www.iosrjournals.org

The prevalence of overweight and obesity among adolescents in public and private school in two senatorial district of Osun State, Nigeria.

Oyetunji Akinola* and Adeyemi-Akeke Y. O*Oynloye D. O* Akinyele A.A*

*Nutrition and Dietetics department, Federal Polytechnic, Ede, P.M.B 231, Osun State, Nigeria. Corresponding auther: Oyetunji Akinola

Abstract:Obesity is the most serious long term health problem currently facing adolescents and its prevalence increasing worldwide including developing countries. Cross sectional study was carried out among age 11-19 years in both public and private school in urban area of the state. The data was collected using pretest self-administered questionnaire; Anthropometric measurement was also used to examine their nutritional status. Obesity status were determined using BMI cut off point, the overweight was found to be 3.06% among female and 0.6% among male whereas prevalence of obesity was 0.46% in female and non among male. 62.6% snack daily, fruit consumption pattern was low 0.6% and 43.7% spend between 4-5 hours watching television daily after school. Positive association exists between the lifestyle and nutritional status of the respondents. Education effort to improve nutrition knowledge can be incorporated into course curriculum and focus on various components within the system when implementing preventive measure on obesity.

Key words: prevalence, overweight, obesity, adolescent

Date of Submission: 18-06-2018 Date of acceptance: 03-07-2018

Date of Submission. 18-00-2018

I. INTRODUCTION

World Health Organization [1] defined adolescence as the period from 10 to 19 years of age. Adolescent comprises 20% of global population and 85% of them live in developing countries. Adolescent is an important growth and development period which has implication for future nutritional status and food consumption habits [2]. It is the transitional period between childhood and adulthood [3]. The prevalence of overweight and obesity in children and adolescents in both developed and developing countries is steadily increasing. In addition, in developing countries, it is often accompanied by underweight. Adolescence considered as one of the most important stages of growth and development and therefore, consideration of nutritional status of adolescents is essential, [4] stated that Inappropriate nutritional habits and unhealthy lifestyle are important health threatening factors of this vulnerable group and may eventually, lead to chronic diseases in adulthood[5] stated that, there is evidence that food intake patterns are established before adolescence [6], they may also change substantially during adolescent and these modified food patterns, if unhealthy, are likely to influence the health and disease risk in later future life [7]. Weight gain during adolescent carries a higher risk for adult obesity and the metabolic syndrome [8]. The health outcomes of adults appears to be more strongly associated with adolescent risk factors than those found in childhood [9]. Obesity is quickly becoming one of the most prominent condition affecting children and adolescents [10]. [11] Mentioned that Childhood obesity has more than tripled in the past 30 years. The data from WHO covering 84 countries around the world in 1999-2000, showed that the global prevalence of obesity (BMI>30kg/m²) was 8.7% the prevalence of obesity has increased substantially over the last few decades and indications has shown that this trend will continue [12]. The prevalence of obesity among children 6 to 11 years increased from 6.5% in 1980 to 19.6% in 2008 [11]; Apart from socio-economic factors there are other determinants such as family structure, culture, parenting style, exposure to media and internet, and physical activities influencing children eating habit [13].

DOI: 10.9790/0837-2306095760 www.iosrjournals.org 57 | Page

The better idea is to increase physical activities, over all the daily physical activities about 30minutes is a minimum while 60minutes is normal/day [14]. Also fruit and vegetable food group is widely recognized in promoting healthy weights and preventing chronic disease [13] Therefore, the purpose of the study was to examine effect of socio economic factors of the parents and physical activities, fruits consumption of the adolescent on the prevalence of overweight and obesity among adolescents in public and private schools

II. SUBJECTS AND METHODS

A cross section sectional study was carried on a representative sample of 430 secondary students in 13 public schools and 15 private schools a representative from age 11-19 years.

