

Determination of health status by waist –height ratio

Dr.Kankana De, Research scholar, Department of Anthropology, Vidyasagar University ,WestBengal, India

Abstract: Waist –height ratio is good way to measure healthy weight in comparison to body mass index.It help in assessing heart disease, diabetics, stroke, this anthropometric measurements act as alternative to measure central obesity, this ratio indicates early health risk, WHtR use as a valuable screening tool, particularly for children as young as five, who are showing initial signs of excess weight gain, and those puts them at greater risk of obesity Central

To study health status of study group This study done on Sitadihi gram panchayat of Salboni block, Paschim Medinipur, Westbengal, India

For this study 1000 adolescents girls taken as subjects, their age varies 10 years to 19 years. To measure circumferences of waist measuring tape is used, height is measured by Anthropometre rods, subjects are hindu bengalee girls.

This study done on sitadihi gram panchayat of salboni block position of excess weight has been proven to be a stronger predictor of risk of morbidity.

In this study 52.1 percentage of study girls were overweight in respect to Waist –height ratio ,9 percent of study is morbidity obese, waist –height ratio is increased with increasing age, waist-height ratio and waist hip ratio has linear relation with age,waist-height ratio has no relation with menarche.

Keywords: Health; Body mass index; Waist-height Ratio

Introduction:

Waist –height ratio is good way to measure healthy weight in comparison to body mass index.It helps in assessing heart disease, diabetics, stroke, this anthropometric measurements act as alternative to measure central obesity, this ratio indicates early health risk, WHtR use as a valuable screening tool, particularly for children as young as five, who are showing initial signs of excess weight gain, and those put them at greater risk of obesity.Central deposition of excess weight has been proved to be a stronger predictor of risk of morbidity and mortality in comparison with overall obesity, WHTr can measure life expectancy, Whtr is non- invasive screening tool for cardiovascular disease risk, Whtr<.05 is risk of cardiovascular disease, A study using NHANES data also shows that children from 5 to 18 years with ‘healthy’ BMIs exhibit raised cardiometabolic risk factors if their WHtR was above 0.5.

Objectives:

To study health status of study group

Settings

This study done on Sitadihi gram panchayat of Salboni block, Paschim Medinipur, Westbengal, India

Subjects

For this was study 1000 adolescents girls taken as subjects, their age varies 10 years to 19 years. To measure circumferences of waist measuring tape is used, height is measured by Anthropometre rods, subjects are Hindu Bengalee girls.

This study done on Sitadihi gram panchayat of Salboni block,

Height: It's length is between floor to vertex. Subject should stand erect at time of measurement and should be bare footed.

Waist circumference: The tape was placed around the subject, in a horizontal plane at the level of the natural waist, which was narrowest parts of torso, as seen from the interior aspect. The measurement was taken at the end of a normal expiration and without tape compressing the skin.

<.34= extremely slim

.42 to .48=Healthy

.49 to .53=overweight

.54 to .57= very overweight

.58=morbidity obese

Results: Body mass index are increasing with waist-height ratio, menarcheal status has negative relation with waist-height ratio which means waist height ratio not to effect menarcheal status; in respect to waist-height ratio study adolescent girls are overweight.123 girls among those study group are healthy.

Discussion: In this study 52.1 percentage of study girls were overweight in respect to Waist –height ratio; 9 percent of study is morbidity obese, waist –height ratio is increased with increasing age, waist-height ratio and waist hip ratio have linear relation with age,waist-height

ratio has no relation with menarche, Whtr does not need age ,sex ethnicity specific boundary, so it is advantage ,body mass index has linear significant relation, i.e. waist –height ratio increases with body mass index, Waist height ratio helps in detecting early health risk.

Conclusion:

From adolescence girls should be careful of their health, under nutrition can affect their adult life, when they become pregnant they may deliver underweight children, if they are obese it may fasten their puberty but in adult life it leads to cardiovascular disease.

