



The World's Largest Open Access Agricultural & Applied Economics Digital Library

This document is discoverable and free to researchers across the globe due to the work of AgEcon Search.

Help ensure our sustainability.

Give to AgEcon Search

AgEcon Search

<http://ageconsearch.umn.edu>

aesearch@umn.edu

*Papers downloaded from **AgEcon Search** may be used for non-commercial purposes and personal study only. No other use, including posting to another Internet site, is permitted without permission from the copyright owner (not AgEcon Search), or as allowed under the provisions of Fair Use, U.S. Copyright Act, Title 17 U.S.C.*

No endorsement of AgEcon Search or its fundraising activities by the author(s) of the following work or their employer(s) is intended or implied.

THE STATA JOURNAL

Editors

H. JOSEPH NEWTON
Department of Statistics
Texas A&M University
College Station, Texas
editors@stata-journal.com

NICHOLAS J. COX
Department of Geography
Durham University
Durham, UK
editors@stata-journal.com

Associate Editors

CHRISTOPHER F. BAUM, Boston College
NATHANIEL BECK, New York University
RINO BELLOCCO, Karolinska Institutet, Sweden, and
University of Milano-Bicocca, Italy
MAARTEN L. BUIS, WZB, Germany
A. COLIN CAMERON, University of California–Davis
MARIO A. CLEVES, University of Arkansas for
Medical Sciences
WILLIAM D. DUPONT, Vanderbilt University
PHILIP ENDER, University of California–Los Angeles
DAVID EPSTEIN, Columbia University
ALLAN GREGORY, Queen's University
JAMES HARDIN, University of South Carolina
BEN JANN, University of Bern, Switzerland
STEPHEN JENKINS, London School of Economics and
Political Science
ULRICH KOHLER, University of Potsdam, Germany

FRAUKE KREUTER, Univ. of Maryland–College Park
PETER A. LACHENBRUCH, Oregon State University
JENS LAURITSEN, Odense University Hospital
STANLEY LEMESHOW, Ohio State University
J. SCOTT LONG, Indiana University
ROGER NEWSON, Imperial College, London
AUSTIN NICHOLS, Urban Institute, Washington DC
MARCELLO PAGANO, Harvard School of Public Health
SOPHIA RABE-HESKETH, Univ. of California–Berkeley
J. PATRICK ROYSTON, MRC Clinical Trials Unit,
London
PHILIP RYAN, University of Adelaide
MARK E. SCHAFER, Heriot-Watt Univ., Edinburgh
JEROEN WEESIE, Utrecht University
IAN WHITE, MRC Biostatistics Unit, Cambridge
NICHOLAS J. G. WINTER, University of Virginia
JEFFREY WOOLDRIDGE, Michigan State University

Stata Press Editorial Manager

LISA GILMORE

Stata Press Copy Editors

DAVID CULWELL and DEIRDRE SKAGGS

The *Stata Journal* publishes reviewed papers together with shorter notes or comments, regular columns, book reviews, and other material of interest to Stata users. Examples of the types of papers include 1) expository papers that link the use of Stata commands or programs to associated principles, such as those that will serve as tutorials for users first encountering a new field of statistics or a major new technique; 2) papers that go “beyond the Stata manual” in explaining key features or uses of Stata that are of interest to intermediate or advanced users of Stata; 3) papers that discuss new commands or Stata programs of interest either to a wide spectrum of users (e.g., in data management or graphics) or to some large segment of Stata users (e.g., in survey statistics, survival analysis, panel analysis, or limited dependent variable modeling); 4) papers analyzing the statistical properties of new or existing estimators and tests in Stata; 5) papers that could be of interest or usefulness to researchers, especially in fields that are of practical importance but are not often included in texts or other journals, such as the use of Stata in managing datasets, especially large datasets, with advice from hard-won experience; and 6) papers of interest to those who teach, including Stata with topics such as extended examples of techniques and interpretation of results, simulations of statistical concepts, and overviews of subject areas.

