition in childhood is the basis for survival and good health in adulthood. The nature of physical growth and development of children depends upon the genetic endowments, nutritional status, psychological environment and surrounding conditions (Balgir, 2005). Now a day, there is change in life style, activity pattern and food habits of the children due to the impact of mass media, urbanization and many other factors. Today's children lead sedentary life style, play indoor games like video and computer, consume fast foods and preserved snack items. This has led to the development of many health problems like overweight, obesity and hypertension. These diseases have significant negative effect on emotional and social development of child. It has been shown to track the child to obesity and risk of adult mortality (Kapil, 2005). The present study is an attempt to find out the prevalence of obesity and high blood pressure among school children.

METHODS

Study was carried out in three private schools of Udaipur. A total of 270 school children with equal representation of boys and girls were selected randomly. Information on their general background, activity pattern was gathered through a structured Performa. Anthropometric measurements like height, weight, waist hip ratio, abdominal girth and skinfold thickness were measured. Body fat distribution was assessed by calculating conicity index (Veldez et al, 1993), sum of three and six skin folds, TE ratio, relative fat pattern (Hasstedt et al 1989) and body fat was calculated by using following equations:

Percent of fat (males): $0.735(\text{tricep} + \text{calf}) + 1.0$ (Hansen, 1993)

Percent of fat (females): $0.610(\text{tricep} + \text{calf}) + 5.1$ (Jenson, 1993)

Blood pressure was measured by using sphagmomanometer and compared with Ghai (2002).

RESULTS

General information of the subjects revealed that 92.22 percent children were Hindu, 43.3 percent were vegetarian and belonged to families having income more than Rs 25000/- pm.

Table 1: Anthropometric measurement of children

Parameters	Age (years)					
	9-10		10-11		11-12	
	Boys	Girls	Boys	Girls	Boys	Girls
Body weight (kg)	31.69±7.36	29.42±4.96	32.36±5.27	33.18±5.45	35.58±7.51	37.42±8.76
Height (cm)	132.43±9.22	131.21±7.02	133.76±7.76	133.51±5.85	139.09±12.97	141.69±7.65
Abdominal circumference (cm)	63.33±9.15	62.48±8.02	66.14±6.93	67.67±7.50	63.78±8.32	62.44±8.52
Hip circumference (cm)	72.85±9.14	73.67±7.33	75.17±6.11	75.51±8.02	76.19±7.10	76.14±10.09
Biceps (mm)	9.96±3.45	9.84±1.66	9.64±2.54	10.24±2.56	11.53±2.00	12.38±3.09
Triceps (mm)	10.42±4.23	10.32±2.33	9.60±2.46	9.87±2.01	11.02±1.96	12.22±2.73
Supralliac (mm)	10.31±3.84	9.73±2.92	9.27±3.24	9.96±3.12	11.29±2.40	11.82±2.29
Subscapular (mm)	9.76±2.99	9.27±3.26	9.38±3.52	9.53±2.98	10.82±2.41	11.27±1.80
Calf (mm)	13.42±4.32	11.67±3.22	12.36±2.66	11.16±2.26	11.22±2.39	12.07±3.09
Waist circumference (cm)	64.33±10.27	63.27±6.99	65.78±10.93	66.86±8.48	65.86±7.27	65.73±8.27

n=270, All the values are Mean ± SE

Table 2: Blood pressure of children

Blood pressure	Age (years)		
	9-10	10-11	11-12
Systolic mmHg			
<100	5.55	3.34	5.56
100-110 (normal)	64.45	60.00	53.33
110-160	30	36.66	41.11
Diastolic mmHg			
50-60	5.56	10.00	12.22
60-70	75.56	50.00	43.33
70-90	21.00	40.00	44.44

n=270

Anthropometric measurement:

Anthropometric measurements like weight, height, abdominal circumference, waist circumference, skinfold thickness and weight status of the children have been presented in Table1.

Research Article

Table 3a: Body fat pattern of school children (9-10years)

Parameters	Underweight (n=19)		Normal (n=33)		Overweight (n=4)		Obese (n=34)	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
WHR	0.83±0.72	0.82±0.59	0.85±0.20	0.85±0.06	0.85±0.01	0.85±0.104	0.92±0.041	0.88±0.06
CI	0.007±0.03	0.006±0.04	0.009±0.026	0.008±0.01	0.32±0.03	0.004±0.04	0.009±0.07	0.005±0.02
TSF3	60.2±7.52	59.0±7.78	65.33±0.04	60.84±3.82	60.41±0.18	60.00±9.75	67.48±7.73	71.65±7.52
TSF6	62.977.74	61.86±7.77	74.60±10.63	63.68±3.79	64.51±1.87	64.11±1.45	92.53±8.74	75.40±7.53
TE	20.88±2.4	23.64±4.2	25.54±6.82	21.29±2±.56	15.54±6.98	15.46±4.02	19.45±2.99	19.45±2.98
RFPI	0.51±0.01	0.46±0.05	0.52±0.01	0.49±0.08	0.49±0.35	0.49±0.03	0.45±0.6	0.77±0.05

n=90, All the values are Mean ± SE

Table 3b: Body fat pattern of school children (10-11 years)

