# BMI AND REACTION TIME IN SECONDARY SCHOOL PUPILS

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### Abstract

In this study we evaluated the effect of physical development on reaction time in 129 children (62 m. & 67 f. from10-14 years age) and Reaction Time (RT) in pupils which seems to be very sensitive under the influence of physical development, related to BMI at this age. Tests conducted were RT to simple acoustic stimuli, RT to Simple Visual Stimuli and Balance test. Correlation analysis using P. Correlation showed significant positive correlation between scores of RT to simple visual and acoustic stimuli. (p=.77), significant positive correlation between BMI and balance test (p=0.22). One-way ANOVA used to evaluate differences based on gender and age pointed out no significant differences between males and females but significant differences between grades (age groups). So in general, both genders have similar and no significant difference between male & female in all tests. Were found a significant positive correlation between BMI in both genders and ages. We found a significant positive correlation between BMI and balance test related to BMI in both genders and ages. BMI data in our study showed a lower level than WHO data, which mean this sample has a healthy index.

Keywords: BMI, reaction time, visual stimuli, acoustic stimuli, balance.

#### Introduction

Pupils in their school age represent a very wide range of their general development profile that differs in terms of physical development and cognitive parameters assembled in their behavior. Pupils have also a great need for physical activity that comes out with the games they play or improvise, wherever they are expressing changes in their personality profile, bringing out the need to become fastest and agile time after time. Reaction time in simple and complex mode of responses express the cognitive development functioning in this age.

#### Method

This study we evaluated the effect of physical development on reaction time in (10-14 years age) children. Reaction Time (RT) in pupils which may be very sensitive under the influence of children's physical development parameters, related to BMI diversity to this age.

But which is the correlation between the physical development (BMI) and RT in inactive and active pupils, or in those who become active by increasing physical activity.

In this study we tested 129 children (48% male & 52% female) from 5<sup>th</sup> to 9<sup>th</sup> grade.

Conducted tests were: Reaction Time to simple acoustic stimuli, RT to simple visual stimuli and Balance test.

Statistical analyses were conducted using IBM SPSS Statistics 20. Correlation analysis was applied using Pearson Correlation to see if there was any correlation between the test scores and the child ability to these cognitive redevelopment parameters.

Correlation analysis was applied using Pearson Correlation, to investigate if there is any correlation between the test scores and the child ability to these RT parameters.

#### Results

The results of Pearson correlation coefficient. and p-values (2-tail.) between BMI and the RT revealed: a) there was a significant positive correlation between scores of RT to simple visual and acoustic stimuli p=.77 related to BMI. b) There was a significant positive correlation between BMI and balance test p=0.22 related to BMI.

One-way ANOVA was used to evaluate diff. based on gender and age. ANOVA results pointed out: a) there were no significant difference between male & female. b) There was significant difference between grades.

	Ν	Minimum	Maximum	Mean	Std. Deviation	
Age	129	6.2669	13.4209	9.863553	1.9229773	
BMI	129	10.6558690	26.7532120	1.789392070E1	3.2240967613E0	
RTArlScale	129	151.92308	1000.00000	340.5099631	1.24737677E2	
RTVrlScale	129	192.19230	1000.00000	328.6151527	1.10901798E2	
Balance	129	15	33	29.31	3.243	
Concentration	129	0	7	.60	1.181	
Valid N (listwise)	129					

# **Descriptive Statistics**

# DISCUSIONS

#### Correlations

		BMI	RTArlScale	RTVrlScale	Balance	Concentration
BMI	Pearson Correlation	1	095	151*	$.208^{**}$	.013
	Sig. (1-tailed)		.113	.026	.004	.433
	Ν	129	129	129	129	129
RTArlScale	Pearson Correlation	095	1	.777**	097	007
	Sig. (1-tailed)	.113		.000	.107	.466
	Ν	166	166	166	166	166
RTVrlScale	Pearson Correlation	151*	.777**	1	125	054
	Sig. (1-tailed)	.026	.000		.054	.246
	Ν	129	129	129	129	129
Balance	Pearson Correlation	$.208^{**}$	097	125	1	199**
	Sig. (1-tailed)	.004	.107	.054		.005
	Ν	129	129	129	129	129
Concentration	Pearson Correlation	.013	007	054	199**	1
	Sig. (1-tailed)	.433	.466	.246	.005	
	Ν	129	129	129	129	129

\*. Correlation is significant at the 0.05 level (1-tailed).

