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Nutritional factors associated with obesity among 15-19 year's Nepalese adolescents

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The emerging pandemic of obesity is creating global health challenges. Obesity is increasingly affecting developing countries ▲ like Nepal. Adolescence is the period of rapid development and also the time of initiating risky behaviors. Adolescents account for nearly one-fourth (22.2%) of Nepal's population but have paid the least attention in public health intervention. The study methods were conducted at Lapsiphedi, Kathmandu to assess the nutritional risk factors of obesity among 15-19 years' adolescents in July-December, 2017 by community based descriptive research design. Data was collected by anthropometric measurement tool among 1924 respondents. The data was analyzed by using descriptive and inferential statistic. Bivariate analysis was used to determine the association between obesity and suspected risk factors. As a result majority of (52.3%) respondents were male and median age of respondents was 16.3 years. About one fourth (23.8%) of male and 9.3% of female were current smokers. Alcohol consumption was prevalent among 12.6% of the respondents. Only 1.2% respondents were doing adequate physical activity. Overweight was among 14% and obesity was among 2.3% of the respondents. Higher serum cholesterol was detected among 18.3% of the respondents. Prevalence of 3-5 risk factors was found among 13% of the respondents and only 1.2 % of the respondents were completely free of risk factors. The association of obesity was statistically significant with smoking (p = < 0.001, OR = 13.29, CL; 09.01 - 18.40), alcoholism (p = < 0.001, OR = 5.05, CL; 02.48 - 16.13), family history (p = 0.002, OR = 2.33, CL; 09.01 - 18.40), alcoholism (p = < 0.001, OR = 5.05, CL; 09.48 - 16.13), family history (p = 0.002, OR = 2.33, CL; 09.01 - 18.40), alcoholism (p = < 0.001, OR = 5.05, CL; 09.48 - 16.13), family history (p = 0.002, OR = 2.33, CL; 09.01 - 18.40), alcoholism (p = < 0.001, OR = 5.05, CL; 09.48 - 16.13), family history (p = 0.002, OR = 2.33, CL; 09.01 - 18.40), alcoholism (p = < 0.001, OR = 5.05, CL; 09.48 - 16.13), family history (p = 0.002, OR = 2.33, CL; 09.01 - 18.40), alcoholism (p = < 0.001, OR = 5.05, CL; 09.48 - 16.13), family history (p = 0.002, OR = 2.33, CL; 09.01 - 18.40), alcoholism (p = < 0.001, OR = 5.05, CL; 09.48 - 16.13), family history (p = 0.002, OR = 2.33, CL; 09.01 - 18.40), alcoholism (p = < 0.001, OR = 5.05, CL; 09.01 - 18.40), alcoholism (p = < 0.001, OR = 5.05, CL; 09.01 - 18.40), alcoholism (p = < 0.001, OR = 5.05, CL; 09.01 - 18.40), alcoholism (p = < 0.001, OR = 5.05, CL; 09.01 - 18.40), alcoholism (p = < 0.001, OR = 5.05, CL; 09.01 - 18.40), alcoholism (p = < 0.001, OR = 5.05, CL; 09.01 - 18.40), alcoholism (p = < 0.001, OR = 5.05, CL; 09.01 - 18.40), alcoholism (p = < 0.001, OR = 5.05, CL; 09.01 - 18.40), alcoholism (p = < 0.001, OR = 5.05, CL; 09.01 - 18.40), alcoholism (p = < 0.001, OR = 5.05, CL; 09.01 - 18.40), alcoholism (p = < 0.001, OR = 5.05, CL; 09.01 - 18.40), alcoholism (p = < 0.001, OR = 5.05, CL; 09.01 - 18.40), alcoholism (p = < 0.001, OR = 5.05, CL; 09.01 - 18.40), alcoholism (p = < 0.001, OR = 5.05, CL; 09.01 - 18.40), alcoholism (p = < 0.001, OR = 5.05, CL; 09.01 - 18.40), alcoholism (p = < 0.001, OR = 5.05, CL; 09.01 - 18.40), alcoholism (p = < 0.001, OR = 5.05, CL; 09.01 - 18.40), alcoholism (p = < 0.001, OR = 5.05, CL; 09.01 - 18.40), alcoholism (p = < 0.001, OR = 5.05, CL; 09.01 - 18.40), alcoholism (p = < 0.001, OR = 5.05, CL; 09.01 - 18.40), alcoholism (p = < 0.001, OR = 5.05, CL; 09.01 - 18.40), alcoholism (p = < 0.001,CL; 1.45-4.39), consumption of junk foods (p=0.010, OR=2.481, CL; 1.040-6.667), physical inactivity (p=0.004, OR=3.21, CL; 2.03-5.17) and vegetarian diet habit (p=0.003, OR=0.6, CL; 0.4-1.78). This concludes Nepalese adolescents are living with risk of overweight and obesity. Most of the risk factors for overweight and obesity are behavioral and modifiable.

Biography

Bhim Prasad Sapkota has his studies and certification in Master of Public Health (MPH) and Master of Arts (MA) from Nepal Institute of Medical Sciences. He is the Public Health Administrator/Epidemiologist at Ministry of Health and Population, Government of Nepal.

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