The *Stata Journal* is indexed and abstracted by *CompuMath Citation Index*, *Current Contents/Social and Behavioral Sciences*, *RePEc: Research Papers in Economics*, *Science Citation Index Expanded* (also known as *SciSearch*, *Scopus*, and *Social Sciences Citation Index*).

For more information on the *Stata Journal*, including information for authors, see the webpage

<http://www.stata-journal.com>

Subscriptions are available from StataCorp, 4905 Lakeway Drive, College Station, Texas 77845, telephone 979-696-4600 or 800-STATA-PC, fax 979-696-4601, or online at

<http://www.stata.com/bookstore/sj.html>

Subscription rates listed below include both a printed and an electronic copy unless otherwise mentioned.

U.S. and Canada		Elsewhere	
Printed & electronic		Printed & electronic	
1-year subscription	\$ 98	1-year subscription	\$138
2-year subscription	\$165	2-year subscription	\$245
3-year subscription	\$225	3-year subscription	\$345
1-year student subscription	\$ 75	1-year student subscription	\$ 99
1-year university library subscription	\$125	1-year university library subscription	\$165
2-year university library subscription	\$215	2-year university library subscription	\$295
3-year university library subscription	\$315	3-year university library subscription	\$435
1-year institutional subscription	\$245	1-year institutional subscription	\$285
2-year institutional subscription	\$445	2-year institutional subscription	\$525
3-year institutional subscription	\$645	3-year institutional subscription	\$765
Electronic only		Electronic only	
1-year subscription	\$ 75	1-year subscription	\$ 75
2-year subscription	\$125	2-year subscription	\$125
3-year subscription	\$165	3-year subscription	\$165
1-year student subscription	\$ 45	1-year student subscription	\$ 45

Back issues of the *Stata Journal* may be ordered online at

<http://www.stata.com/bookstore/sjj.html>

Individual articles three or more years old may be accessed online without charge. More recent articles may be ordered online.

<http://www.stata-journal.com/archives.html>

The *Stata Journal* is published quarterly by the Stata Press, College Station, Texas, USA.

Address changes should be sent to the *Stata Journal*, StataCorp, 4905 Lakeway Drive, College Station, TX 77845, USA, or emailed to sj@stata.com.



Copyright © 2013 by StataCorp LP

Copyright Statement: The *Stata Journal* and the contents of the supporting files (programs, datasets, and help files) are copyright © by StataCorp LP. The contents of the supporting files (programs, datasets, and help files) may be copied or reproduced by any means whatsoever, in whole or in part, as long as any copy or reproduction includes attribution to both (1) the author and (2) the *Stata Journal*.

The articles appearing in the *Stata Journal* may be copied or reproduced as printed copies, in whole or in part, as long as any copy or reproduction includes attribution to both (1) the author and (2) the *Stata Journal*.

Written permission must be obtained from StataCorp if you wish to make electronic copies of the insertions. This precludes placing electronic copies of the *Stata Journal*, in whole or in part, on publicly accessible websites, file servers, or other locations where the copy may be accessed by anyone other than the subscriber.

Users of any of the software, ideas, data, or other materials published in the *Stata Journal* or the supporting files understand that such use is made without warranty of any kind, by either the *Stata Journal*, the author, or StataCorp. In particular, there is no warranty of fitness of purpose or merchantability, nor for special, incidental, or consequential damages such as loss of profits. The purpose of the *Stata Journal* is to promote free communication among Stata users.

The *Stata Journal* (ISSN 1536-867X) is a publication of Stata Press. Stata, **stata**, Stata Press, Mata, **mata**, and NetCourse are registered trademarks of StataCorp LP.

