

The weight of affluence

High incomes and a taste for fast food and sugary drinks have pushed nationals of the United Arab Emirates into the obesity club. Michael Reid reveals how the government is tackling a problem that has caused cases of diabetes to skyrocket.

A multicultural field gathered at 07:00 for the start of the recent Abu Dhabi half marathon. Runners from Australia, Canada, France, India, South Africa and the United Kingdom, to name but a few of the countries represented, took their marks. Yet of the 306 runners who made it back to the Golf and Equestrian Club, not one was from the United Arab Emirates.

Chris Collier, from the Abu Dhabi Striders Club, which organizes the annual event, puts the absence of local entrants down to the lack of an exercise culture in the United Arab Emirates (UAE). "We're definitely not just a club for expats," Collier, an Englishman, explained. "We welcome all nationalities and in the past have given young Emiratis the chance to join us on our weekly runs, but we have had little response." He adds: "There is no culture of running here in the UAE. Why would you get willingly hot and bothered in this sort of heat?"

The low levels of exercise, along with a taste for fast foods laden with carbohydrates, salt, fat and processed sugar is cause for increasing concern about the nation's health. In 2000 the World Health Organization (WHO) reported that over 50% of men and women in the UAE were overweight or obese. These rates are also increas-

ing in other countries in the region. [WHO defines overweight as a body mass index (BMI) equal to or greater than 25 kg/m² and obesity as a BMI equal to or greater than 30 kg/m².] In 2008, the Department of Nutrition and Health at UAE University reported that about a quarter of children aged between eight and 12 were overweight.

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Dr Ayoub Al Jawaldeh

Where there is obesity, diabetes follows. In 2000 WHO reported that 13.5% of the UAE population was diabetic, the second-highest prevalence of the disease in the world; this figure is expected to rise to 19.3% by 2030.

Of course, the UAE is not alone in facing these problems. WHO says obesity has reached alarming numbers globally. In 2005 it estimated that

1.6 billion adults were overweight, of whom at least 400 million were obese. But it is the rapidity with which these problems have taken hold in the UAE where less than half a century ago the people – nomadic Bedouin desert farmers and coastal dwellers involved in pearling and sea trade – still subsisted on a diet of fish, rice, bread, dates, yogurt, homegrown vegetables and meat from sheep, goats and camels.

Oil production, which started in the 1960s, has triggered massive population growth and urbanization and an attendant change in lifestyle. However, obesity and related illness in the UAE are not exclusive to the country's nationals, who account for less than 20% of the population. The country's development relies heavily on expatriate labour, mainly from Bangladesh, India, the Islamic Republic of Iran, Pakistan, the Philippines and Sri Lanka.

Dr Ayoub Al Jawaldeh, regional adviser on nutrition at WHO's Office for the Eastern Mediterranean Region (EMRO), says people have become victims of their affluence. "They are spoiled by their high incomes," he says. "They have a driver, a maid to do their housework and they enjoy eating at restaurants. They also watch at least three hours of TV a day, more in summer. People used to cook at home. Now we have delivery services from any number of restaurants." Al Jawaldeh says food portions have become too big. "Low levels of exercise and overeating the wrong foods – all this has led to increasing obesity. It starts early in childhood. There is no control of the food in the school canteens where they sell fast food and soft drinks. Of course, this is not something linked to the UAE alone, but in Europe and the United States of America, people realize they need to change their diet and lifestyle. There isn't that same awareness in this part of the world."

While he cites a lack of health awareness among the public, there are signs of urgency among government officials in tackling the problem. In December last year Dr Al Jawaldeh's team



Foreign workers play cricket despite the heat.

at EMRO released a draft regional nutrition strategy for 2010–2019. It urges all countries in the Region to develop programmes to suit their situations and resources. In response, the UAE's Ministry of Health and other government agencies have formed a National Nutrition Committee to draft a national strategy for reducing obesity, diabetes and other diet-related diseases.

The UAE draft strategy – which is being developed with support from WHO – will focus on health and nutrition education, improve food consumption patterns with more focus on vegetables and fruits, food fortification with micronutrients, food labelling and marketing and school feeding programmes.

Al Jawaldeh believes it is not the lack of facilities that discourages people from exercising. “You don't need fancy places to do exercise,” he says, citing his own school days in Jordan where pupils were briefly drilled each morning before entering class.

The trade-off between exercising more and eating less has been studied by researchers in Australia, who last year reported that overeating rather than sedentary living was almost entirely to blame for the rise in obesity in the developed world. A study of the US obesity epidemic carried out by the WHO Collaborating Centre for Obesity Prevention at Deakin University, Victoria, Australia, suggested there had been no significant reduction in exercise levels in the past 30 years. It said too many calories were to blame, a result researchers expect to find when the research is repeated in other countries.

Al Jawaldeh says people in developing and transitional countries, especially younger people, are susceptible to marketing. “There is psychology at play in linking foods, for example, hamburgers with soft drinks. We need a worldwide convention to regulate the advertising of food on television when children are most likely to be watching.

“The problem is really serious,” he adds. “All non-communicable diseases are linked to poor nutrition. We need to invest heavily in health and nutrition, protect the new generation and change the culture through the young people.



WHO/Michael Reid

There is little awareness of the health dangers of weight gain in the United Arab Emirates.

A national nutrition strategy needs to be administered from within the Ministry of Health by a dedicated nutrition department that has real influence.”

His emphasis on educating young people is endorsed by Dr Kazem Behbehani, the director-general of Kuwait's Dasman Institute for Research, Training and Prevention of Diabetes and Other Chronic Conditions. “The children are the key because they can help change their parents' habits,” says Behbehani.

“We used to see type 2 diabetes mainly in those aged 40 and over,” Behbehani says. “Now children as young as 10 are developing the disease. We've not been telling people what they should be doing to look after their health. Parents still see a thin child as sickly, a fat one as healthy.”

There are other signs that the fight against obesity is gathering momentum in the region.

At Dubai Women's College, for example, fitness training has become part of the curriculum. Students are assigned two hours of physical activity a week, an hour of theory, plus homework. Howard Reed, the college's director, has been pushing for better health and fitness standards in schools since settling in the UAE from the United States almost two decades ago.

“Teenage obesity in this country is out of control,” he says. “We don't walk or ride bikes, we live in a world surrounded by junk food that is available and easy. And there aren't as many opportunities to exercise in the UAE – everything is oriented around cars. Plus, there are not as many role models for kids; most of the people our students know have all the same bad habits.” ■

Corrigendum

In volume 88, number 1, January 2010, page 6, population of China should be 1.3 billion. The sentence should read “Under the reform plan announced in April 2009, more than 90% of China's 1.3 billion population will be covered by the NRCMS, URBMI or a third scheme called urban resident basic health insurance by 2011, up from 15% in 2003.”