Table 1 Age wise Waist height ratio of adolescent

Age	Mean	N	Std. Deviation
10	.506	100	.022
11	.510	100	.025
12	.506	100	.035
13	.512	100	.033
14	.512	100	.042
15	.520	100	.052
16	.526	100	.040
17	.526	100	.044
18	.532	100	.045
19	.53	109	.042
Total	.518	1008	.040

Table 2 Correlations menarcheal status and waist-height ratio

		Waist height ratio	Menarcheal status
Waist height ratio	Pearson Correlation	1	-.092**
	Sig. (2-tailed)		.004
	N	1009	1009
Menarcheal status	Pearson Correlation	-.092**	1
	Sig. (2-tailed)	.004	
	N	1009	1009

** . Correlation is significant at the 0.01 level (2-tailed).

Table 3:Frequency of nutritional status of study group in respect to Waist-height ratio

	Frequency	Valid Percent	Cumulative Percent
2.00	123	15.5	15.5
3.00	415	52.1	67.6
4.00	186	23.4	91.0
5.00	72	9.0	100.0
Total	796	100.0	
Total	213		
Total	1009		

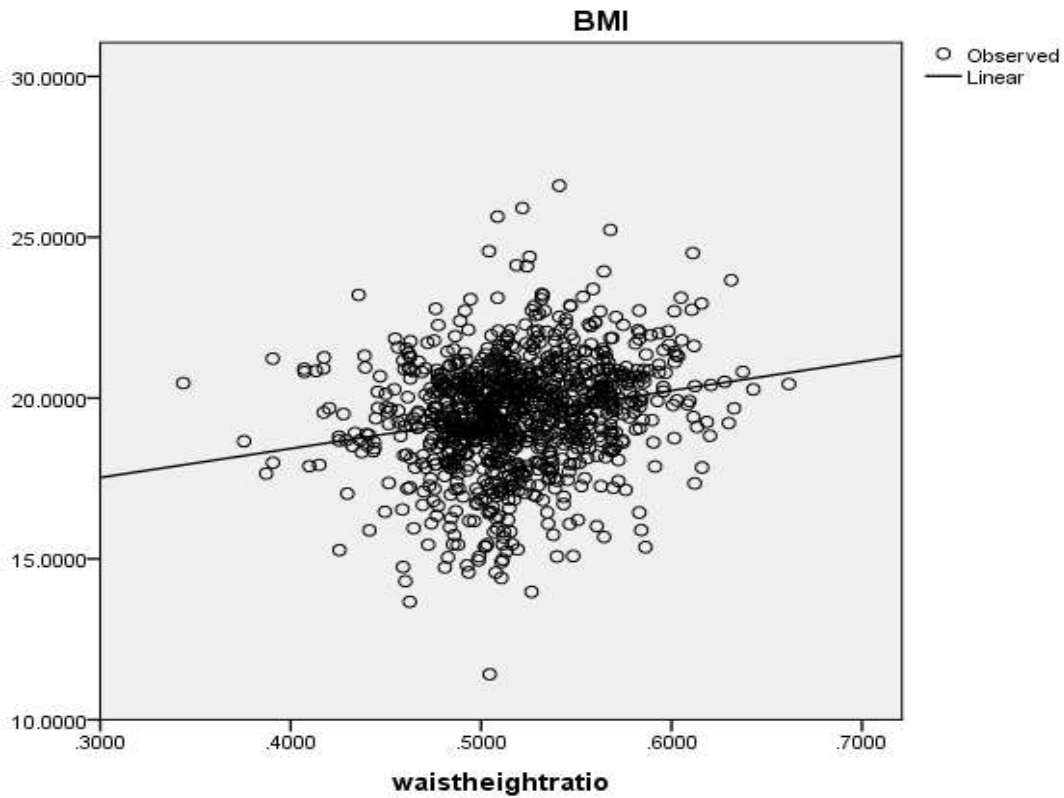
.42 to .48=Healthy=2

.49 to .53=overweight=3

.54 to .57= very overweight=4

.58=morbidity obese=5

Figure 2 Body mass index and waist height ratio presented graphically



Regression analysis

	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
Waist height ratio	9.016	1.335	.208	6.756	.000
	14.823	.695		21.343	.000