Standardizing anthropometric measures in children and adolescents with functions for egen: Update

Suzanna I. Vidmar

Clinical Epidemiology and Biostatistics Unit
Murdoch Childrens Research Institute and
University of Melbourne Department of Paediatrics
Royal Children's Hospital
Melbourne, Australia
suzanna.vidmar@mcri.edu.au

Tim J. Cole

MRC Centre of Epidemiology for Child Health
UCL Institute of Child Health
London, UK
tim.cole@ucl.ac.uk

Huiqi Pan

MRC Centre of Epidemiology for Child Health
UCL Institute of Child Health
London, UK
h.pan@ich.ucl.ac.uk

Abstract. In this article, we describe an extension to the **egen** functions **zanthro()** and **zbmocat()** (Vidmar et al., 2004, *Stata Journal* 4: 50–55). All functionality of the original version remains unchanged. In the 2004 version of **zanthro()**, *z* scores could be generated using the 2000 U.S. Centers for Disease Control and Prevention Growth Reference and the British 1990 Growth Reference. More recent growth references are now available. For measurement-for-age charts, age can now be adjusted for gestational age. The **zbmocat()** function previously categorized children according to body mass index ($\text{weight}/\text{height}^2$) as normal weight, overweight, or obese. “Normal weight” is now split into normal weight and three grades of thinness. Finally, this updated version uses cubic rather than linear interpolation to calculate the values of L, M, and S for the child's decimal age between successive ages (or length/height for weight-for-length/height charts).

Keywords: dm0004_1, **zanthro()**, **zbmocat()**, *z* scores, LMS, **egen**, anthropometric standards

1 Introduction

Comparison of anthropometric data from children of different ages is complicated by the fact that children are still growing. We cannot directly compare the height of a 5-year-old with that of a 10-year-old. Clinicians and researchers are often interested in determining how a child compares with other children of the same age and sex: Is the child taller, shorter, or about the same height as the average for his or her age and sex?

The growth references available to `zanthro()` tabulate values obtained by the LMS method, developed by Cole (1990) and Cole and Green (1992). The LMS values are used to transform raw anthropometric data, such as height, to standard deviation scores (z scores). These are standardized to the reference population for the child's age and sex (or for length/height and sex). Two sets of population-based reference data that were widely used at the time `zanthro()` was initially developed are the 2000 Centers for Disease Control and Prevention (CDC) Growth Reference in the United States (Kuczmarski et al. 2000) and the British 1990 Growth Reference (Cole, Freeman, and Preece 1998). Since then, the following population-based reference data have been released and are now available in `zanthro()`: the WHO Child Growth Standards, the WHO Reference 2007, the UK-WHO Preterm Growth Reference, and the UK-WHO Term Growth Reference.

1.1 WHO Child Growth Standards

The WHO Child Growth Standards (World Health Organization 2006, 2007) are the result of the Multicentre Growth Reference Study (MGRS) undertaken by the World Health Organization (WHO) between 1997 and 2003. They replace the 1977 National Center for Health Statistics (NCHS)/WHO Growth Reference created by the U.S. NCHS and WHO. The 1977 reference underestimated levels of low weight-for-age (underweight) for breast-fed infants. A number of specific limitations were noted by the WHO working group in 1995: “1) the sample was limited to Caucasian infants from mostly middle-income families; 2) data were collected every three months rather than monthly, which limited the accuracy of developing the growth curve, particularly from 0–6 months of age; and 3) the majority of the infants in the sample were bottle-fed, and if they were breast-fed it was only for a short duration (typically less than three months)” (Binagwaho, Ratnayake, and Smith Fawzi 2009).

WHO concluded that new growth curves were necessary, a recommendation endorsed by the World Health Assembly. The MGRS collected primary growth data and related information on 8,440 healthy breast-fed infants and young children in Brazil, Ghana, India, Norway, Oman, and the United States. It combined a longitudinal follow-up from birth to 24 months and a cross-sectional survey of children aged 18–71 months. “The MGRS is unique in that it was purposely designed to produce a standard by selecting healthy children living under conditions likely to favor the achievement of their full genetic growth potential” (World Health Organization 2006). The WHO Child Growth Standards can be used to assess the growth and development of children from 0–5 years.