Corresponding Author. Tel: +2348033951165

E-mail address: ooakinola@yahoo.com

- **2.1Technique:** Random sample technique was used to select sample from schools though pre-test of structure questionnaire was used to elicit information on socio-economic status, dietary habit, life style and physical activities of the subject. Nutritional status of the students were assessed using BMI for age in relation to the growth chart of national Centre for disease control and prevention (CDC).
- **2.2Analysis:** Data collected was analyzed using SPSS 19.0 to calculate proportion and Chi square test to find out significant association variables.

III. RESULTS
Table 1: Personal Data of the Respondents

Age		Respondent	Percentage
11-14	162	37.67	
15-19	268	62.33	

Table 2: Distribution of Socioeconomic Characteristics by Body Mass Index for age

		Percentile of Respondents					
	Underweight	Normal	Overweight	Obese	χ2	P- value	
Sex							
Male	79 (18.37)	123 (28.6)	3(0.69)	0(0.0)	122.721	0.000^*	
Female	51(11.86)	155 (36.0)	17 (3.06)	2 (0.46)			
Age (years)							
12-14	20 (2.4)	185 (22.5)	7 (0.9)	7 (0.9)	5.119	0.163	
15-18	85 (10.4)	492 (59.9)	11 (1.3)	14 (1.7)			
Education							
level of							
mothers							
No education	9(0.69)	33 (7.67)	0(0.0)	0(0.0)			
Primary	23(5.35)	25 (5.8)	2 (0.46)	0(0.0)	20.686	0.014	
education							
Secondary	57 (13.26)	116 (26.9)	9 (2.1)	0(0.0)			
education							
Tertiary	41 (9.53)	110 (25.5)	3 (0.7)	2 (0.46)			
education				. ,			

Table 3 Fruit frequency consumption of the respondent

≤Once/day	Twice/day	≥Thrice/day
365(84.9%	62(14.4%)	3(0.69%)

IV. DISCUSSION

The cross sectional study carried out on 430 adolescent ,table 1 shown the proportion of adolescent aged 10-14 years and 15-19 years were 37.67 % and 62.33 % respectively in the present study compared to 41.2% and 58.8 % reported in the study [15]. Body Mass Index (BMI) for age as recommended for use in all children from age 1-20 years age 18 which is an indicator of nutritional status among the adolescent in this study, the prevalence of under nutrition (BMI<18.5) observed as 30.20%, while 4.65%, of the subjects were overweight BMI > 25 among which female proportion overweight was 3.06% and obesity was 0.6% but 7% adolescent was overweight has reported [16]. The result of our study in table2 revealed the proportion of

adolescent (2.4%) in age group 11-14 years who's under nutrition was significantly (P < 0.05) increased with advanced in age 10.4% in 15-19 years age group as contained in the table 2, it was in agreement with the study of [17]which found association in age advance and nutritional status of adolescent. A significant association also exist between the nutritional status of adolescent and the mother's socio economic status, as earlier reported by Vella etall,1992^[18] and also found association with a number of factors such as socio economic and environmental characteristics.

In this study prevalence of under nutrition was 0.69% in the subjects whose mothers were illiterate followed by 5.35% in the subjects whose mothers had primary education and significant decreased with the level of mothers education shown in table 2, [19] said literate mothers can influence health of their children by total integration into the use of modern health care but contrast with the level of result found in [20] showed no significant exist with nutritional status. The study find no significant between family background and nutritional status of the subjects. [21] Found no significant association between the parents' education level and BMI in India girls was not in relation to that of their socio economic status.

In this study fruit consumption was as low as 0.6%, taking fruits three times daily only 55% of the respondents hardly take fruit once per day found in table 3. Report revealed that 60.6% of respondent preferred snacks than taking fruits Epidemiological evidence suggests that regular fruits and vegetable consumption is associated with a significant reduction in the risk of chronic disease such as cancer, obesity etc. [22] – [27] the fruit and vegetable food group is widely recognized as crucial in promoting health weight and preventing chronic disease [28]

This result of the study also compare the BMI and physical activity, 43.7% of the respondents spend 4-5 hours on internet and watching television. It was revealed that the lack of regular physical activities and exercise is greatly considered as an important factors in development of obesity and heart disease [29, 30].