Parameters	Underweight (n=19)		Normal (n=33)		Overweight (n=4)		Obese (n=34)	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
WHR	0.71±0.23	0.78±0.06	0.80±0.07	0.83±0.45	0.89±0.04	0.87±0.04	0.88±0.05	0.85±0.10
CI	0.003±0.02	0.002±0.01	0.003±0.02	0.005±0.02	0.006±0.01	0.006±0.01	0.005±0.04	0.005±0.07
TSF3	61.06±6.28	70.52±4.18	66.75±3.85	69.56±7.16	68.02±6.02	68.98±8.79	74.87±7.78	74.85±5.54
TSF6	63.91±6.15	65.66±4.07	69.70±3.72	72.65±7.38	72.08±6.18	71.69±8.62	78.13±7.77	78.11±5.64
TE	38.09±4.16	22.15±5.26	22.99±5.89	21.46±4.01	18.20±3.08	26.64±4.82	28.59±4.20	20.33±3.18
RFPI	0.50±0.04	0.4±0.07	0.47±0.04	0.5±0.03	0.047±0.05	0.50±0.03	0.49±0.05	0.40±0.052

n=90, All the values are Mean ± SE

Weight

Mean body weight of 9-10 years boys and girls was 32 kg 30 kg respectively. Among 10-11 years age group weight of boys and girls was 32.36 and 33.18 kg while it was 36 and 38 kg in the 11-12 years boys and girls respectively.

Height

Mean height of 9-10 years boys and girls was 133 cm and 105cm. Height of both 10-11 years boys and girls was 133cm while 11 – 12 years children were having mean height of 139 and 142 cm. These results indicated that the mean weight of children was nearer or at par with NCHS values.

Research Article

Table 3c: Body fat pattern of school children (11-12years)

Parameters	Underweight (n=19)		Normal (n=33)		Overweight (n=4)		Obese (n=34)	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
WHR	0.85±0.10	0.84±0.4	0.87±0.1	0.85±0.4	0.86±6.0	0.87±0.4	0.85±0.99	0.83±0.42
		5	04	3	2	1		
CI	0.002±0.0	0.003±0.	0.005±0.	0.006±0.	0.003±0.	0.004±0.	0.005±0.0	0.004±0.0
	01	01	01	03	01	01	1	01
TSF3	59.0±7.78	53.73±0.	64.07±4.	64.22±6.	63.07±5.	70.08±4.	81.65±11.	73.21±7.6
		01	15	15	15	12	12	2
TSF6	59.9±2.78	58.0±7.7	67.30±3.	67.82±6.	70.47±5.	65.94±4.	77.83±1.8	70.27±7.9
		8	85	85	38	27	5	4
TE Ratio	19.45±2.9	16.90±6.	21.38±5.	21.65±4.	19.16±3.	18.44±2.	24.14±6.3	19.87±4.1
	9	98	26	26	99	96	6	1
RFPI	0.40±0.05	0.40±0.0	0.41±0.0	0.43±0.2	0.42±0.0	0.4±0.5	0.45±0.05	0.46±0.45
	2	42	4	6	7			

n=90, All the values are Mean ± SE

Abdominal circumference

Boys were having abdominal circumference of 63.33, 66.14 and 68.78 cm in the age of 9-10, 10-11 and 11-12years respectively while it was 64.48, 67.67 and 69.44cm respectively. Girls were having slightly higher values for abdominal circumference than boys. This may be due to the fact that this is a pre adolescent age where child prepare themselves for adolescence period (Golan et al, 1998).

Waist circumference

Mean waist circumference of 9-10, 10-11 and 11-12 years boys was 64.33, 65.78 and 65.86cm while it was 63.27, 66.86 and 65.72 cm in girls. Significant difference between mean circumferences of these children was not found.

Hip circumference

It was 72.85, 75.17 and 75.51cm in the case of 9-10, 10-11 and 11-12years old boys while it was 73.67, 75.51 and 76.14cm in girls. Results showed that there was increase in hip circumference with increase in age of boys and girls.

Skinfold thickness

Bicep, tricep, subscapula and suprailiac are the best sites suggested to determine the amount of subcutaneous fat. A significant increase or decrease in the skinfold measurement reflects a shift in the individual energy stores (Rao and Raghvan, 1996). It was found that value for skinfolds at bicep, tricep, suprailliac, subscapular and calf were higher in girls than boys at the age of 10-11 and 11-12years of age. Boys tend to be heavier than girls.

Weight status

Out of all the subjects studied, 21.48percent were underweight, 34.07 percent normal, 21.11percent overweight and 30 percent obese as per NCHS (1987) standards. No significant difference was found in the weight status of boys and girls. It was observed that with increase in age there was decrease in the number of obese children but increase in the prevalence of overweight. Sidhu et al (2002) reported 23percent obesity in Punjabi school children while Khadikar and Khadikar (2004) reported 5.7percent obesity and 19.9 percent overweight among school children (9-16years age). Choudhary and Kishore (2004) reported 30percent obesity among school children.