1.2 WHO Reference 2007

The WHO Reference 2007 (de Onis et al. 2007) is a modification of the 1977 NCHS/WHO Growth Reference for children and adolescents aged 5–19 years. It was merged with data from the cross-sectional sample of children aged 18–71 months to smooth the transition at 5 years. The WHO Reference 2007 can be used for children and adolescents aged 5–19 years. It complements the WHO Child Growth Standards.

1.3 UK-WHO Growth References

In 2007, the Scientific Advisory Committee on Nutrition recommended that a modified WHO chart be adopted in the UK. Two composite UK-WHO data files (Cole et al. 2011), one for preterm and the other for term births, were launched in May 2009. Both comprise three sections:

- A birth section based on the British 1990 Growth Reference. Acknowledgment statements for these data should specify the data source as “British 1990 Growth Reference, reanalyzed 2009”.
- A postnatal section from 2 weeks to 4 years copied from the WHO Child Growth Standards.
- The 4–20 years section from the British 1990 Growth Reference.

Term infants are those born at 37 completed weeks’ gestation and beyond. The UK-WHO Term Growth Reference can be used for these infants. For infants born before 37 completed weeks’ gestation, the UK-WHO Preterm Growth Reference can be used, with gestationally corrected age.

1.4 Additional growth charts available in `zanthro()`

The WHO and composite UK-WHO growth data are now available in `zanthro()`. In addition, two new measurements have been added to the British 1990 Growth Reference: waist-for-age and percentage body fat-for-age (based on Tanita body composition analyzer/scales).

1.5 Categorizing children into grades of thinness and overweight

Body mass index (BMI) cutoffs are used to define categories of thinness (Cole et al. 2007) and overweight (Cole et al. 2000) in children and adolescents aged 2–18 years. BMI data were obtained from nationally representative surveys of children in Brazil, Great Britain, Hong Kong, the Netherlands, Singapore, and the United States. The thinness cutoffs correspond to equivalent adult BMI cutoff points endorsed by WHO of 16, 17, and 18.5 kg/m². `zbmocat()` now categorizes children into these three thinness grades as well as normal weight, overweight, or obese according to international cutoff points.

1.6 Comparison with LMSgrowth

LMSgrowth is a Microsoft Excel add-in to convert measurements to and from United States, UK, WHO, and composite UK-WHO reference z scores. It can be downloaded via this link: <http://www.healthforallchildren.com/index.php/shop/product/Software/Gr5yCsMCONpF39hF/0>. z scores can only be calculated for the range of ages within a growth chart. Where the age ranges for the two programs do not overlap (table 1), only one of `zanthro()` and LMSgrowth will generate z scores.

Table 1. Differences in age ranges for `zanthro()` and LMSgrowth

Chart	Age range for <code>zanthro()</code>	Age range for LMSgrowth
CDC: Weight	0–20 years	0–19.96 years
CDC: Height	2–20 years	1.96–19.96 years
CDC: BMI	2–20 years	1.96–19.96 years

Each growth reference is summarized by three numbers, called L, M, and S, which represent the skewness, median, and coefficient of variation of the measurement as it changes with age (or length and height). For age, L, M, and S values are generally tabulated at monthly intervals. For length and height, these parameters are tabulated at 0.5 or 1 cm intervals. Where a child's age, length, and height occur within these intervals, values of L, M, and S are obtained via cubic interpolation except at the endpoints of the charts, where linear interpolation is used. (The BMI cutoff points are tabulated at 6 monthly intervals. The cutoff point where a child's age occurs within these intervals is also obtained via cubic interpolation—or linear interpolation from 2–2.5 years and 17.5–18 years.) Minor discrepancies in the z scores calculated by `zanthro()` and LMSgrowth will be caused by different segment lengths and methods of interpolation for a segment (figure 1). Even so, the z scores generated by the two programs should agree within one decimal place.

