

# Assessment of the Body Mass Index of Medical Students of Bannu Medical College, Bannu-KPK Pakistan

Assessment of the  
Body Mass Index  
of Students

Abdul Razaq<sup>1</sup>, Shabir Hussain<sup>2</sup>, Naseeb ur Rehman<sup>1</sup>, Bakht Jehan<sup>3</sup>, Aden Razaq<sup>4</sup> and Wasim Ahmad<sup>5</sup>

## ABSTRACT

**Objectives:** To determine body mass index of the medical students of Bannu medical College & measure the rate of various categories of body mass index.

**Study Design:** Transverse study based on questionnaire.

**Place and Duration of Study:** The study was conducted at the Bannu Medical College Bannu from Jan 2018 to June 2018.

**Materials and Methods:** The weight of the body and height was calculated and the measurement of BMI carried out with the help of formula of weight divided by the square of height. The definition of fatness & overweight placed according to the international criteria of body mass index cutoffs defined by World Health Organization.

**Results:** The total frequency of the underweight students was about thirty percent out of which more than nine percent were in the group of strictly underweight with a BMI of less than 16.5. In obese group, the frequency was eight percent. The rate of the students lying in fat class 1, 2 & 3 was 2.7%, 0.6% and zero percent accordingly. The result showed that more females were underweight in contrast with the male students. In obese groups, there was an eminence of the males. A pure association was present between the concept of fatness in parents & fat students of the college.

**Conclusion:** This case study concluded that underweight persons particularly females should be thought a severe abnormality of health and this issues requires to be tackled.

**Key Words:** Adiponectin, Fatness, Hypertension, Adolescent, Menses, frequency, rate.

**Citation of articles:** Razaq A, Hussain S, Rehman N, Jehan B, Razaq A, Wasim Ahmad. Assessment of the Body Mass Index of Medical Students of Bannu Medical College, Bannu-KPK Pakistan. Med Forum 2019;30(2):78-81.

## INTRODUCTION

Fat is an important ingredient of human body. Fat is performing many functions in the body of humans. It is an important source of energy as well as an insulator of heat & absorber of the shocks and it is able to produce many hormones as adiponectin, resisting etc. High or low amount of fat initiates complications. Fatness is closely relating to the amount of the fat<sup>1,2</sup>. BMI is in use for the identification of the fatness, different methods used are computed tomography, circumference of waist, MRI & tables of life insurance<sup>3-7</sup>.

<sup>1</sup>. Department of Medicine / Pharmacology<sup>2</sup> / Neurology<sup>3</sup>, BCM, Bannu.

<sup>4</sup>. M.Phil Student, Army Medical College Rawalpindi.

<sup>5</sup>. Department of Biotechnology, UST Bannu.

Correspondence: Dr. Wasim Ahmad, Research Associate, Department of Biotechnology, UST Bannu

Contact No: 0333-5534847

Email: vazim4847@gmail.com

Received: August, 2018

Accepted: November, 2018

Printed: February, 2019

Body mass index defines relative weight for a specific height and it is not for particular gender. In different indices utilized to evaluate the fatness, body mass index has displayed great correlation with the regular hypertension in all sexes<sup>8</sup>. Fatness is the cause of many horrible diseases as heart diseases, diabetes mellitus, hypertension, complications in menses & sometimes it leads to the cancers of breast<sup>8-10</sup>. Low weight is very common in adolescent people of our country but opposite opinion is common for the adult population of Pakistan<sup>5,6</sup>. To confirm the outcome of this research work, there is a requirement to conclude BMI with a large amount of samples in this age group of populations<sup>11</sup>. This research work will help in the creation of basic data for the group of adolescent of our country.

## MATERIALS AND METHODS

This was a transverse research work based upon questionnaire. The study was carried out in Bannu medical college, Bannu from Jan 2018 to June 2018. All the students of medical college were the participants of this study. The filling of questionnaire carried out by each student and their mass and height was noted. Motivation of the students carried out to participate in

the research work. Ethical committee gave the approval for the conduction of the research work. Body weight and height were measured to the closest 0.1 kilogram and half centimeter with the utilization of standard calibration scale and measuring tape.

To reduce the error in calculations, the preciseness of the scales calculated. Statistical analysis of the collected information carried out with the help of SPSS software version 16. Student's T-test was in use for the analysis of the variables. Chi square method was in use for the measurement of disparities. ANOVA was in use for the evaluation of the disparity in the occurrence rates of the fatness in students and their parents. The calculation of body mass index was conducted by dividing the weight of the person in kilograms with the square of the height of person.

