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## Body Weight and Academic Performance among Medical Students at a Nigerian Higher Education Institution in Kano

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### ABSTRACT

The current study looked at the relationship between body weight and academic performance among students at Yusuf Maitama Sule University Kano's Basic Medical Science program. A stratified sampling technique was used to select subjects for a correlational survey study. A total of 162 male and female subjects who met the inclusion criteria were chosen. On approval by the University's ethical committee, each student's cumulative grade point average (CGPA) was collected. A stadiometer was used to assess their weights (kg) and heights (m). SPSS version 20.0 was used to analyze the data, with a  $\alpha 0.05$  considered significant. The subjects' mean ages (Years), weights (Kg), heights (m), BMI, and CGPA were found to be  $22.55 \pm 3.52$ ,  $54.14 \pm 7.72$ ,  $1.65 \pm 0.09$ ,  $20.04 \pm 1.14$ , and the minimum and maximum of CGPA were 1.18 and 4.89, respectively. A significant relationship between sexual dimorphism and weight and height was observed, with males having a higher mean value in both weight and height ( $P$ -value = 0.00). There was no significant difference in CGPA or BMI between males and females ( $P$ -value = 0.983 and 0.905, respectively). Correlation of CGPA with weight, height, and BMI between males and females shows no significant differences. This study demonstrates that weight and gender differences are not related to academic performance among the subjects under study, contrary to other hypotheses.

**Keywords:** Weight, Height, Gender, Academic Performance and Cumulative grade point average (CGPA).

### INTRODUCTION

The importance of education and intelligence in a country's development has long been recognized. Developing human resources is often the first step in this process<sup>1</sup>. While academic achievement has been linked to an individual's or a nation's health and well-being, particularly in higher education institutions<sup>2,3,4</sup>. The context of universities or colleges is to promote effective learning by promoting the health and well-being of its members, whether students or faculty<sup>2</sup>.

Some studies have found that physical well-being, such as weight control, improves academic performance. Weight, as a predictor of obesity, could be used as an important index for identifying some obesity-related health issues in both children and adults. Overweight and obesity have recently been observed to be serious problems in children and young adults, such as those found in developing-country universities<sup>5</sup>.

An individual's weight status can be related to

socioeconomic status and physical surroundings, which may contribute to factors affecting academic performance<sup>6</sup>. Glewwe et al. proposed that early childhood nutritional status could influence academic performance because children who focus on age pairs or siblings often pay less attention to academic activities due to poor feedings<sup>7</sup>. Genetic factors may also be markers that influence an individual's health and weight, which can affect academic performance<sup>8</sup>. Obesity or overweight can lead to medical conditions that impair mental ability and learning in children and adolescents<sup>9,10,11</sup>. Overweight or obesity may influence how an individual is treated by peers or teachers, and this affecting the psychology of the individual's learning ability.

Sleep disturbances, heart intolerance, shortness of breath when active, and tiredness are some of the other issues associated with obesity. This factor may also have an impact on academic performance, which may have an impact on future educational attainment and

income<sup>12</sup>. Increased levels of education and income allow for a better understanding of nutrition messages and access to healthy foods<sup>13</sup>.

Researchers and policymakers have been drawn to the potential for health to improve cognitive function, learning, and academic achievement in children<sup>14</sup>, all of which can be influenced by a weight index such as BMI<sup>3</sup>. Education, on the other hand, is a strong predictor of long-term health and quality of life in various populations, settings, and time periods<sup>15</sup>. Low anthropometric measurements (height-for-age, weight-for-height, and head circumference) have been linked to poor academic performance in the past<sup>15</sup>. However, the majority of the studies were conducted on European and Asian populations, and no conclusive evidence has been found.