RECOMMENDATION

Parental nutrition education programme as part of awareness especially for mothers and school children should be introduced which may serve as intervention to reduce or eliminate health problem in children and society at large.

V. CONCLUSION

The prevalence of overweight and obesity among the school children assessed by this study needs intervention early recognition of excessive weight gain relative to linear growth is important and also routine assessment of all children needs to become standard clinical practice from very early childhood because the trend of overweight and obesity start at early stage. The affected adolescent in this study should be counseled on appropriate good eating habit and other preventive intervention. The Dynamic analysis may not be better capture the impact of any intervention programme but measurement of nutritional status would be more precise and more sensitive to better change

REFERENCES

- [1]. World Health Organization Preventing chronic diseases: A vital investment. World Global Report. Geneva 2005: World Health Organization
- [2]. LA Lytle. Nutritional issues for adolescents. J Am Diet Assoc. 2002, 102 Suppl 3:S8-12
- [3]. YS Chin,and MT Mohd Nasir. Eating behaviours among female adolescents in Kuantan, Pahang, Malaysia Pakistan J Nutr; 2009, 8: 425-32
- [4]. BA Spear. Nutrition in adolescent. In: Rause M, Mahan K, editors. Food, Nutrition and DietTherapy.11th ed. Philadelphia: Saunders Company; 2004. pp. 257–70
- [5]. JC Eisenmann. Physical activity and cardiovascular disease risk factors in children and adolescents: An overview. Can J Cardiol. 2004, 20:295–301. [PubMed]
- [6]. L L Birch. and J O Fisher. Development of eating behaviours among children and adolescents Pediatrics. 1998, 101:539-49
- [7]. World Health Organization: Diet, Nutrition and the Prevention of Chronic Diseases. Geneva: World Health Organization; 2003. [Technical report series 916]
- [8]. I Janssen, P.T Katzmarzyk, and R Ross. Waist circumference and not body mass index explains obesity-related health risk. American Journal of Clinical Nutrition, 2004, **79**(3): 379-384.
- [9]. G. G., Aristimuno, T. A Foster, A. W Voors, S. R. Srinivasan, & G. S Berenson. Influence of persistent obesity in children on cardiovascular risk factors: The Bogalusa Heart Study. Circulation, 1985, **69**(5): 895-904
- [10]. RA Clark, L Niccolai, PJ Kissinger, Y Peterson, and V Bouvier. Ethnic differences in body image attitudes and perceptions among women infected with human immunodeficiency virus. J Am Diet Assoc 1999, 99:735-737

