



## Study the Correlated Between Human Blood Groups and Body Mass Index for Children in Thi-Qar Province

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### **Abstract**

In this study shows that blood specimens were collected from 54 individuals (32 males and 22 females). They were attending in Al-Mossawey hospital for children in Thi-Qar province, and who agreed to participate in this study. These data were collected during the period from 19 August 2013 to 17 September 2013. Also these data collected through direct interview of patients, and in the form of a special questionnaire designed for the purpose of study. Therefore, the present study recorded a high significant difference for the blood group B<sup>+</sup>. It was the number of 21 from 54 individuals and the percentage 38.39%, who living in the urban area and which were 72.22%. And from the males which were the percentage 59.26%, and also recorded a high significant difference. Also this study demonstrated a highly significant difference for the relationship between blood groups systems and different infection with diseases, and which were 79.63%. While the relationship between blood groups systems and the infection with parasites was not significant. Also the harvest of this study from the results of effect each of the gender, the residence and blood groups systems on body mass index (BMI) were not significant. But the correlation coefficient between body mass index with variable correlated, such as (BMI) and age, (BMI) and body weight and the correlated between the age and body weight, recorded a highly significant difference ( $P < 0.01$ ), therefore there were 0.42, 0.66 and 0.84 on respectively.

**Key Words :** Blood Groups Systems, Infection with diseases, Residence, Body Weight, Age, Gender, Body Mass Index (BMI), Environmental conditions.

### **Introduction**

The word (blood group) back to the all blood groups system comprising red blood corpuscles (RBC) antigens whose specificity is controlled by a series of genes which can be allelic or linked very closely on the same chromosome. But, the word of (blood type) back to the certain style of reaction to testing antisera within existing system. After this period, the previously known on the systems of blood groups include not only transfusion-related problems. Also, specific diseases linked with antigens which found on the surface of (RBC) [1]. Found about (33) blood group system representing more than (300) antigens immune are listing by the International Society of blood transfusion [2]. Therefore, the (ABO) blood groups systems can classification of blood based on the structural variation of a certain carbohydrate antigens immune on the red blood corpuscles [3]. Also, the (ABO) blood groups are the most important [blood type](#) systems in human [blood transfusion](#). Therefore, linked the anti-A and anti-B [antibodies](#) are generally [IgM](#) antibodies, which are usually produced in the first years of the life by healthy improvement to environmental substances such as the quality of food, bacteria, and viruses. (ABO) blood types are also present in some other [animals](#), such



as [chimpanzees](#), [bonobos](#), and [gorillas](#) [4]. Then, the frequencies numbers of blood groups systems (A) and (B) differ between the populations, were the differences to result of random genetic deviation and founder effects, until in small populations which later multiplied and stabilized the original, the chance, repetitions, or were the result of natural selection, arising from differences in the physical fitness between the different blood groups systems. Therefore, the physical fitnesses which themselves depended upon locally determined landmarks of the external environmental variables [5]. Therefore, the aim of this study is to estimation the percentage of blood groups system in different location (Urban and Rural) in Thi-qar province, also to compare the effect of blood groups systems in biomass index. And to diagnosis the diseases and worms whose infected with it. After that to detect the correlation coefficient between biomass index with age and body weight.

### **Materials and Methods**

Fifty four (54) patients enrolled in this study have been regularly selected (from age 4-12 year) who visited in the al-mossawey hospital for children in Thi-qar province during the period between (19 August-17 September - 2013). Body Mass Index estimated beside the blood groups and type, quantity of their foods.

A questionnaire have been prepared which included all the essential informations by followed:

1. Patient Name:

2. Age:  year

3. Sex : male

female:

4. Blood group: O+, O-, A+, A-, B+, B-, AB+, AB-

5. Length: cm

6. Weight: kg

7. Residence : Rural

Urban

8. Having disease

9. Having worms

10. Body Mass Index (BMI) =  $\frac{\text{weight in Kg}}{(\text{Height in meter})^2}$

### **Materials**

1. Antigen A, B and D (Rh)

2. Glass Slides

3. Capillary tubes

4. Lancets



5. Sticks (wooden stick)
6. Cotton
7. Balance for measuring of weight by Kg
8. Meter for measuring of high or length by cm

### **Statistical Analysis**

The statistical Analysis System-SAS (2010) [6], was used to effect of different factors in parameters. Chi-square test was used to significant compare between percentage in this study.