Body fat pattern

Table 3a, 3b and 3c revealed that WHR, TE ratio, TSF3 and TSF6 were higher in overweight and obese children compared with normal weight children of age group 9-10 and 10-11 years. Further girls with normal weight status had higher values for WHR, CI, TSF3, TSF6 and TE ratio in the age group of 9-10

Research Article

and 10-11 years than boys. Ahuja et al 2004 reported that WHR of overweight children was significantly higher than the normal weight. Further, overweight boys had a significant higher abdominal circumference than girls.

Blood pressure

Subjects with normal body weight had normal systolic (100-110 mm Hg) and diastolic (60-70 mmHg) blood pressure while obese and overweight children were having higher blood pressure ranging from 60-90 mmHg (diastolic) and 100-160 mmHg (systolic) respectively. According to Ahuja et al (2004) overweight and obese children have higher blood pressure than normal children. Anand and Tondon (1996) reported that 11.9 percent boys and 11.4 percent girls of school age were having high blood pressure.

Body fat

Percent body fat of the normal children ranged from 14.01 to 18.32. Girls had higher amount of fat in the body than boys. Similarly overweight (15.93 – 21.83) and obese (19.99-25.22) children had higher fat in their bodies. Similar results were reported by Moreno et al (1998). According to Shear et al (1987) body fat pattern does not affect blood pressure significantly.

Pearson's correlation coefficient among body fat and blood pressure showed a positive correlation. It was observed that with increase in body fat there is increase in blood pressure. Faulty diet, inactive life style, playing of indoor and computer / video games, more of studying, sitting and sleeping hours, lack of exercise were some of the reasons for increased problem of overweight and obesity among children which in turn increased blood pressure among children.

Conclusions

The school age is more crucial age as it is the age of growth and development. Increase in the prevalence of obesity and overweight is one of the leading cause of high blood pressure among children. Children should be advised to lead active life, indulge more in physical activities rather than sitting or playing indoor games to be fit and prevent risk of degenerative diseases in future.

ACKNOWLEDGEMENTS

Authors are grateful to Dean, College of Home Science and Head Department of Foods and Nutrition, College of Home Science, MPUAT, Udaipur for providing all the facilities to conduct the research.

REFERENCES

- Ahuja S, Wadhwa A and Chaddha R (2004). Blood pressure and body fat distribution of overweight and normal school children. *The Indian Journal of Nutrition and Dietetics* **41**(6) 435-438.
- Anand NK and Tondon L (2005). Prevalence of hypertension in school going children. *Indian Pediatrics* **33** 377-381.
- Balgir RS, Murmu B and Dash BP (2005). Physical growth, health and nutritional status of school children in Orissa. *The Indian Journal of Nutrition and Dietetics* **36** 443-445.
- Bharti P (2005). Anthropometric measurements of school children of Raichur. *Journal of Human Ecology* **12** 177-179.
- Choudhary B and Kishore A (2004). Are we making school children sedentary and obese. *The Indian Journal of Nutrition and Dietetics* **41** 250.
- Ghai OP (2000). Hypertension in children. In: *Essential Pediatrics*, 5th ed Mehta publishing, New Delhi 322-329.
- Golan M, Weizman A and Fainaru M (1998). Change in the treatment of childhood obesity. *American Journal of Clinical Nutrition* **67** 1130-1135.
- Hansen H, Conmen T and Going S (1993). Prediction of body composition in menopausal women. *Journal of Applied Physiology* **75** 1637-1641.

Research Article

Hasstedt SJ, Ramirej ME and Williams R (1989). Recessive inheritance of relative fat pattern. *American Journal of Human Genetics* **45** 917-925.

Jenson M , Kandalry J , Roust L (1993). Assessment of body composition using dual energy x-ray. *Magdin Proceedings*. **68** 867-873.

Kapil U (2005). <http://www.ias.ac.in>

Khadikar VV and Khadilkar AV (2004). Prevalence of obesity in affluent school boys in Pune. *Indian Pediatrics* **41** 857-858.

Moreno LA, Fleta JS and Murr L (1998). Fat distribution in obese and non obese children. *Journal of Pediatrics* **27** 176-180.

National Centre for Health Statistics (1987). Anthropometric reference data and prevalence of overweight. Series **11**, no. 238

Rao KV, Raghwan A(1996). Evaluation of relationship between nutritional status and hypertension. *The Indian Journal of Nutrition and Dietetics* **23** 83-93.

Shear CL, Freedom DS and Levine AA (1987). Body fat patterning and blood pressure in children and adults. *Hypertension* **9** 236-244.

Veldej R , Seidell JC , Ahu YI and Wesis KM (1993). New index of abdominal adiposity as indicator of CVD. *Indian Journal of Obesity* **17** 72-82.