- [11]. P.Gordon-Larsen, L.S Adair, and B.M. Popkin, The relationship of ethnicity, socioeconomic factors, and overweight in US adolescents. Obesity Research, 2003, 11, 121-9
- [12]. G.A., Bray, and C. Bouchard. Handbook of obesity: etiology and pathophysiology. Basel Dekker: New York 2004
- [13]. AttorpAdrienne, E Jenny Scott, C Yew Ann, E Rhodes Ryan, I Barr Susan and Naylor Patti-Jean. Associations between socioeconomic, parental and home environment factors and fruit and vegetable consumption of children in grades five and six in British Columbia, CanadaBMC Public Health journal, 2014,10.1186/1471-2458-14-150
- [14]. R. W Taylor, I. E. Jones, S. M Williams and A Goulding. Evaluation of waist circumference, waist to-hip ratio, and the conicity index as screening tools for high trunk fat mass as measured by dual-energy x-ray absorptiometry, in children aged 3-19 years. The American Journal of Clinical Nutrition, 2000, 72(2): 490-495.
- [15]. R Singh. An epidemiological study of anaemia in adolescent girls in an urban area of Meerut (Thesis submitted for M.D in Community Medicine, C.C.S. University, Meerut) 2002
- [16]. K Singh Sujit, Garg Gagan, Davey Sanjeev, Kumar Raghav Santosh, Muzammil Khursheed, Singh Jai Vir. Impact of education status of parents on Nutritional status of adolescent girls-A cross sectional study. Nutritional Journal of community medicine, 2014, (3): 266-26
- [17]. V. P Acharya, N Reddaiah, Baridalyne. Nutritional Status and Menarche in Adolescent Girls in an Urban Resettlement Colony of South Delhi. Indian Journal of Community Medicine 2006, 31(4):302
- [18]. V. Vella, Tomkins, A Borghesi, GB Migilori, BC Adriko, E Crevatin. Determinants of child nutrition in north-west Uganda, Bul World Health Organ; 1992, 70:637-47
- [19]. Fazal Babar Nabeela, Muzaffar Rizwana, Athar Khan Muhammad, Imdad Seema. Impact of socioeconomic factors on Nutritional status in primary school children .J.Ayub Med Coll Abbottabad: 2010, **22**(4), 15-18
- [20]. C. Choudhary, Mishra & K. Shukla: Correlates of Nutritional Status of Adolescent Girls In The Rural Area Of Varanasi. The Internet Journal of Nutrition and Wellness. 2009; 7(2).
- [21]. M HajiiFaraji, F Esfarjani, N Rostaie, M Khoshfetrat, Z Kamrani. Assessment of anthropometric status of adolescent in public Guidance school in East Tehran. Iranian J Nutr sci Food Tech. 2007, 2:37–43.
- [22]. K Bidad, S Anari, S Tavasoli, L Nazemi, N Gholami, S Zadhush, et al. Dietary intakes of adolescent girls in relation to weight status. Iran J Public Health. 2008, 37:114–8
- [23]. R Kelishadi, G Ardalan, R Gheiratmand, MM Gouya, EM Razaghi, A Delavari, et al. Association of physical activity and dietary behaviours in relation to the body mass index in a national sample of Iranian children and adolescents: CASPIAN Study. Bull World Health Organ. 2007, 85:19–26. [PMC free article][PubMed]
- [24]. KK Mak, AM McManus, CM Lai. Percentage body fat and anthropometric measures in Hong Kong adolescents. Res Sports Med. 2013, 21:90–7. [PubMed]
- [25]. GH Amirhakimi. A longitudinal growth study from birth to maturity for weight, height and head circumference of normal Iranian children compared with western norms: A standard for growth of Iranian children. Iran J Med Sci. 2003, 28:9–16
- [26]. SM Ayatollahi. Sizes and obesity pattern of South Iranian adolescent females. Ann Hum Biol.2003; 30:191–202. [PubMed]
- [27]. CS Berkey, HR Rockett, MW Gillman, GA Colditz. One-year changes in activity and in inactivity among 10- to 15-year-old boys and girls: Relationship to change in body mass index. Pediatrics.2003, 111:836–43. [PubMed]
- [28]. N Peykari, RF Tehrani, MB Eftekhari, H Malekafzali, M Dejman, R Neot, et al. A peer-based study on adolescence nutritional health: A lesson learned from Iran. J Pak Med Assoc. 2011, 61:549–54. [PubMed]
- [29]. S Kirk, BJ Scott, SR Daniel. Pediatric obesity epidemic Treatment options, Journal of the American Dietetics Association; 2005, **105**(5 suppl1):S44 (PubMed).
- [30]. G Plasqui and KR Westererp. Physical activity assessment with accelerometers: An evaluation against doubly labeled water. obesity2012, 15; 2371-9 (PubMed).

Oyetunji Akinola "The prevalence of overweight and obesity among adolescents in public and private school in two senatorial district of Osun State, Nigeria. "IOSR Journal Of Humanities And Social Science (IOSR-JHSS). vol. 23 no. 06, 2018, pp. 57-60

_____;