### **The Results**

The table (1) showed distributed of samples according to gender, whereas the percentage of males higher than the females, which were 59.26% from total, samples 54. The chi-square value were 7.25 under  $p < 0.01$ , then found high significant differences between genders to the blood groups systems, also the table (2) detection the highly significant differences under  $p < 0.01$  for distribution the children according to blood groups system, because the highest percentage recorded for B+ and O+, which were in respectively 38.89% and 33.33%. While the table (3) demonstrated the highest significant differences  $p < 0.01$  for distribution the children according to the residence, therefore the higher percentage which recorded to urban areas, which were 72.22% comparison with rural areas, which were 27.78, while the table (4) demonstrated to distribution of samples according to infected with parasites. This table recorded no significant difference between the blood groups systems, and infected with parasite, in this way the yield of effected with age in body mass index were non-significant differences table (5). But the table (6) showed distribution of samples according to infection with differences of diseases, the highest percentage which refers to children who's infected with diseases, which were 79.63%, this detection to highly significance differences  $p < 0.01$  for the relationship between the blood groups systems and infected with diseases. While the harvest of effected gender in biomass index (BMI) was non-significant differences table (7). So the table (8) demonstrated the effect of residence in biomass index, the result were non-significant too. The table (9) showed the effect of blood groups systems with biomass index, hence the relationship was non-significant, but the correlation coefficient between bio mass index with both age and body weight were highly significant  $p < 0.01$ , Table(10).



Table (1): Distribution the samples (No. and percentage) according to gender

| Gender           | No. | Percentage (%) |
|------------------|-----|----------------|
| Male             | 32  | 59.26          |
| Female           | 22  | 40.74          |
| Total            | 54  | 100            |
| Chi-square value | --- | 7.255**        |
| ) **P<0.01(      |     |                |

Table (2): Distribution the samples (No. and percentage) according to the blood group

| Blood group      | No. | Percentage (%) |
|------------------|-----|----------------|
| A <sup>+</sup>   | 11  | 20.37          |
| B <sup>+</sup>   | 21  | 38.89          |
| O <sup>+</sup>   | 18  | 33.33          |
| AB <sup>+</sup>  | 3   | 5.56           |
| O <sup>-</sup>   | 1   | 2.86           |
| Total            | 54  | 100            |
| Chi-square value | --- |                |
| ) **P<0.01(      |     |                |

Table (3): Distribution the samples (No. and percentage) according to the location (residence)

| Location (residence) | No. | Percentage (%) |
|----------------------|-----|----------------|
| Urban                | 39  | 72.22          |
| Rural                | 15  | 27.78          |
| Total                | 54  | 100            |
| Chi-square value     | --- | ** 10.782      |
| ) **P<0.01(          |     |                |



Table(4): Distribution the samples according to the infected with parasites

| Infected with parasites | No. | Percentage (%) |
|-------------------------|-----|----------------|
| Yes                     | 27  | 50.00          |
| No                      | 27  | 50.00          |
| Total                   | 54  | 100            |
| Chi-square value        | --- | NS 0.00        |
| NS: Non-significant     |     |                |

Table (5): Distribution the samples (No. and percentage) according to the infected with different diseases

| Infected with diseases | No. | Percentage (%) |
|------------------------|-----|----------------|
| Yes                    | 43  | 79.63          |
| No                     | 11  | 20.37          |
| Total                  | 54  | 100            |
| Chi-square value       | --- | 11.375**       |
| ) **P<0.01(            |     |                |

Table (6): Effect of gender in BMI

| Gender              | No. | Mean       |
|---------------------|-----|------------|
| Male                | 32  | 0.00156    |
| Female              | 22  | 0.00148    |
| Total               | 54  | ---        |
| T-test              | --- | NS 0.00023 |
| NS: Non-significant |     |            |



Table (7): Effect of blood group in BMI

| Blood group         | No. | Mean $\pm$ SE |
|---------------------|-----|---------------|
| A <sup>+</sup>      | 11  | 0.0048        |
| B <sup>+</sup>      | 21  | 0.0051        |
| O <sup>+</sup>      | 18  | 0.0046        |
| AB <sup>+</sup>     | 3   | 0.0052        |
| O <sup>-</sup>      | 1   | 0.0051        |
| Total               | 54  | ---           |
| LSD Value           | --- | NS 0.00022    |
| NS: Non-significant |     |               |