Although the aforementioned research studies found a link between normal weight, overweight, and obesity and academic performance in some places but not in Kano, Nigeria. Datar et al. discovered that overweight individuals had significantly lower math and reading test scores compared to non-overweight individuals, particularly in children, but they suggest this to be a marker rather than a cause<sup>16</sup>. In the United States, Sabia in 2007 reported a significant negative relationship between body weight and grade point average (GPA) for white females, but no evidence of a causal link for nonwhite females and males<sup>17</sup>. Crosnoe finds no evidence of a causal relationship between obesity and academic performance<sup>18</sup>. Kantoma et al. on the other hand, and Zhao et al. published contradictory findings<sup>10, 19</sup>. The scarcity of information in this field of study in Nigeria, particularly in Kano, prompted the current study on the relationship between body weight and academic performance among students at Yusuf Maitama Sule University in Kano.

## MATERIALS AND METHODS

**Study area:** The research was carried out at Yusuf Maitama Sule University, one of four universities in Kano, Nigeria's most populous state with a population of over 9 million people<sup>20</sup>. It is bordered on the north by Jigawa and Katsina states, on the south by Kaduna and Bauchi states, on the west by Kaduna state, and on the east by Jigawa and Bauchi states. In 2012, the Nigerian Universities Commission (NUC) established and accredited the University, which has five faculties, including a faculty of basic medical sciences, and 29 different departments.

**Study population:** The university has approximately 7000 students spread across its faculties and departments, with 800 of them coming from the Faculty of Basic Medical Sciences, which is divided into three departments: Human Anatomy, Human Physiology and Biochemistry.

**Study design and subject selection:** The study was a correlational survey, with subjects chosen using a

stratified sampling technique. Prior to sampling, the entire population was divided into homogeneous groups known as strata based on the sex of the subjects (Male and Female), from which the sampling unit was obtained. Proportional allocation was used to recruit 162 subjects who met the inclusion criteria and included both males and females. The Yusuf Maitama Sule University Kano Faculty of Basic Medical Science ethical committee gave their approval. On approval, the cumulative grade point average (CGPA) of each student was collected from their various departments.

**Inclusion criteria:** Healthy adult males and females studying Basic Medical Sciences at Yusuf Maitama Sule University were eligible to participate in the study.

**Exclusion criteria:** Students other than those studying Basic Medical Sciences at Yusuf Maitama Sule University.

**Sample size estimation:** The sample size was calculated using a standard formula that takes into account the entire population, precision level, confidence interval, and standard deviation.  $N \geq Z^2 \frac{\alpha}{2S^2/d^2}$

Where  $n$  = sample size,  $z$  = normal distribution table value\*,  $d$  = detection level considered to be important and  $s$  = standard deviation of the sample data, based on previous knowledge<sup>21</sup>.

**Demographic data collection:** A data capture form specifically designed to include age, gender, hospitalization for any ailment, department and level of students for this study was used to collect personal information, anthropometric information, and clinical information.

**Measurement of body weight:** A weighing scale was used to measure the subjects' body weight to the nearest Kilogram (kg), with the subjects standing erect on a horizontal resting plane barefooted, palms turned inward and fingers pointing downwards, and the maximum deflation on the scale recorded as the subjects' weight. During this procedure, participants were asked to remove their shoes, phones, and anything else that could add weight so that their feet would be properly aligned against the scale as recommended by the International Biological Program<sup>22</sup>.

**Measurement of the height of the subjects:** The stadiometer method was used to determine the subjects' height. Participants were asked to remove their shoes and socks during the procedure so that their feet would be properly aligned against the ground. The subjects' necks must be parallel to the wall, and their hips must be in contact with it. The subject was also instructed to stand up straight and keep his or her shoulders level. A stadiometer with the tip facing the wall was placed above the person's head. The stadiometer was lowered until it reached the top of

their head, resulting in a level position. The standiometer was slowly moved toward the wall until it came into contact with the subject's head. The height was then measured starting from the standiometer in meters (m).

