
Associations Between Stunting and High-ponderosity Defined through Weight-for-height or Body-mass-index-for-age for Overweight in Under-five Children

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Background

- Co-existence of stunting & overweight; inconsistent in children
- Under 5 children: High ponderosity defined as $>1SD$ & $>2SD$ of WHO for either **Weight-for-height or Body-Mass-Index (BMI)-for-age**
- Unlike BMI-for-age, weight-for-height ignores change in ponderosity with age
- WFH underestimates overweight w.r.t BMI in $>6mo$ children with high stunting prevalence
- Suggests the stunting-overweight association vary with metric to ascertain overweight
- Null Hypothesis: Are Stunting and Overweight defined through WHZ (CSO_WHZ) & BMI-for-age (CSO_BMIZ) associations similar?

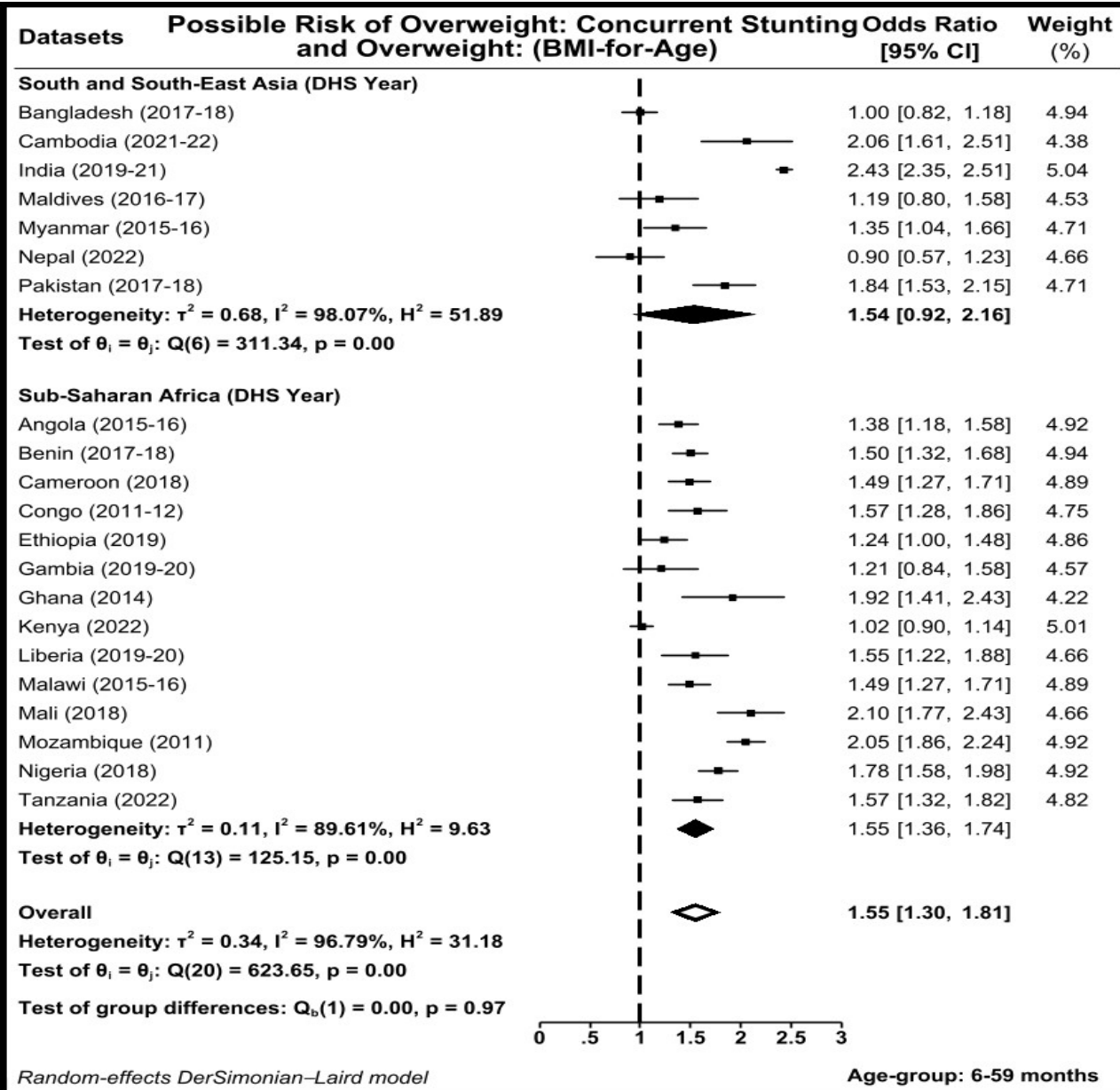
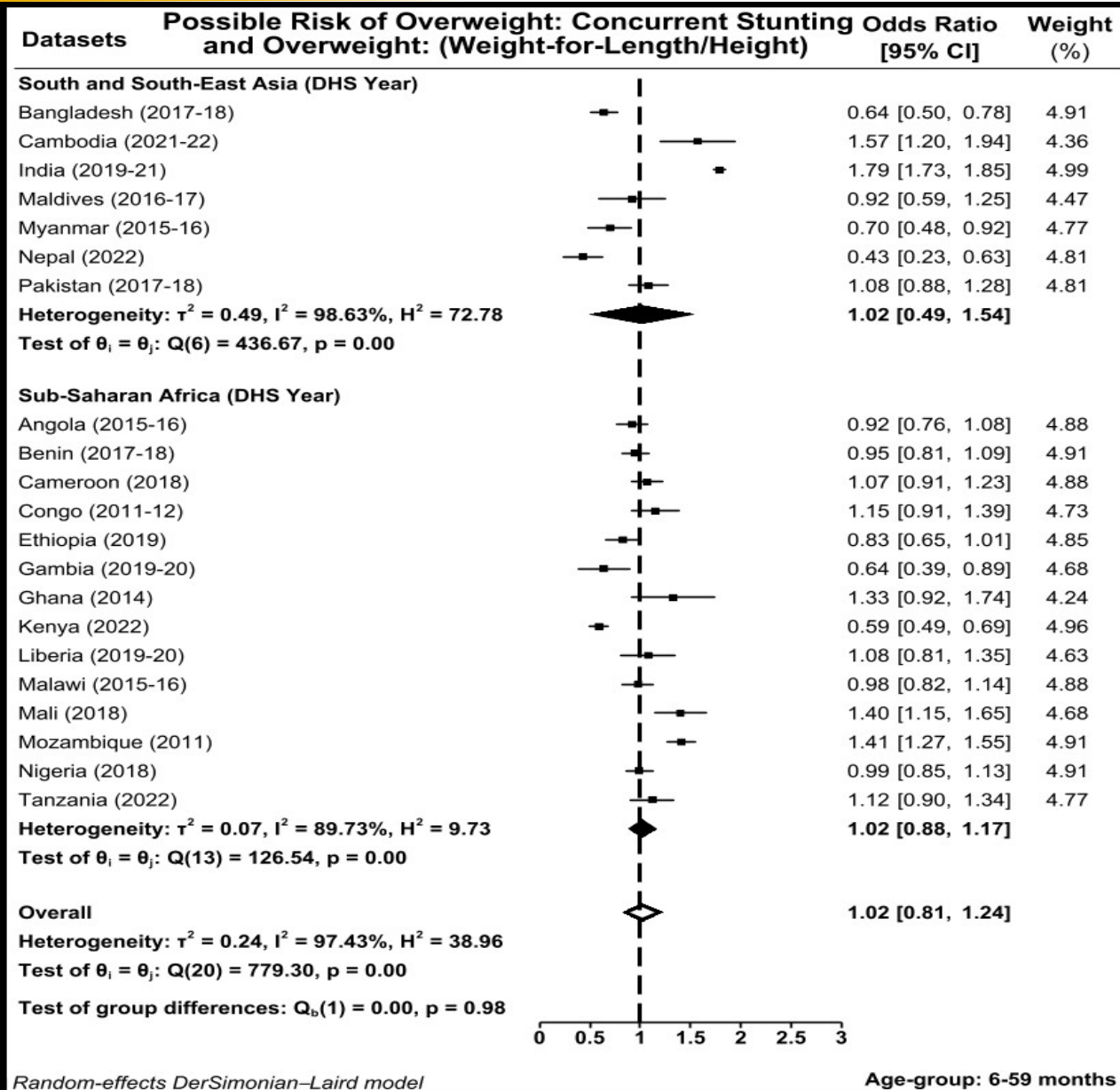
Methods

- Contemporary DHS datasets (after 2010) were evaluated from South- and South-East Asia and Sub-Saharan Africa
- Absolute anthropometry converted to WHO Z-scores
- CSO_WHZ & CSO_BMIZ associations: Odds Ratio (OR) in all individual datasets
- Meta analysis: Pooled by using random effects model
- Stratified analyses: sex, age and region
- Software used STATA version 17.0