Some WHO body mass index points of cutoffs are;

- less than sixteen kg/m<sup>2</sup> (highly underweight)
- 16 to 16.99 kg/m<sup>2</sup> (normal underweight)
- 17 to 18.49 kg/m<sup>2</sup> (mild underweight)
- 18.50 to 24.99 kg/m<sup>2</sup> (ordinary range)
- twenty-five kg/m<sup>2</sup> (heavy)
- 25 to 29.99 kg/m<sup>2</sup> (pre fatness),
- thirty kg/m<sup>2</sup> (fat)
- 30 to 34.99 kg/m<sup>2</sup> (fat class 1),
- 35 to 39.99 kg/m<sup>2</sup> (fat class 2),
- greater than forty kg/m<sup>2</sup> (fat class 3)

## RESULTS

Seven hundred ninety-two students completely filled their questionnaire were the part of this research work. Twenty-eight percent were the male participants

&seventy-two percent were female participants. The average student's height was  $164.3 \pm 9.9$  centimeters. The average height of male student was  $174.7 \pm 7.8$  centimeters. The disparity was significant statistically. The average student's weight was  $56.2 \pm 11.9$  kilogram. The weight of female students was less than the male students. The average body mass index of students was  $20.8 \pm 3.8$ . The BMI of the males was greater than the female students. About sixty percent students were in the normal category of body mass index. About thirty percent students were underweight in which about ten percent were severely underweight.

Eight percent students were overweight. The rates of the students making fat class 1, 2 and 3 were 2.7%, 0.6% and zero percent accordingly. Fifty-seven females were in the group of severely underweight while nineteen males were present in this class. Obesity was most common in males than females according to the results. The disparity among the values analyzed with the help of Chi square test as mentioned in Table-1.

Sixty-nine students mentioned fatness in their fathers while one hundred and seventy-four students stated their mother as fat &sixty-nine percent students mentioned fatness in both parents as described in Table-2.

Hypertension was present in one hundred and ninety-eight patients. Hypertension in the case of both parents was available in thirty-one students. The results of analysis of the values of BMI of students with their concept of fatness in their parents showed that students of obese parents have high values of BMIs as mentioned in Table-3.

**Table No.I: Segregation of BMI categories according to gender**

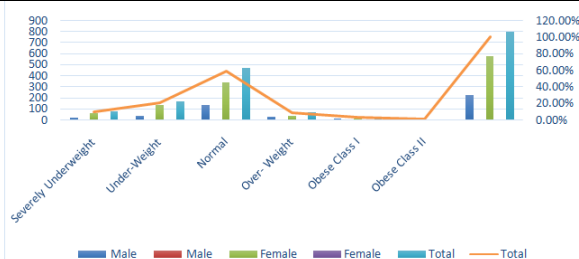
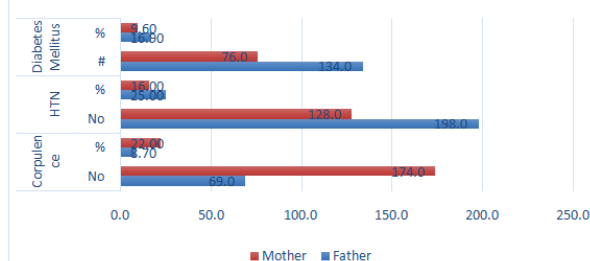
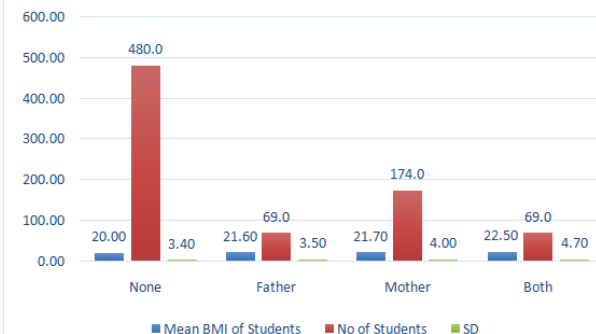
Gender * BMI Categories Cross tabulation								
Gender		BMI Categories						Total
		Severely Underweight	Underweight	Normal	Over Weight	Obese Class I	Obese Class II	
Male	Count	19.0	31.0	132.0	28.0	12.0	0.0	222.0
	% within Gender	8.600%	14.000%	59.500%	12.600%	5.400%	0.000%	100.000%
Female	Count	57.0	130.0	334.0	35.0	9.0	5.0	570.0
	% within Gender	10.000%	22.800%	58.600%	6.100%	1.600%	0.900%	100.000%
Total	Count	76.0	161.0	466.0	63.0	21.0	5.0	792.0
	% within Gender	9.600%	20.300%	58.800%	8.000%	2.700%	0.600%	100.000%
P value		<0.010	<0.010	<0.010	<0.010	<0.010	<0.010	<0.010