CDC: Weight							
Age (years)	0	0.04	...	19.88	19.96	20	
Age (months)	0	0.5	...	238.5	239.5	240	
zanthro()	+	+	...	+	+	+	
	linear			linear			
LMSgrowth	+	+	...	+	+	-	
	linear			linear			

CDC: Height and BMI							
Age (years)	1.96	2	2.04	...	19.88	19.96	20
Age (months)	23.5	24	24.5	...	238.5	239.5	240
zanthro()	-	+	+	...	+	+	+
	linear			linear			
LMSgrowth	+	-	+	...	+	+	-
	linear			linear			

Figure 1. Use of linear interpolation for charts with different age ranges

2 Syntax

```
egen [type] newvar = zanthro(varname, chart, version) [if] [in],
    xvar(varname) gender(varname) gencode(male=code, female=code)
    [ageunit(unit) gestage(varname) nocutoff]
```



```
egen [type] newvar = zbmecat(varname) [if] [in], xvar(varname)
    gender(varname) gencode(male=code, female=code) [ageunit(unit)]
```

by cannot be used with either of these functions.

3 Functions

zanthro(*varname*, *chart*, *version*) calculates z scores for anthropometric measures in children and adolescents according to United States, UK, WHO, and composite UK-WHO reference growth charts. The three arguments are the following:

varname is the variable name of the measure in your dataset for which z scores are calculated (for example, **height**, **weight**, or **BMI**).

chart; see tables 3–7 for a list of valid chart codes.

version is **US**, **UK**, **WHO**, **UKWHOpreterm**, or **UKWHOterm**. **US** calculates z scores by using the 2000 CDC Growth Reference; **UK** uses the British 1990 Growth Reference; **WHO** uses the WHO Child Growth Standards and WHO Reference 2007 composite data files as the reference data; and **UKWHOpreterm** and **UKWHOterm** use the British and WHO Child Growth Standards composite data files for preterm and term births, respectively.

zbmocat(*varname*) categorizes children and adolescents aged 2–18 years into three thinness grades—normal weight, overweight, and obese—by using BMI cutoffs (table 2). BMI is in kg/m^2 . This function generates a variable with the following values and labels:

Table 2. Values and labels for grades of thinness and overweight

Value	Grade/Label	BMI range at 18 years
-3	Grade 3 thinness	<16
-2	Grade 2 thinness	16 to <17
-1	Grade 1 thinness	17 to <18.5
0	Normal wt	18.5 to <25
1	Overweight	25 to <30
2	Obese	30+

Note that since the previous version of **zbmocat**(), the value label for BMI category has been changed from 1 = Normal wt, 2 = Overweight, and 3 = Obese.

4 Options

xvar(*varname*) specifies the variable used (along with gender) as the basis for standardizing the measure of interest. This variable is usually age but can also be length or height when the measurement is weight; that is, weight-for-age, weight-for-length, and weight-for-height are all available growth charts.

gender(*varname*) specifies the gender variable. It can be string or numeric. The codes for **male** and **female** must be specified by the **gencode**() option.

`gencode(male=code, female=code)` specifies the codes for **male** and **female**. The gender can be specified in either order, and the comma is optional. Quotes around the codes are not allowed, even if the gender variable is a string.

`ageunit(unit)` gives the unit for the age variable and is only valid for measurement-for-age charts; that is, omit this option when the chart code is **wl** or **wh** (see section 5). The *unit* can be **day**, **week**, **month**, or **year**. This option may be omitted if the *unit* is **year**, because this is the default. Time units are converted as follows:

1 year = 12 months = 365.25/7 weeks = 365.25 days

1 month = 365.25/84 weeks = 365.25/12 days

1 week = 7 days

Note: Ages cannot be expressed to full accuracy for all units. The consequence of this will be most apparent at the extremes of age in the growth charts, where *z* scores may be generated when the age variable is in one unit and missing for some of those same ages when they have been converted to another unit.

`gestage(varname)` specifies the gestational age variable in weeks. This option enables age to be adjusted for gestational age. The default is 40 weeks. If gestational age is greater than 40 weeks, the child's age will be corrected by the amount over 40 weeks. A warning will be given if the gestational age variable contains a nonmissing value over 42. As with the `ageunit()` option, this option is only valid for measurement-for-age charts.

