Nursing



CORRELATION BETWEEN BODY MASS INDEX AND BLOOD GLUCOSE AMONG UNDERGRADUATE STUDENTS

Arjun R K	4 th year BSc Nursing, Yenepoya Nursing College, Yenepoya (Deemed to be University), Deralakatte, Mangaluru, Karnataka.
Ben Elsa Joy	4 th year BSc Nursing, Yenepoya Nursing College, Yenepoya (Deemed to be University), Deralakatte, Mangaluru, Karnataka.
Sneha Joy	4 th year BSc Nursing, Yenepoya Nursing College, Yenepoya (Deemed to be University), Deralakatte, Mangaluru, Karnataka.
Varsha Shaji	4 th year BSc Nursing, Yenepoya Nursing College, Yenepoya (Deemed to be University), Deralakatte, Mangaluru, Karnataka.
Vismaya P P	4 th year BSc Nursing, Yenepoya Nursing College, Yenepoya (Deemed to be University), Deralakatte, Mangaluru, Karnataka.
Padmapriya S*	Associate Professor and HOD, Department of OBG, Yenepoya Nursing College, Yenepoya (Deemed to be University), Deralakatte, Mangaluru, Karnataka. *Corresponding Author

ABSTRACT Young adults are have greater risk of developing weight gain and vulnerable to get increase glucose levels in the blood due to unhealthy dietary and lifestyle practices. The descriptive cross-sectional study was conducted to find the correlation between Body Mass Index (BMI) and Fasting Blood Glucose (FBG) among undergraduate students in a selected nursing college, Mangaluru. Total 84 students both male and female having age from 18 to 22 years were selected by simple random sampling technique. Body weight, height and 12 hours fasting blood glucose were measured. A study results showed that there was no significant Correlation between BMI and FBG ®= 0.138, p=0.212) among undergraduate nursing students.

KEYWORDS: Body Mass Index, Fasting Blood Glucose, Undergraduate students

INTRODUCTION:

Adolescence is the transitional period that begins with puberty. During this period there are many changes occur in the body composition such as increases in subcutaneous fat and visceral fat in the abdomen, breast, hips and buttocks for both boys and girls respectively. These changes are one of the risks of overweight due to inappropriate dietary habits, lack of exercise, increased television watching, spending more time on computer or mobile phone and spending less time on outdoor sports. (1) (2) Overweight is associated with an inflammation that releases a protein known as cytokines. Cytokines then block the signals of insulin receptors, thus gradually causing the cells to become resistant to insulin as a result in increased blood glucose level leads to morbidity and mortality. (3) (4) Insulin resistance occurs during puberty are associated with insulin sensitivity fluctuations. Insulin resistance is associated with body mass index at any degree of weight gain. Insulin sensitivity also differs for lean and obese persons. (5) Therefore, the assessment of height, weight, BMI and routine estimation of fasting blood glucose is important for prevention of complication related to obesity for leading a healthy life.

METHODOLOGY

A descriptive cross-sectional study was conducted among 84 undergraduate nursing students by simple random sampling techniques. Data were collected using a brief questionnaire, measuring tape, weighing machine and blood glucose meter. Flexible, nonstretchable, narrow plastic inch tape was used to measure height to the nearest 0.5 cm. It was recorded with barefoot, with the participant standing on a flat surface with heels together and looking forward. The measurement of the vertical distance was taken from the bottom of the feet to the top of the head. The hands and the fingers were kept out of the way during reading as per WHO norms. Weight was recorded using a standard weighing machine kept on a firm surface. The participant was asked to stand on the weighing machine without footwear with light clothes worn on their body. Weight was recorded by standing straight in the center of weighing machine with body evenly distributed between the feet. The weighing machine calibration and blood glucose meter was done. After getting height and weight of the women BMI was calculated as weight in kg/ height in mt². Normal Values of BMI is 18-23 kg/m². Data was collected by giving proper instruction to the participants to fill the questionnaire by themselves. Followed by these height and weight and blood glucose were measured using standard techniques by standard equipment. Blood glucose was

estimated for the participants in the morning with empty stomach using glucometer by the capillary finger prick after cleaning the left middle finger of the participants, a lancet was used to prick the finger. 0.02 mL of blood was collected and put it in the strip.