\*\*. Correlation is significant at the 0.01 level (1-tailed).

# ANOVA FOR THE AGE

		Sum of Squares	df	Mean Square	F	Sig.
BMI	Between Groups	531.536	6	88.589	11.901	.000
	Within Groups	1183.606	159	7.444		
	Total	1715.142	165			
RTArlScale	Between Groups	653717.783	6	108952.964	9.053	.000
	Within Groups	1913597.739	159	12035.206		
	Total	2567315.522	165			
RTVrlScale	Between Groups	670150.090	6	111691.682	13.066	.000
	Within Groups	1359219.364	159	8548.549		
	Total	2029369.454	165			
Balance	Between Groups	149.637	6	24.940	2.500	.024
	Within Groups	1586.073	159	9.975		
	Total	1735.711	165			
Concentration	Between Groups	9.232	6	1.539	1.108	.360
	Within Groups	220.725	159	1.388		
	Total	229.958	165			

ANOVA

# ANOVA FOR THE GENDER

#### **ANOVA** Sum of Squares df Mean Square F Sig. BMI Between Groups .070 .070 .007 .935 1 Within Groups 1715.072 164 10.458 165 Total 1715.142 RTArlScale Between Groups 50.143 50.143 .003 .955 1 Within Groups 2567265.378 15654.057 164 2567315.522 165 Total RTVrlScale Between Groups 8198.125 8198.125 .665 .416 1 Within Groups 2021171.329 164 12324.215 Total 2029369.454 165 Balance Between Groups 17.511 17.511 1.671 .198 1 Within Groups 10.477 1718.200 164 Total 1735.711 165 Between Groups .071 .071 .050 .823 Concentration 1 Within Groups 229.887 1.402 164 229.958 Total 165

# CONCLUSIONS

In general, both genders have similar and no significant difference between male & female in all tests. We found a significant positive correlation between scores of RT to simple visual and acoustic stimuli related to BMI in both genders and ages. We found a significant positive

correlation between BMI and balance test related to BMI in both genders and ages. We found a significant difference between ages (grades) that shows a uniform development at this sample in both genders. Indicators are similar with the literature and in the same direction of impact. Our study groups did not represent qualitative changes in relation to impacts on increasing physical activity for that period. BMI data in our study show a lower level than WHO data, which mean this sample has a healthy index.

# RECOMMENDATIONS

The Albanian educational system should be aware of BMI index problem showed in pupils at this age undertaking educational interventions to keep them healthy in body and mind. Physical education teachers should give a clear message to student performance and goals to be achieved in the classroom and how to maintain proper active attitude during leisure time. Physical education teachers should be careful to increase the time in which students work in aerobic function as a normal function that allows the pupil's body to work in conditions of oxygen added. The family must be informed of the therapeutic effect of children involved in physical activity and sport, especially in those areas where the process of socialisation is to be added. The media should have an impact on the public information about adding gyms presence and sporting facilities, etc.

# References

1. **Bouchard C.**1993. Genetic and non genetic determinants of regional fat distribution. Endocrinology Review 14.

2. **Deurenberg P..** 1991. BMI as a measure of body fatness: age and sex specific prediction formulas. British Journal of Nutrition 65

3. Engeland A. 2003. BMI in adolescent in relation to total mortality: 32year follow-up of 227,000 Norw. m & f.

4. **Hillman CH..** 2005. Aerobic fitness and neuro-cognitive functioning in healthy preadolescent children. Med. & Sci. in Sp.&Exer.

5. Welsh M. C. 2006Executive functions in developing children: ..In: McCartney Handbook of Early Childhood Development. Blackwell Pub.