`nocutoff` forces calculation of all *z* scores, allowing for extreme values in your dataset. By default, any *z* scores with absolute values greater than or equal to 5 (that is, values that are 5 standard deviations or more away from the mean) are set to missing.

The decision to have a default cutoff at 5 standard deviations from the mean was made as a way of attempting to capture extreme data entry errors. Apart from this and setting to missing any *z* scores where the measurement is a nonpositive number, these functions will not automatically detect data errors. As always, please check your data!

5 Growth charts

Growth charts available in `zanthro()` are presented in tables 3–7. Note: Where `xvar()` is outside the permitted range, `zanthro()` and `zbmocat()` return a missing value.

Table 3. 2000 CDC Growth Charts, version US

<i>chart</i>	Description	Measurement unit	xvar() range
la	length-for-age	cm	0–35.5 months
ha	height-for-age	cm	2–20 years
wa	weight-for-age	kg	0–20 years
ba	BMI-for-age	kg/m ²	2–20 years
hca	head circumference-for-age	cm	0–36 months
wl	weight-for-length	kg	45–103.5 cm
wh	weight-for-height	kg	77–121.5 cm

Table 4. British 1990 Growth Charts, version UK

<i>chart</i>	Description	Measurement unit	xvar() range
ha	length/height-for-age	cm	0–23 years
wa	weight-for-age	kg	0–23 years
ba	BMI-for-age	kg/m ²	0–23 years
hca	head circumference-for-age	cm	Males: 0–18 years Females: 0–17 years
sha	sitting height-for-age	cm	0–23 years
lla	leg length-for-age	cm	0–23 years
wsa	waist-for-age	cm	3–17 years
bfa	body fat-for-age	%	4.75–19.83 years

Length/height and BMI growth data are available from 33 weeks gestation. Weight and head circumference growth data are available from 23 weeks gestation.

Table 5. WHO Child Growth Charts and WHO Reference 2007 Charts, version WHO

<i>chart</i>	Description	Measurement unit	xvar() range
ha	length/height-for-age	cm	0–19 years
wa	weight-for-age	kg	0–10 years
ba	BMI-for-age	kg/m ²	0–19 years
hca	head circumference-for-age	cm	0–5 years
aca	arm circumference-for-age	cm	0.25–5 years
ssa	subscapular skinfold-for-age	mm	0.25–5 years
tsa	triceps skinfold-for-age	mm	0.25–5 years
wl	weight-for-length	kg	45–110 cm
wh	weight-for-height	kg	65–120 cm

Table 6. UK WHO Preterm Growth Charts, version UKWHOpreterm

<i>chart</i>	Description	Measurement unit	xvar() range
ha	length/height-for-age	cm	0–20 years
wa	weight-for-age	kg	0–20 years
ba	BMI-for-age	kg/m ²	0.038–20 years
hca	head circumference-for-age	cm	Males: 0–18 years Females: 0–17 years

Length/height growth data are available from 25 weeks gestation. Weight and head circumference growth data are available from 23 weeks gestation.

Table 7. UK WHO Term Growth Charts, version UKWHOterm

<i>chart</i>	Description	Measurement unit	xvar() range
ha	length/height-for-age	cm	0–20 years
wa	weight-for-age	kg	0–20 years
ba	BMI-for-age	kg/m ²	0.038–20 years
hca	head circumference-for-age	cm	Males: 0–18 years Females: 0–17 years

Length/height, weight, and head circumference growth data are available from 37 weeks gestation.