RESULTS:

The data entry and analysis was performed by using statistical package for social science software version 23. Mean age of height was 160.92 \pm 7.309, weight was 56.25 \pm 11.207 and BMI was 21.68 \pm 3.464. Demographic characteristics of participant shows in the Table 1 and Table 2 shows there was no significant relation between height, weight, BMI and blood glucose among undergraduate nursing students.

DISCUSSION:

But obesity is very common among college and university students due to unhealthy lifestyle changes leading to overweight and obesity. (6) (7) (8) Continuous increasing weight gain is associated with increased risk for developing Type 2 Diabetes in future. (9) The present study was conducted to find the relationship between BMI and blood glucose among undergraduate nursing students. The study results show that there was no significant relation between BMI and blood glucose. It may be due to small sample size so further research is needed for this group of population with larger sample size.

CONFLICT OF INTEREST

There is no conflict of interest

Table 1: Distribution Of Demographic Characteristics In	Terms
Of Frequency And Percentage Of Participants	N = 84

SL. NO	DEMOGRAPHIC VARIABLES	FREQUENCY	PERCENTAGE
1	Age (in completed years) a) 18-22 b) 23 and above	80 4	95.2 4.8
2	Sex a) Male b) Female	19 65	22.6 77.4
3	Area of residential a. Urban b. Rural	38 46	45.2 54.8

4	Family Monthly income in Rs			
	a. 15000 and below	32	38.1	
	b. 16000-25000	34	40.5	
	c. 26000-35000	11	13.1	
	d. 36000 and Above	7	8.3	
5	Type of diet			
	a. Vegetarian	1	1.2	
	b. Mixed	83	98.8	
6	Dietary habit			
	a. Regular	66	78.6	
	b. Irregular	18	21.4	
7	Physical exercise			
	a. Present	53	63.1	
	b. Absent	31	36.9	
8	Addiction of fast food			
	a. Present	30	35.7	
	b. Absent	54	64.3	

Table 2: The correlation between Height, weight and BMI

S.NO	PARAMETERS	FASTING BLOOD	SIGNIFICANCE
		GLUCOSE	
1	Height	r=0.078	Non-significant
		p=0.479	
2	Weight	r=0.167	Non-significant
		p=0.129	
3	BMI	r=0.138	Non-significant
		p=0.212	

REFERENCES

- Must A. Does overweight in childhood have an impact on adult health? Nutr Rev. 2003; 61: 139–2. 1.
- Rosiek A, Maciejewska NF, Leksowski K, Rosiek-Kryszewska A, Leksowski Ł. Effect 2. Rosiek A, Maciejewska NF, Leksowski K, Rosiek-Kryszewska A, Leksowski Ł. Effect of Television on Obesity and Excess of Weight and Consequences of Health. Int J Environ Res Public Health. 2015; 12(8):9408-9426.
 WHO Expert Consultation. Appropriate body-mass index in Asian populations and its implications for policy and intervention strategies. Lancet. 2004; 363: 157-63.
 Ershow AG. Environmental influences on development of type 2 diabetes and obesity: challenges in personalizing prevention and management. J Diabetes Sci Technol. 2009 Jul 1; 3(4):727-34.
- 3.
- 4.
- 5.
- 6.
- Jul 1; 3(4):727-34. Karpe F, Dickmann JR, Frayn KN. Fatty acids, obesity, and insulin resistance: time for a reevaluation. Diabetes. 2011 Oct; 60(10):2441-9. Butler SM, Black DR, Blue CL, Gretebeck RJ. Change in diet, physical activity, and body weight in female college freshman. J Health Behav. 2004 Jan-Feb; 28(1):24-32. Poobalan AS, Aucott LS, Precious E, Crombie IK, Smith WC. Weight loss interventions in young people (18 to 25 year olds): a systematic review. Obes Rev. 2010 Aug; 11(8):580-92. 7.
- Popkin BM, Adair LS, Ng SW. Global nutrition transition and the pandemic of obesity in developing countries. [Review] Nutr Rev. 2012; 70:3–21. Kim JA, Park HS. Association of abdominal fat distribution and cardio metabolic risk 8.
- 9. factors among obese Korean adolescents. Diabetes and Metabolism. 2008; 34 (2): 126-130.