**Assessment of academic performance:** The students' academic performance was assessed using their grade point average (GPA). Yusuf Maitama Sule University Kano's GPA system is based on a 5-point scale from 1 to 5, with the following grades: 1.5 (Provation), 1.5-2.49 (Pass), 2.5-3.49 (Second class lower), 3.5-4.49 (Second class upper), 4.5-5.0. (First class Honour).

**Statistical Analysis:** The data was analyzed using the statistical packages for the social science (SPSS) program for windows, version 20.0 (SPSS inc., Chicago, IL). The mean value of the subject's height, academic performance, and other socio-demographic characteristics were determined using descriptive statistics of mean and standard deviation. The relationship between body weight and academic performance was determined using person's

correlation. P value Of <0.05 was considered statistically significant.

## RESULTS

**Descriptive statistics of age, weight, height, BMI and CGPA:** The average age of was  $22.55 \pm 3.52$ . The lowest and highest CGPAs were 1.18 and 4.89, respectively. The average body weight, height, and BMI were  $54.14 \pm 7.72$ ,  $1.65 \pm 0.09$ , and  $20.04 \pm 3.14$ , respectively (Table 1).

**Sexual dimorphism in weight, height, BMI and CGPA:** There was a significant sexual dimorphism in weight and height, with males having higher mean values in both height and weight. There was no statistically significant difference in CGPA or BMI between males and females (Table 2).

**Correlation of CGPA with weight, height and BMI:** There were no significant differences in CGPA, weight, height, or BMI between males and females (Table 3).

**Table 1:** Descriptive statistics of age, weight, height, BMI and CGPA

| Variables                | Minimum | Maximum | Mean $\pm$ SD    |
|--------------------------|---------|---------|------------------|
| Age (years)              | 18      | 43      | $22.55 \pm 3.52$ |
| Weight (Kg)              | 38      | 80      | $54.14 \pm 7.72$ |
| Height (m)               | 1.34    | 1.91    | $1.65 \pm 0.09$  |
| BMI (Kg/m <sup>2</sup> ) | 14      | 29.5    | $20.04 \pm 3.14$ |
| CGPA                     | 1.18    | 4.89    | $2.92 \pm 0.91$  |

**Table 2:** Sexual dimorphism in weight, height, BMI and CGPA

| Departments          | Variable                 | Male<br>(n=63)   | Female (n=69)    | T     | P Value |
|----------------------|--------------------------|------------------|------------------|-------|---------|
|                      |                          | Mean $\pm$ SD    | Mean $\pm$ SD    |       |         |
| Anatomy & Physiology | Weight (Kg)              | $57.79 \pm 6.83$ | $50.81 \pm 6.97$ | 5.80  | <0.001  |
|                      | Height (m)               | $1.70 \pm 0.07$  | $1.60 \pm 0.08$  | 7.92  | <0.001  |
|                      | BMI (Kg/m <sup>2</sup> ) | $20.07 \pm 2.92$ | $20.01 \pm 3.35$ | 0.12  | 0.905   |
|                      | CGPA                     | $2.92 \pm 0.92$  | $2.92 \pm 0.91$  | 0.02  | 0.983   |
| Anatomy              | Weight (Kg)              | $58.21 \pm 6.53$ | $50.56 \pm 5.88$ | 4.89  | <0.001  |
|                      | Height (m)               | $1.69 \pm 0.07$  | $1.58 \pm 0.07$  | 6.23  | <0.001  |
|                      | BMI (Kg/m <sup>2</sup> ) | $20.50 \pm 2.99$ | $20.48 \pm 3.22$ | 0.03  | 0.976   |
|                      | CGPA                     | $3.10 \pm 0.93$  | $2.86 \pm 0.83$  | 1.07  | 0.286   |
| Physiology           | Weight (Kg)              | $57.44 \pm 7.16$ | $51.06 \pm 7.97$ | 3.50  | 0.0008  |
|                      | Height (m)               | $1.71 \pm 0.06$  | $1.62 \pm 0.08$  | 5.13  | <0.001  |
|                      | BMI (Kg/m <sup>2</sup> ) | $19.71 \pm 2.84$ | $19.55 \pm 3.46$ | 0.21  | 0.837   |
|                      | CGPA                     | $2.77 \pm 0.91$  | $2.98 \pm 1.00$  | -0.89 | 0.378   |

