OBESITY: A Public Health Threats in Developing Countries

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The increasing prevalence of obesity amongst adults and children is a major public health challenge both nationally and internationally. Until 1980, fewer than one in ten people were obese. Since then, rates were doubled or tripled especially in developing countries. Today most of the world’s population live in countries where overweight and obesity kills more people than underweight. Overweight and obesity are defined as abnormal or excessive fat accumulation that presents a risk to health (WHO Global Strategy on Diet, Physical Activity and Health, 2015). Body mass index (BMI) is a simple index of weight-for-height that is commonly used to classify overweight and obesity in adults. It is defined as a person's weight in kilograms divided by the square of his height in meters (kg/m²) (WHO Fact Sheet, 2015); a BMI greater than or equal to 25 is overweight and a BMI greater than or equal to 30 is obesity.

Obesity has become a serious public health issue and prevalence of overweight and obese is an increasing trend all over the world. Worldwide obesity has more than doubled since 1980, and in 2014, more than 1.9 billion adults, 18 years and older, were overweight; of these over 600 million were obese, and 39% of adults aged 18 years and over were overweight in 2014, and 13% were obese; 42 million children under the age of 5 were overweight or obese in 2013 (WHO, Fact Sheet, 2015). Majority of them are in developing countries.

Obesity was estimated to account for between 0.7% and 2.8% of a country’s total healthcare expenditures, and furthermore, obese individuals were found to have medical costs that were approximately 30% greater than their normal weight peers (Withrow and Alter, 2011). In United Kingdom estimates of the direct costs of treating overweight and obesity, and related morbidity in England have ranged from £479.3 million in 19981 to £4.2 billion in 2007, and estimates of the indirect costs (those costs arising from the impact of obesity on the wider economy such as loss of productivity) ranged between £2.6 billion1 and £15.8 billion; and modelled projections suggest that indirect costs could be as much as £27 billion in year 2015 (NHS, 2010).
Risk factors of overweight and obesity

Obesity occurs when intake of calories more than the amount burn through exercise and normal daily activities. Body stores these extra calories as fat. Obesity usually results from a combination of causes and contributing factors, including: Genetics - genetics may play a role in how efficiently body converts food into energy and burns calories during exercise; Family lifestyle - obesity tends to run in families. Other than genetic is family members tend to have similar eating, lifestyle and activity habits; Inactivity – a sedentary lifestyle can easily take in more calories than burn off through exercise and normal daily activities; Unhealthy diet and eating habits - a diet that's high in calories, lacking in fruits and vegetables, full of fast food, missing breakfast, and laden with high-calorie beverages and oversized portions contributes to weight gain; Pregnancy - during pregnancy, a woman's weight necessarily increases. Some women find this weight difficult to lose after the baby is born. This weight gain may contribute to the development of obesity in women; Lack of sleep - not getting enough sleep or getting too much sleep at night can cause changes in hormones that increase appetite, that may crave foods high in calories and carbohydrates, which can contribute to weight gain; Medications - some medications can lead to weight gain if not compensate through diet or activity. These medications include some antidepressants, anti-seizure medications, diabetes medications, antipsychotic medications, steroids and beta blockers; Age - obesity can occur at any age, even in young children, but as age increased, hormonal changes and a less active lifestyle increase risk of obesity; Social and economic issues - certain social and economic issues may be linked to obesity such as no safe areas to exercise, healthy ways of cooking or no money to buy healthier foods; Medical problems - obesity can rarely be traced to a medical cause, such as Prader-Willi syndrome, Cushing's syndrome, and other diseases and conditions. Some medical problems, such as arthritis, can lead to decreased activity, which may result in weight gain.

Health consequences of overweight and obesity

It is a chronic disorder with multiple causes which may affect an individual or collectively at a population level. Virtually all obese people develop symptoms of chronic disease by the age of 40, and the majority will require medical intervention for obesity related disease before they are 60. Common health consequences of overweight and obesity include; cardiovascular diseases (mainly heart disease and stroke), diabetes, musculoskeletal disorders (especially osteoarthritis - a highly disabling degenerative disease of the joints), apneoa and some cancers (endometrial, breast, and colon). The risk for these noncommunicable diseases increases, with an increase in BMI. Obesity during childhood is associated with a higher chance of obesity in adulthood; but also premature death and disability, and increased future risks of experience breathing difficulties, fractures, hypertension, and early markers of cardiovascular disease, insulin resistance diabetes mellitus and psychological effects.

Obese people are more susceptible to cancer, and their prognosis is significantly worse once diagnosed. Men that are obese are 33% more likely to die from cancer, and obese woman have a 50% higher chance of dying from breast cancer (Calle et al, 2003). The cancers most strongly associated with obesity are liver, colon and pancreatic cancer in men and breast, uterine, endometrial, kidney and cervical cancer in women.
Prevention of overweight and obesity

Overweight and obesity are preventable. At the individual level, people can: limit energy intake from total fats and sugars; increase consumption of fruit and vegetables, as well as legumes, whole grains and nuts; engage in regular physical activity (60 minutes a day for children and 150 minutes per week for adults). At the societal level it is important to: support individuals in following the recommendations above, through sustained political commitment and the collaboration of many public and private stakeholders; make regular physical activity and healthier dietary choices available, affordable and easily accessible to all - especially the poorest individuals.

At the Government level: Through food industry can play a significant role in promoting healthy diets policy by; reducing the fat, sugar and salt content of processed foods; ensuring that healthy and nutritious choices are available and affordable to all consumers; practicing responsible marketing especially those aimed at children and teenagers; ensuring the availability of healthy food choices and supporting regular physical activity practice in the workplace. Many governments have stepped up efforts to tackle the root causes of obesity, embracing increasingly comprehensive strategies and involving communities and key stakeholders. There has been a new interest in the use of taxes on foods rich in fat and sugar, which practiced in some develop countries such as Denmark, Finland, France, Hungary). Gentle approach such as health promotion and persuasion is more expensive, hard to deliver and hard to monitor. A tougher approach, through regulation and fiscal measures, is more transparent but it hits all consumers indiscriminately, so can have high political and welfare costs. It may also be difficult to organise and enforce and have regressive effects.

Conclusion

Public health experts now agree that the epidemic of obesity is a public health threat in developing countries. Obesity is probably the paramount public health issue facing the developing countries today. It is causing an immense burden of morbidity and mortality resulting in enormous economic burden. This Government in developing countries must act immediately to implement the wide scale, long term, social, educational and environmental policies required to arrest the current public health threat of obesity, in order to safeguard the future health and wealth of country.

References:


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WHO, 2015: Global Strategy on Diet, Physical Activity and Health