6 Examples

Below is an illustration with data on a set of British newborns. The British 1990 Growth Reference is used; the variable `sex` is coded `male = 1`, `female = 2`; and the variable `gestation` is “completed weeks gestation”.

```
. use zwtukeg
. list, noobs abbreviate(9)
```

sex	ageyrs	weight	gestation
1	.01	3.53	38
2	.073	5.05	40
2	.115	4.68	42
1	.135	4.89	36
2	.177	2.75	28

To compare the weight of the babies in this sample, for instance, with respect to socioeconomic grouping, we can convert weight to standardized z scores. The z scores are created using the following command:

```
. egen zwtuk = zanthro(weight,wa,UK), xvar(ageyrs) gender(sex)
> gencode(male=1, female=2)
(Z values generated for 5 cases)
(gender was assumed to be coded male=1, female=2)
(age was assumed to be in years)
```

In the command above, we have assumed all are term births. If some babies are born prematurely, we can adjust for gestational age as follows.

```
. egen zwtuk_gest = zanthro(weight,wa,UK), xvar(ageyrs) gender(sex)
> gencode(male=1, female=2) gestage(gestation)
(Z values generated for 5 cases)
(gender was assumed to be coded male=1, female=2)
(age was assumed to be in years)
```

Here are the results for both of the above commands:

```
. list, noobs abbreviate(10)
```

sex	ageyrs	weight	gestation	zwtuk	zwtuk_gest
1	.01	3.53	38	-.2731358	.6329474
2	.073	5.05	40	1.696552	1.696552
2	.115	4.68	42	.2438011	-.4162439
1	.135	4.89	36	-.3017253	1.204823
2	.177	2.75	28	-4.707812	-.2137314

Note that at `gestation = 40` weeks, the z score is the same whether or not the `gestage()` option is used. The formula for gestationally corrected age is

$$\text{actual age} + (\text{gestation at birth} - 40)$$

where “actual age” and “gestation at birth” are in weeks.

Gestational age may be recorded as weeks and days, as in the following example:

gestwks	gestdays
38	3
40	6
42	0
36	2
28	1

These variables first need to be combined into a single `gestation` variable, which can then be used with the `gestage()` option:

```
. generate gestation = gestwks + gestdays/7
```

Here we use the UK-WHO Term Growth Reference for term babies:

```
. egen zwtukwho = zanthro(weight,wa,UKWHOterm), xvar(ageyrs) gender(sex)
> gencode(male=1, female=2)
(Z values generated for 5 cases)
(gender was assumed to be coded male=1, female=2)
(age was assumed to be in years)
```

Here we use the UK-WHO Preterm Growth Reference for preterm babies, adjusting for gestational age:

```
. egen zwtukwho_pre = zanthro(weight,wa,UKWHOpreterm), xvar(ageyrs) gender(sex)
> gencode(male=1, female=2) gestage(gestation)
(Z values generated for 5 cases)
(gender was assumed to be coded male=1, female=2)
(age was assumed to be in years)
```

Note: Where the gestationally corrected age is from 37 to 42 weeks, the UK-WHO preterm and term growth charts generate different z scores. For example, the gestationally corrected age of a 2-week-old baby girl who was born at 37 weeks gestation is 39 weeks. If her weight is 3.34 kg, the following z scores are generated using the UK-WHO preterm and term growth charts:

```
. use zwtukwhoeg, clear
. egen zpreterm = zanthro(weight,wa,UKWHOpreterm), xvar(agemwks) gender(sex)
> gencode(male=1, female=2) ageunit(week) gestage(gestation)
(Z value generated for 1 case)
(gender was assumed to be coded male=1, female=2)
(age was assumed to be in weeks)
. egen zterm = zanthro(weight,wa,UKWHOterm), xvar(agemwks) gender(sex)
> gencode(male=1, female=2) ageunit(week) gestage(gestation)
(Z value generated for 1 case)
(gender was assumed to be coded male=1, female=2)
(age was assumed to be in weeks)
```

```
. list, noobs abbreviate(9)
```

sex	weight	agewks	gestation	zpreterm	zterm
2	3.34	2	37	.2403702	-.0422754

To determine the proportion of children who are thin, normal weight, overweight, and obese, we can categorize each child by using the following command:

```
. use zbmecat, clear
. egen bmicat = zbmecat(bmi), xvar(ageyrs) gender(sex)
> gencode(male=1, female=2)
./zbmicat.dta
(BMI categories generated for 10 cases)
(gender was assumed to be coded male=1, female=2)
(age was assumed to be in years)
```