**Table 3:** Correlation of CGPA with weight, height and BMI

| Variables                | CGPA (All) |                |         | Male (CGPA) |                |         | Female (CGPA) |                |         |
|--------------------------|------------|----------------|---------|-------------|----------------|---------|---------------|----------------|---------|
|                          | R          | R <sup>2</sup> | P Value | R           | R <sup>2</sup> | P Value | R             | R <sup>2</sup> | P Value |
| Weight (Kg)              | -0.100     | 0.009          | 0.260   | -0.030      | 0.000          | 0.840   | -0.190        | 0.036          | 0.120   |
| Height (m)               | 0.000      | 5E-06          | 0.980   | 0.060       | 0.003          | 0.670   | -0.050        | 0.002          | 0.670   |
| BMI (Kg/m <sup>2</sup> ) | -0.110     | 0.012          | 0.210   | -0.040      | 0.001          | 0.740   | -0.160        | 0.026          | 0.180   |

r; coefficient of correlation, BMI; body mass index

## DISCUSSION

The current study looked at the relationship between body weight and academic performance among some Basic Medical Sciences students at Yusuf Maitama Sule University Kano. The findings on the correlation between weight and cumulative grade point average are consistent with the findings of Crosnoes<sup>18</sup>, who also discovered no evidence of a relationship between weight and academic performance in non-white racial groups. Sabia's findings contradict our findings of a negative relationship for white females<sup>17</sup>, whereas Kantoma et al. and Zhao et al. found contradictory evidence on the relationship between weight status and academic performance in both genders<sup>10,19</sup>. The current study also contradicted the findings of Hedwig Acham et al, who reported that weight, height, and BMI have an association with learning that is positive for Mathematics and English but negative for life skills and verbal comprehension among children in Kumi district. Gender and age, in addition to weight, height, and BMI, play important roles in children's achievement<sup>15</sup>. As they grew older, their performance improved significantly, which could be linked to their nutritional status. Low anthropometric measurements (height-for-age, weight-for-height, and head circumference) have been linked to poor school outcomes<sup>15</sup>.

Another study by Davis et al supports the idea that increasing level physical activity especially in growing young adults which is common among student of Yusuf Maitama Sule University improves academic achievement. Their observation was based using cognitive assessments questionnaire and functional magnetic resonance imaging in sedentary, overweight children doing regular aerobic physical activities<sup>23</sup>. However, the current study revealed only significant gender differences in weight and height but not in academic performance.

## CONCLUSION

This study demonstrates that, contrary to other hypotheses, differences in weight, BMI, and gender are not related to academic performance among the subjects studied. However, significant gender differences in weight and height were discovered, but not in academic performance.

## REFERENCES

1. AngouéYAPO P. Nutritional status, sociodemographic status and academic performance of students in two selected secondary schools in Yopougon, Abidjan (Côte d'Ivoire). *Age*;10(11):70.
2. Johnston FE, Low SM, de Baessa Y, MacVean RB. Interaction of nutritional and socioeconomic status as determinants of cognitive development in disadvantaged urban Guatemalan children. *American Journal of Physical Anthropology*. 1987 Aug;73(4):501-6.
3. Asmare B, Taddele M, Berihun S, Wagnaw F. Nutritional status and correlation with academic performance among primary school children, northwest Ethiopia. *BMC research notes*. 2018 Dec;11(1):1-6.
4. Moock PR, Leslie J. Childhood malnutrition and schooling in the Terai region of Nepal. *Journal of development economics*. 1986 Jan 1;20(1):33-52.
5. Ng M, Fleming T, Robinson M, Thomson B, Graetz N, Margono C, Mullany EC, Biryukov S, Abbafati C, Abera SF, Abraham JP. Global, regional, and national prevalence of overweight and obesity in children and adults during 1980–2013: a systematic analysis for the Global Burden of Disease Study 2013. *The lancet*. 2014 Aug 30;384(9945):766-81.
6. Taras H, Potts-Datema W. Obesity and student performance at school. *Journal of School Health*. 2005 Oct;75(8):291-5.
7. Glewwe P, Jacoby HG, King EM. Early childhood nutrition and academic achievement: a longitudinal analysis. *Journal of public economics*. 2001 Sep 1;81(3):345-68.
8. Ding W, Lehrer SF, Rosenquist JN, Audrain-McGovern J. The impact of poor health on academic performance: New evidence using genetic markers. *Journal of health economics*. 2009 May 1;28(3):578-97.
9. Schwimmer JB, Deutsch R, Rauch JB, Behling C, Newbury R, and Lavine JE. Obesity, insulin resistance, and other clinicopathological correlates of pediatric non-alcoholic fatty liver disease. *J*