Figure 1 Graphical presentation of waist hip ratio and waist height ratio

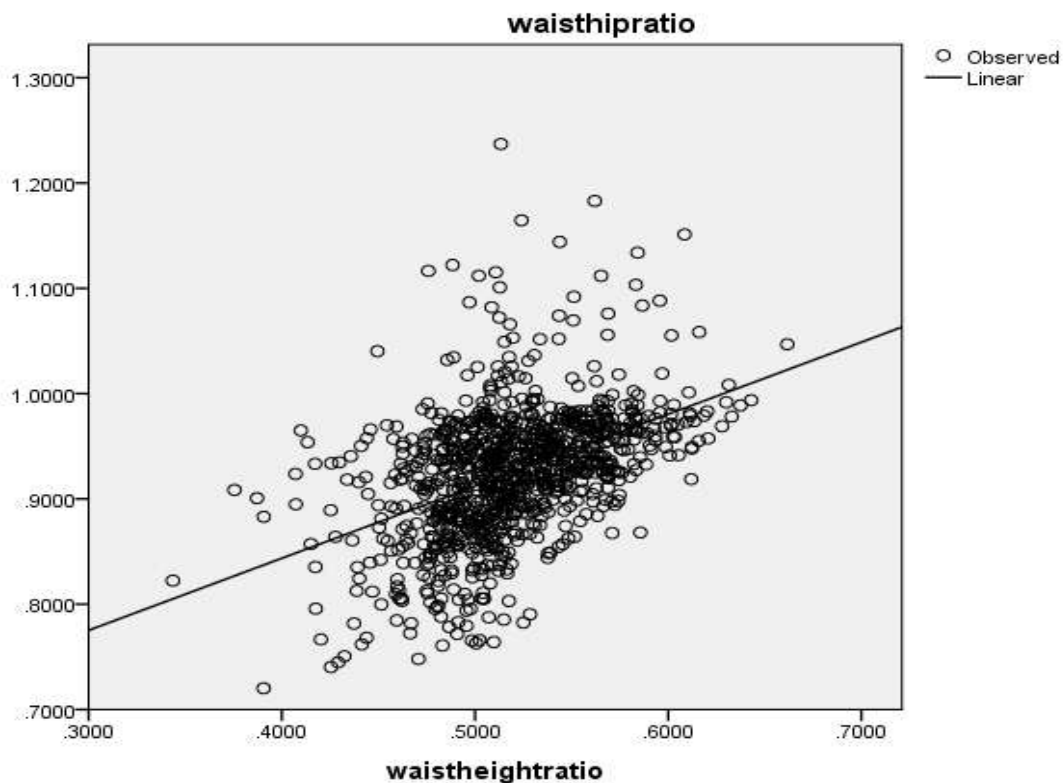