**Table No.2: Presence of obesity, hypertension & diabetes among parents.**

	Corpulence		HTN		Diabetes Mellitus	
	No	%	No	%	#	%
Father	69.0	8.70	198.0	25.00	134.0	16.90
Mother	174.0	22.00	128.0	16.00	76.0	9.60

**Table No.3:: BMI of Students in relation to obesity among their parents.**

Obesity in Parents	Mean BMI of Students	No of Students	SD
None	20.00	480.0	3.40
Father	21.60	69.0	3.50
Mother	21.70	174.0	4.00
Both	22.50	69.0	4.70

**Figure No.1: BMI classifications of both genders.****Figure No.2: Prevalence of Obesity, HTN & DM among Parents****Figure No.3: BMI of students in relation to BMI of their parents**

## DISCUSSION

This research work displayed an important quantity of students in the category of underweight with thirty percent students fulfilling this category while fatness was just in three percent students and it was not a serious issue. A previous research work stated the same amount of underweight of twenty-nine percent but they got the cutoff values of BMI as less than nineteen kg/m<sup>2</sup> & they did not conclude the analysis of the subgroup category<sup>11</sup>. They also concluded fatness at more than twelve percent with BMI cutoff of greater than twenty-six kg/m<sup>2</sup>. This research work concluded that most of the females were falling in the category of

underweight; this was just because of the inclination toward slimness not because of malnutrition.

The fatness was mostly occurring in male participants of this study & same results were concluded in adolescents of Greek<sup>13</sup>. The preciseness in the reporting of categories of body mass index is suitable in this research work<sup>14</sup>. In this research work, we got the views of the medical students about the availability of fatness in their parents & we observed a pure association of fatness in their parents with also its availability in the students included in research<sup>15</sup>. The occurrence of underweight in young age is also reported by many other research works<sup>16-19</sup>. This is a serious problem of health which leads to the mental and physical abnormalities as well as<sup>20-23</sup>.

The experts of WHO states that the BMI standard is not correct for the populations of Asia because these people have different relationship with risks of health, body fat percentages & body mass index as compared to the populations of Europe. There is no approval of new BMI standard for the populations of Asia<sup>24</sup>. It is suggested that recent cutoff of body mass index should be maintained on international level<sup>25</sup>. The prevalence of the high amount of females in underweight category is very threatening. Case works have displayed that there is an association among variables of somatic & psychological in these individuals and a decreased amount of serum leptin is present in them<sup>26</sup>. There is a clear cut disparity in the concepts for underweight conditions in the populations facing this issue<sup>27-28</sup>.

## CONCLUSION

This research work put light on the reality that fatness is not a frequent issue among the students of medical field but the main abnormality in them is low weight especially in females. In recent days about eighty percent medical students are females; this is an important outcome which needs to be tackled with good awareness & qualification.

### Author's Contribution:

Concept & Design of Study: Abdul Razaq  
 Drafting: Shabir Hussain, Naseeb ur Rehman  
 Data Analysis: Bakht Jehan, Aden Razaq, Wasim Ahmad  
 Revisiting Critically: Abdul Razaq, Shabir Hussain  
 Final Approval of version: Abdul Razaq

**Conflict of Interest:** The study has no conflict of interest to declare by any author.

## REFERENCES

1. Aziz J, Siddiqui NA, Siddiqui IA, Omair A. Relation of body mass index with lipid profile and blood pressure in young healthy students at