- Pediatr. 2003;143:500-5.
10. Kantomaa MT, Stamatakis E, Kankaanpää A, Kaakinen M, Rodriguez A, Taanila A, Ahonen T, Järvelin MR, Tammelin T. Physical activity and obesity mediate the association between childhood motor function and adolescents' academic achievement. *Proceedings of the National Academy of Sciences*. 2013 Jan 29;110(5):1917-22.
  11. Lubans D, Richards J, Hillman C, Faulkner G, Beauchamp M, Nilsson M, Kelly P, Smith J, Raine L, Biddle S. Physical activity for cognitive and mental health in youth: a systematic review of mechanisms. *Pediatrics*. 2016 Sep 1;138(3).
  12. Veugeliers PJ, Fitzgerald AL, Johnston E. Dietary intake and risk factors for poor diet quality among children in Nova Scotia. *Canadian Journal of Public Health*. 2005 May;96(3):212-6.
  13. Shariff ZM, Bond JT, Johnson NE. Nutrition and educational achievement of urban primary schoolchildren in Malaysia. *Asia Pacific Journal of Clinical Nutrition*. 2000 Dec 29;9(4):264-73.
  14. Keeley TJ, Fox KR. The impact of physical activity and fitness on academic achievement and cognitive performance in children. *International review of sport and exercise psychology*. 2009 Sep 1;2(2):198-214.
  15. Kolbe LJ. Modern school health programs. *State Education Standard*. 2002;3:4–11.
  16. Gardner JM, Grantham-McGregor SM. Activity levels and maternal-child behavior in undernutrition: Studies in Jamaica. *Scientific Publication-Pan American Health Organization*. 1998(566):32-42.
  17. Sabia JJ. The effect of body weight on adolescent academic performance. *Southern economic journal*. 2007 Apr 1;871-900.
  18. Crosnoe R. Gender, obesity, and education. *Sociology of education*. 2007 Jul;80(3):241-60.
  19. Zhao M, Konishi Y, Glewwe P. Does smoking affect schooling? Evidence from teenagers in rural China. *Journal of health economics*. 2012 Jul 1;31(4):584-98.
  20. National Population Commission. "Population and housing census of the Federal Republic of Nigeria 2006." 2010.
  21. Paulson DS. *Biostatistics and microbiology: a survival manual*. Springer Science & Business Media; 2008 Nov 23.
  22. Szmodis M, Bosnyák E, Protzner A, Szöts G, Trájer E, Tóth M. Bone characteristics, anthropometry and lifestyle in late adolescents. *Anthropologischer Anzeiger; Bericht über die biologisch-anthropologische Literatur*. 2016 Mar 16;73(1):23-32.
  23. Davis CL, Tomporowski PD, McDowell JE, Austin BP, Miller PH, Yanasak NE, Allison JD, Naglieri JA. Exercise improves executive function and achievement and alters brain activation in overweight children: a randomized, controlled trial. *Health psychology*. 2011 Jan;30(1):91.