Here are the results:

```
. list, noobs
```

sex	ageyrs	bmi	bmicat
1	5.95	13.01	Grade 2 thinness
1	9.46	16.43	Normal wt
2	6.71	20.62	Obese
2	6.89	13.45	Grade 1 thinness
2	8.63	18.96	Overweight
1	8.48	17.45	Normal wt
1	7.08	15.65	Normal wt
2	7.56	11.54	Grade 3 thinness
2	9.78	19.56	Normal wt
2	8.25	20.58	Overweight

7 Acknowledgment

This work was supported by the Victorian Government's Operational Infrastructure Support Program.

8 References

- Binagwaho, A., N. Ratnayake, and M. C. Smith Fawzi. 2009. Holding multilateral organizations accountable: The failure of WHO in regards to childhood malnutrition. *Health and Human Rights* 10(2): 1–4.
- Cole, T. J. 1990. The LMS method for constructing normalized growth standards. *European Journal of Clinical Nutrition* 44: 45–60.

- Cole, T. J., M. C. Bellizzi, K. M. Flegal, and W. H. Dietz. 2000. Establishing a standard definition for child overweight and obesity worldwide: International survey. *British Medical Journal* 320: 1240–1243.
- Cole, T. J., K. M. Flegal, D. Nicholls, and A. A. Jackson. 2007. Body mass index cut offs to define thinness in children and adolescents: International survey. *British Medical Journal* 335: 194–201.
- Cole, T. J., J. V. Freeman, and M. A. Preece. 1998. British 1990 growth reference centiles for weight, height, body mass index and head circumference fitted by maximum penalized likelihood. *Statistics in Medicine* 17: 407–429.
- Cole, T. J., and P. J. Green. 1992. Smoothing reference centile curves: The LMS method and penalized likelihood. *Statistics in Medicine* 11: 1305–1319.
- Cole, T. J., A. F. Williams, and C. M. Wright. 2011. Revised birth centiles for weight, length and head circumference in the UK-WHO growth charts. *Annals of Human Biology* 38: 7–11.
- Kuczmarski, R. J., C. L. Ogden, L. M. Grummer-Strawn, K. M. Flegal, S. S. Guo, R. Wei, Z. Mei, L. R. Curtin, A. F. Roche, and C. L. Johnson. 2000. CDC growth charts: United States. *Advance Data* 314: 1–27.
- de Onis, M., A. W. Onyango, E. Borghi, A. Siyam, C. Nishida, and J. Siekmann. 2007. Development of a WHO growth reference for school-aged children and adolescents. *Bulletin of the World Health Organization* 85: 660–667.
- Vidmar, S., J. Carlin, K. Hesketh, and T. Cole. 2004. Standardizing anthropometric measures in children and adolescents with new functions for egen. *Stata Journal* 4: 50–55.
- World Health Organization. 2006. WHO child growth standards: Length/height-for-age, weight-for-age, weight-for-length, weight-for-height and body mass index-for-age: Methods and development. Geneva: World Health Organization.
- . 2007. WHO child growth standards: Head circumference-for-age, arm circumference-for-age, triceps skinfold-for-age and subscapular skinfold-for-age: Methods and development. Geneva: World Health Organization.

About the authors

Suzanna I. Vidmar is a senior research officer in the Clinical Epidemiology and Biostatistics Unit at the Murdoch Childrens Research Institute and University of Melbourne Department of Paediatrics at the Royal Children's Hospital in Melbourne, Australia.

Tim J. Cole is a professor of medical statistics in the MRC Centre of Epidemiology for Child Health at the UCL Institute of Child Health in London, UK, and has published widely on the analysis of human growth data.

Huiqi Pan is a statistical programmer in the MRC Centre of Epidemiology for Child Health at the UCL Institute of Child Health in London, UK.