Table (8): Correlation coefficient between BMI and age and body weight

| Variable correlated | Correlation coefficient (r ) | Variable correlated |
|---------------------|------------------------------|---------------------|
| BMI and Age         | 0.42                         | BMI and Age         |
| BMI and Body wight  | 0.66                         | BMI and Body wight  |
| BMI and Body wight  | 0.84                         | BMI and Body wight  |
| ) **P<0.01(         |                              |                     |

## Discussion

The demographical distribution of data showed that most blood group samples collected from males which were 59.26%, but the other for females, which were 40.74% from total 54 samples. This result disagrees with [7], when they found 20.897 were female and 7.231 were males. Also this result disagrees with [8], when they found no significant difference between the gender. This may be refers to the certain distribution of population and interplay between the genetics and environmental conditions [9]. The results can demonstrated the blood system groups B<sup>+</sup> and O<sup>+</sup> were the most common of the ABO blood groups systems in the population studied, which were 38.89% and 33.33% in respectively. But the O<sup>-</sup> blood group was quite rare as number and percentage, which were 2.86%. The results of this study agrees with study of [10], when found blood group B (37.86%) followed by blood group O (28.57%). While this results disagreement with [11],



when they found that phenotype O was the most common frequently group system, while the group system AB records the lowest percentage in the whole samples. The O, B, A and AB blood groups system percentages, were the follows: 35.4% , 33.2% , 22.5% and 8.7% in the respectively. Therefore this results refers to the a high factor gene frequencies for B<sup>+</sup> and O<sup>+</sup> blood groups systems for children in Thi-Qar province, also this result agreement with a high population which recorded a high frequency of B<sup>+</sup> and O<sup>+</sup> blood groups systems than very low number and percentage which recorded for O<sup>-</sup> blood group system [11]. This study recorded a highly percentage for urban 72.22% than the rural 27.78%, this result may be refers to most of patients were from nearby areas. This result disagreement with [12], when they recorded highly number and percentage of O, A, B and AB in rural areas, which were in respectively 20.2, 80.5, 79.4 and 80.1. Also this study showed no significant in relationship between ABO blood groups and infection with parasites. Then this result agreement with [13], when they found there was no significant relationship between ABO blood groups and malaria in our population, this could be due to various demographic reasons. Although there are no significant between the gender and ABO blood groups system. This result disagreement with [14], when they found there was an association between distribution of fingerprint patterns, blood group and gender in Maiduguri and thus prediction of the gender and the blood group of a person is possible based on fingerprint pattern. Overall, this study recorded no significant between the body mass index (BMI) and ABO blood group systems. Therefore this result disagreement with [15], when they found the relationship between the ABO blood groups systems and the BMI at the first menarche and hypertension are not singly risk factors for infected with breast cancer, but probably combination of them can increases breast cancer incidence. Besides, this study showed , there are relationship between the ABO blood groups systems and infected with diseases. Therefore this result disagreement with [16], when the author found a higher percentage of patients belonging to the blood group A infected by *Trichophyton rubrum*, therefore these results suggest that there is no significant or statistical evidence that these individuals are more susceptible to dermatophytosis. Also there were found no significant between the gender and the body mass index in this study. This result disagreement with [17], they found a significant positive correlation was observed between BMI-BF%, in the males were ( $r=0.75$ ,  $p<0.01$ ; SEE=4.17) and in the females were ( $r=0.82$ ,  $p<0.01$ ; SEE=3.54) of all ages groups. Effect of age groups and the gender in the BMI-BF% relationship was significant ( $p<0.001$ ), with more effect from gender. But this study demonstrated high significant for the Correlation coefficient between BMI and age and body weight. Then these results agreement with [17], when the authors found the BMI strongly correlate with BF % estimated by bioelectrical impedance, in this sub population of South Asian from adults. This relationship was curvilinear in nature and was significantly influenced by the age groups and the gender. Our findings support the importance of taking age and gender in to consideration when using BMI to predict body fat percentage/obesity, in a population. These results refers to the body mass index BMI significantly correlated with body fat percentage estimated by bioelectrical impedance analysis. Also the BMI was significantly influenced by age, gender, body muscle , body water and the time of physical development , because of occurs changes in the body's hormones. Also the sexual maturation and body growth all which may potentially affect on the body composition like body muscle and body fat , also body water across age and gender [18].





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