- Ziauddin Medical University. *J Ayub Med Coll Abbottabad* 2003; 15:57-59.
2. Bloom garden ZT. Gut hormones, obesity, polycystic ovarian syndrome, malignancy, and lipodystrophy syndromes. *Diabetes Care* 2007; 30: 1934-1939.
  3. Tzotzas T, Kapantais E, Tziomalos K, Ioannidis I, Mortoglou A, Bakatselos S, et al. Epidemiological survey for the prevalence of overweight and abdominal obesity in Greek adolescents. *Obesity (Silver Spring)* 2008; 16:1718-1722.
  4. Siminialayi IM, Emem-Chioma PC, Dapper DV. The prevalence of obesity as indicated by BMI and waist circumference among Nigerian adults attending family medicine clinics as outpatients in Rivers State. *Niger J Med* 2008;17:340-345.
  5. Khosla T. Quetelet index in diagnosis of anorexia nervosa. *Br Med J (Clin Res Ed)* 1984; 289:497.
  6. Llewellyn-Jones D, Abraham SF. Quetelet index in diagnosis of anorexia nervosa. *Br Med J (Clin Res Ed)* 1984; 288:1800.
  7. Macdonald FC. Quetelet index as indicator of obesity. *Lancet* 1986; 1:1043.
  8. Zhou Z, Hu D, Chen J. Association between obesity indices and blood pressure or hypertension: Which index is the best? *Public Health Nutr* 2008;1-11.
  9. van den Berg E, Kloppenborg RP, Kessels RP, Kappelle LJ, Biessels GJ. Type 2 diabetes mellitus, hypertension, dyslipidemia and obesity: A systematic comparison of their impact on cognition. *Biochim Biophys Acta* 2008;1792: 470-481.
  10. Carroll JF, Chiapa AL, Rodriguez M, Phelps DR, Cardarelli KM, Vishwanatha JK, et al. Visceral fat, waist circumference, and BMI: Impact of race/ethnicity. *Obesity (Silver Spring)* 2008; 16: 600-607.
  11. Neovius M, Rasmussen F. Evaluation of BMI-based classification of adolescent overweight and obesity: Choice of percentage body fat cutoffs exerts a large influence. *The COMPASS study. Eur J Clin Nutr* 2008; 62:1201-1207.
  12. Overweight, obesity, and health risk. National Task Force on the Prevention and Treatment of Obesity. *Arch Intern Med* 2000; 160:898-904.
  13. Garrow JS. Quetelet index as indicator of obesity. *Lancet* 1986;1:1219.
  14. Craig BM, Adams AK. Accuracy of Body Mass Index Categories Based on Self-Reported Height and Weight Among Women in the United States. *Matern Child Health J* 2009;13:489-496.
  15. Jelliffe DB, Jelliffe EF. Underappreciated pioneers. Quetelet: Man and index. *Am J Clin Nutr* 1979;32: 2519-2521.
  16. Lazzeri G, Rossi S, Pammolli A, Pilato V, Pozzi T, Giacchi MV. Underweight and overweight among children and adolescents in Tuscany (Italy). Prevalence and short-term trends. *J Prev Med Hyg* 2008;49:13-21.
  17. Bose K, Bisai S. Prevalence of underweight and stunting among school children in West Bengal. *Indian J Pediatr* 2008;75:1272.
  18. Janghorbani M, Amini M, Willett WC, Mehdi Gouya M, Delavari A, Alikhani S, et al. First nationwide survey of prevalence of overweight, underweight, and abdominal obesity in Iranian adults. *Obesity (Silver Spring)* 2007;15:2797-808.
  19. Inokuchi M, Matsuo N, Takayama JI, Hasegawa T. Prevalence and trends of underweight and BMI distribution changes in Japanese teenagers based on the 2001 National Survey data. *Ann Hum Biol* 2007;34:354-361.
  20. Sairenchi T, Iso H, Irie F, Fukasawa N, Ota H, Muto T. Underweight as a predictor of diabetes in older adults: A large cohort study. *Diabetes Care* 2008;31:583-584.
  21. Mikolajczyk RT, Richter M. Associations of behavioural, psychosocial and socioeconomic factors with over- and underweight among German adolescents. *Int J Public Health* 2008;53:214-220.
  22. Jokela M, Elovainio M, Kivimaki M. Lower fertility associated with obesity and underweight: The US National Longitudinal Survey of Youth. *Am J Clin Nutr* 2008;88:886-893.
  23. Bosanac P, Kurlender S, Stojanovska L, Hallam K, Norman T, McGrath C, et al. Neuropsychological study of underweight and "weight-recovered" anorexia nervosa compared with bulimia nervosa and normal controls. *Int J Eat Disord* 2007;40:613-621.
  24. Shiwaku K, Anuurad E, Enkhmaa B, Kitajima K, Yamane Y. Appropriate BMI for Asian populations. *Lancet* 2004;363:1077.
  25. Appropriate body-mass index for Asian populations and its implications for policy and intervention strategies. *Lancet* 2004;363:157-163.
  26. Schneider N, Salbach-Andrae H, Merle JV, Hein J, Pfeiffer E, Lehmkuhl U, et al. Psychopathology in underweight and weight-recovered females with anorexia nervosa. *Eat Weight Disord* 2009;14: e205-211.
  27. Tantleff-Dunn S, Hayes S, Braun CP. How did you get so thin? The effect of attribution on perceptions of underweight females. *Eat Weight Disord* 2009; 14:38-44.
  28. Worobey J. Early family mealtime experiences and eating attitudes in normal weight, underweight and overweight females. *Eat Weight Disord* 2002;7: 39-44.