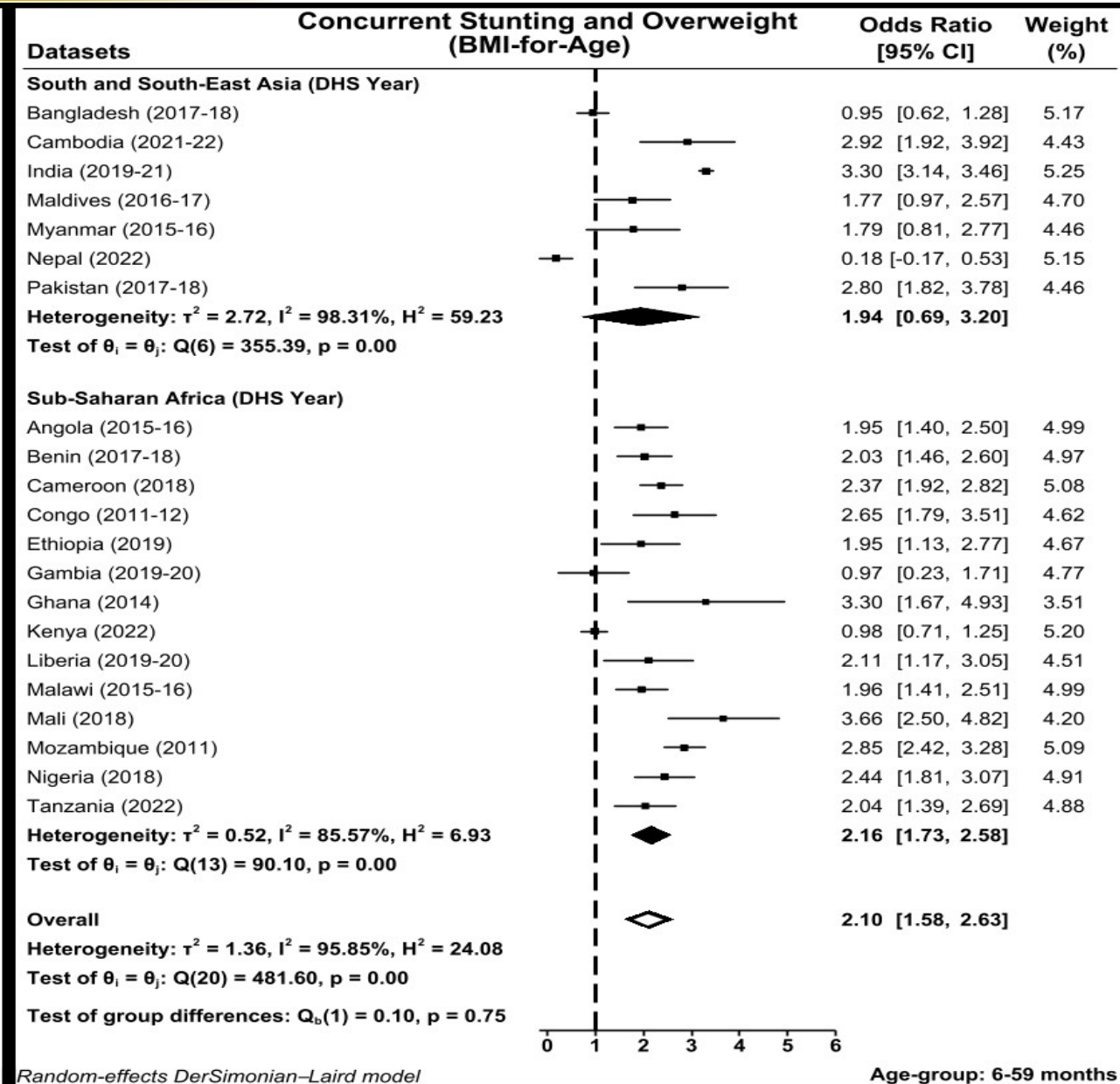
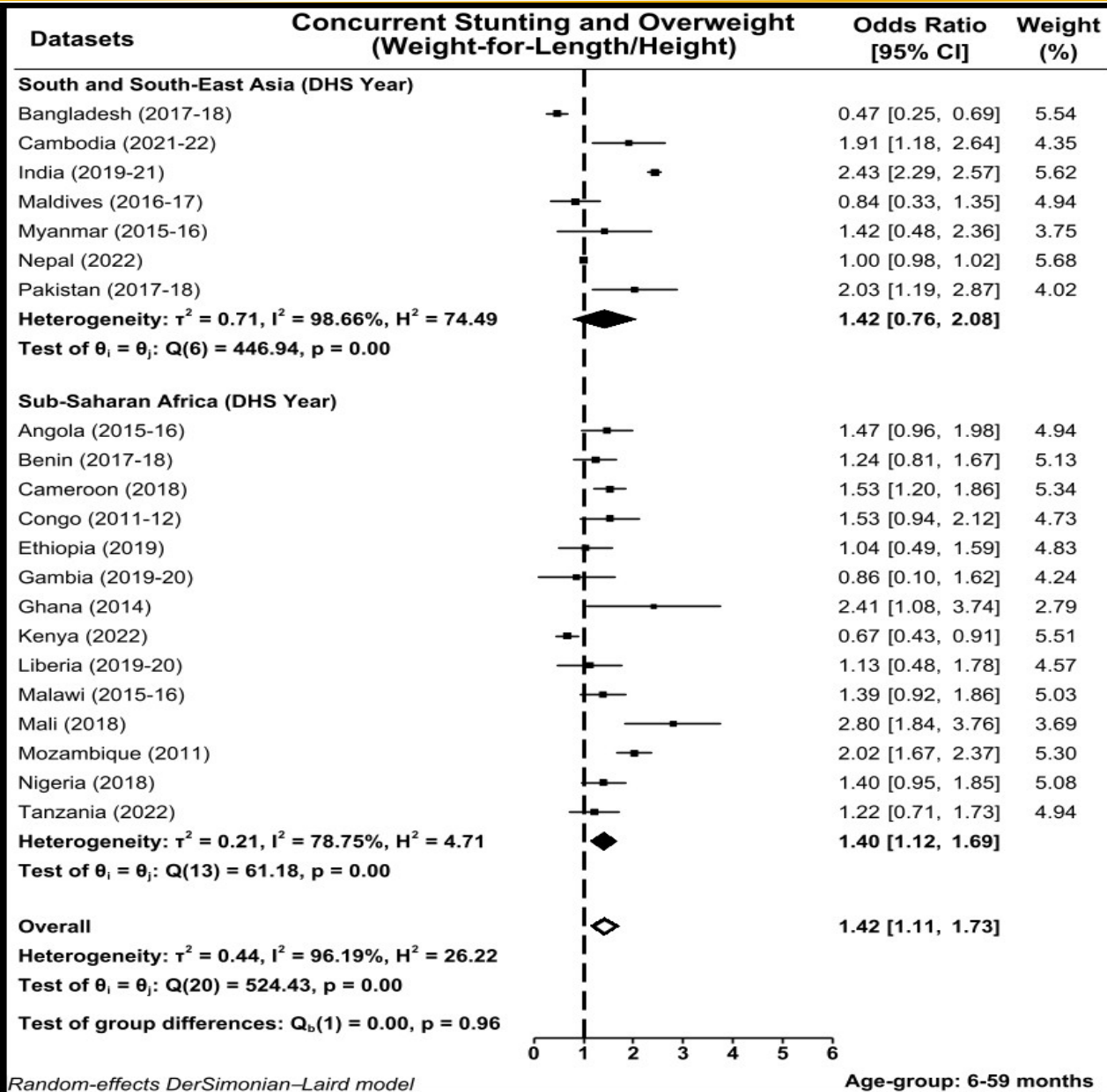
Results

- 21 DHS datasets: 7 South- and South-East Asia & 14 Sub-Saharan Africa
- Total sample = 314,187; Except India (197,651), in other DHS surveys: 2342 (Maldives) to 17,280 (Kenya)
- Young infants (<6 mo) comprised 8%-14% of under 5 children; boys = girls
- Participants, especially Asians, were mostly shorter with lower ponderosity than WHO standards (HAZ: -1.6 to -0.9; Asia: WHZ: -0.9 to -0.2; BMIZ: -0.8 to -0.1; Africa: WHZ: -0.5 to +0.4; BMIZ: -0.5 to +0.5)
- CSO_WHZ prevalence (1.5%) < CSO_BMIZ (2.3%) in 6-59 months; reverse <6 mo (5.2% vs 2.0%)

Results



Results



Conclusions

- CSO_WHZ and CSO_BMIZ associations are dissimilar
- Originates from ignoring physiological changes with age in Weight-for-height metric

Thank
you