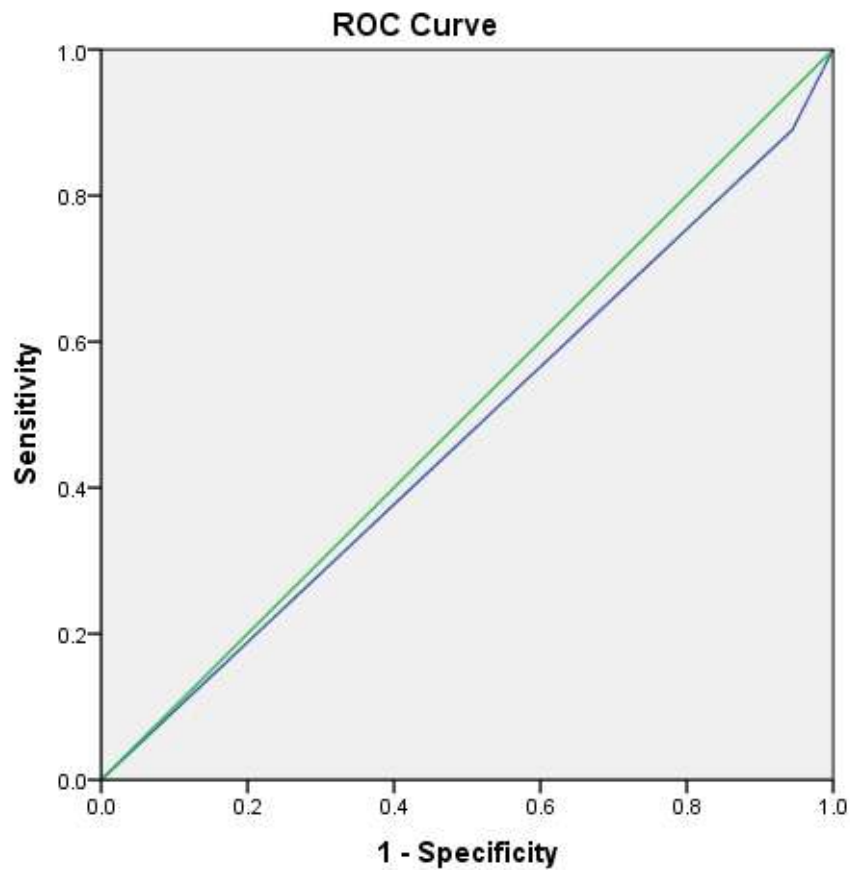
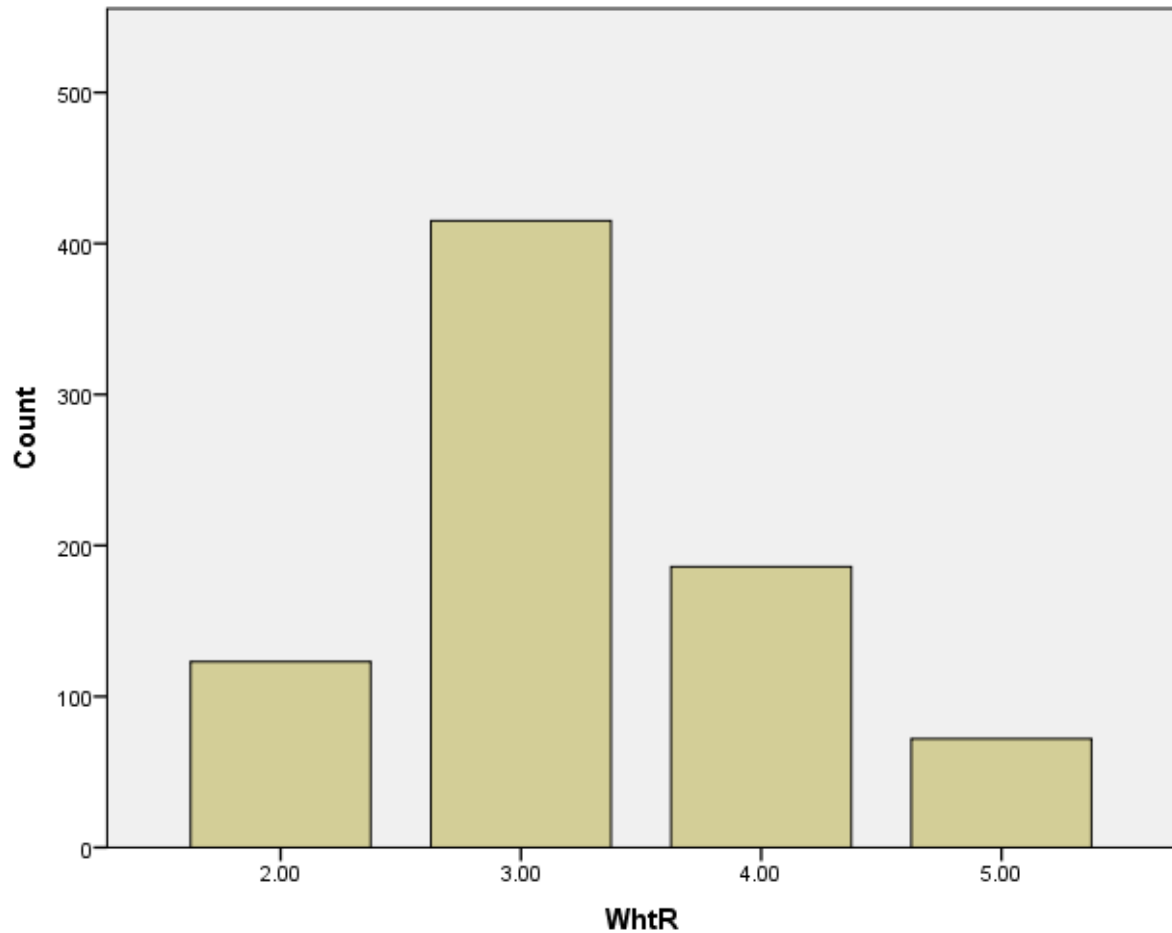


Figure 2 Roc curve represents waist hip ratio and waist –height ratio



Diagonal segments are produced by ties.

Figure 3 Health status Frequency of study groups according to WHTR cut off



References:

- K De (2016) Assessment of Nutritional Status of Adolescent Girls by Mid-Upper Arm Circumferences of Paschim Medinipur, India Primary health care-open access 6 (4), 1-2
- K De (2016) Physical growth and relation of menarche with anthropometry Anthropology 4 (4), 1-2
- KDe KB (2016) Nutritional status and menarcheal age of rural adolescent girls of Paschim Medinipur, West Bengal, India Indian journal of youth and adolescent health 3 (3), 42-45
- K De (2016) Nutritional status and menarcheal age of rural adolescent girls of Salboni block of Paschim Medinipur, West Bengal, India J Child Adolesc Behav 4 (5), 1-4
- K De, S Das, Chraborty R, Bose K(2013) Nutritional status of rural bengalee girls aged 10-18 years of Salboni, Paschim Medinipur, West Bengal, India Asian Journal of Biological and Life Sciences 2 (1)
- K DE(2016) A Comparative Study on Nutritional Status of Adolescents Girls of Different Rural Area of West Bengal Anthropology 4 (4), 1-3
- K DE(2016) Influence of socio-economic status on nutritional status of rural adolescent girls Anthropology 4 (3), 5
- K DE(2017) Measurement of body composition by upper arm anthropometry Current paediatric research 21 (1), 112-114
- K DE(2017) Effect of parents' economic status on teenage school girls' growth. Epidemiology: Open Access 7 (1)
- K DE(2017) Waist Circumference and waist hip ratio and body mass index help in assessing nutritional status and central obesity of adolescent Global journal of Archaeology and anthropology 1 (1), 1-3
- K DE(2017) Comparison of menarcheal status of adolescent girls Journal of Pregnancy and Child health 4 (1), 1-3
- K De(2017) Effect of Socio-Economic Status on Nutritional Status on Adolescent Girls of Paschim Medinipur, West Bengal, India Vitamins and minerals 5 (3), 1-3
- DE K(2016) Study of bio-social behavior of rural adolescent girls Journal of community and public health nursing 3 (2), 1-3
- DE K(2018) Study Nutritional Status by Waist Circumference and Waist Hip Ratio Journal of Health and Medical informatics 8 (1), 1-2
- DE K(2017) Anthropometric Status of Adolescent Girls of Rural India Journal of traditional medicine and clinical naturopathy 6 (1), 1-3
- DE K(2017) Management control system: a case study of Rural Hospital of Salboni Block, Paschim Medinipur, West Bengal Annals of clinical of laboratory research 5 (1:150), 1-6
- DE K(2018) Arm span with relation with menarche Scholar journal of arts, humanities, social science 10 (5), 1371-1373
- DE K(2016) Relation of mean age at menarche with anthropometric index Journal of Psychiatry: open access journal 20 (4)
- DE K(2017) Role of counselling in managing stress to business professional Annals of clinical and laboratory research 5 (2:172), 1-3

DE K(2017)Growth pattern and relation with age at menarche
Paediatric and Health research 2 (1), 1-4

DE K(2017)Study of anthropometric characteristic Premenarcheal and postmenarcheal girls of West Medinipur,India
K De
Journal of Probiotic and Health 5 (1), 1-3

DE K(2017) Health status evaluation of adolescent girls by rohrer index
Journal of Community Medicine and health education 7 (2), 1-5

DE K(2017) Study variation of Anthropometric variables at time of puberty
Journal of General practice 5 (), 2-4

DE K(2017) Study of body composition of Adolescent
cellular and molecular medicine-open access 3 (1), 1-3

DE K(2017) Relation of anthropometric and socio-economic status on adolescent
Journal of Paediatric medicine and care 1 (1), 1-3

DE K(2017) Effect of parents socio-economic status on teenage girls growth
Epidemiology-open access 7 (1), 1-3

KDe ,Chkraborty S(2018) CONICITY INDEX AS INDICATOR NUTRITIONAL STATUS
International journal on current research in life sciences 7 (4), 1415-1117

