

OBESITY TRENDS IN EGYPT

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GH500D Summer 2011

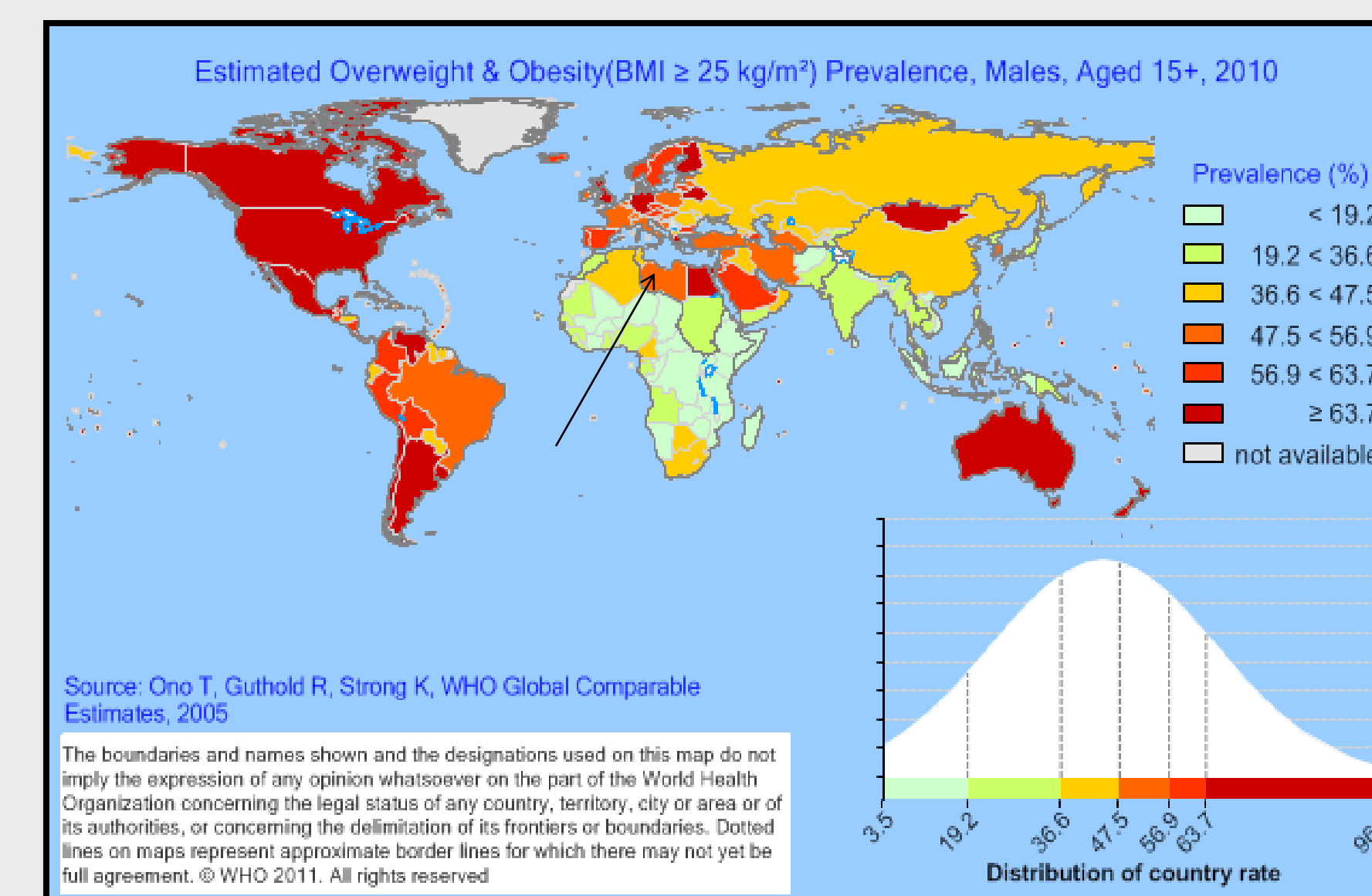
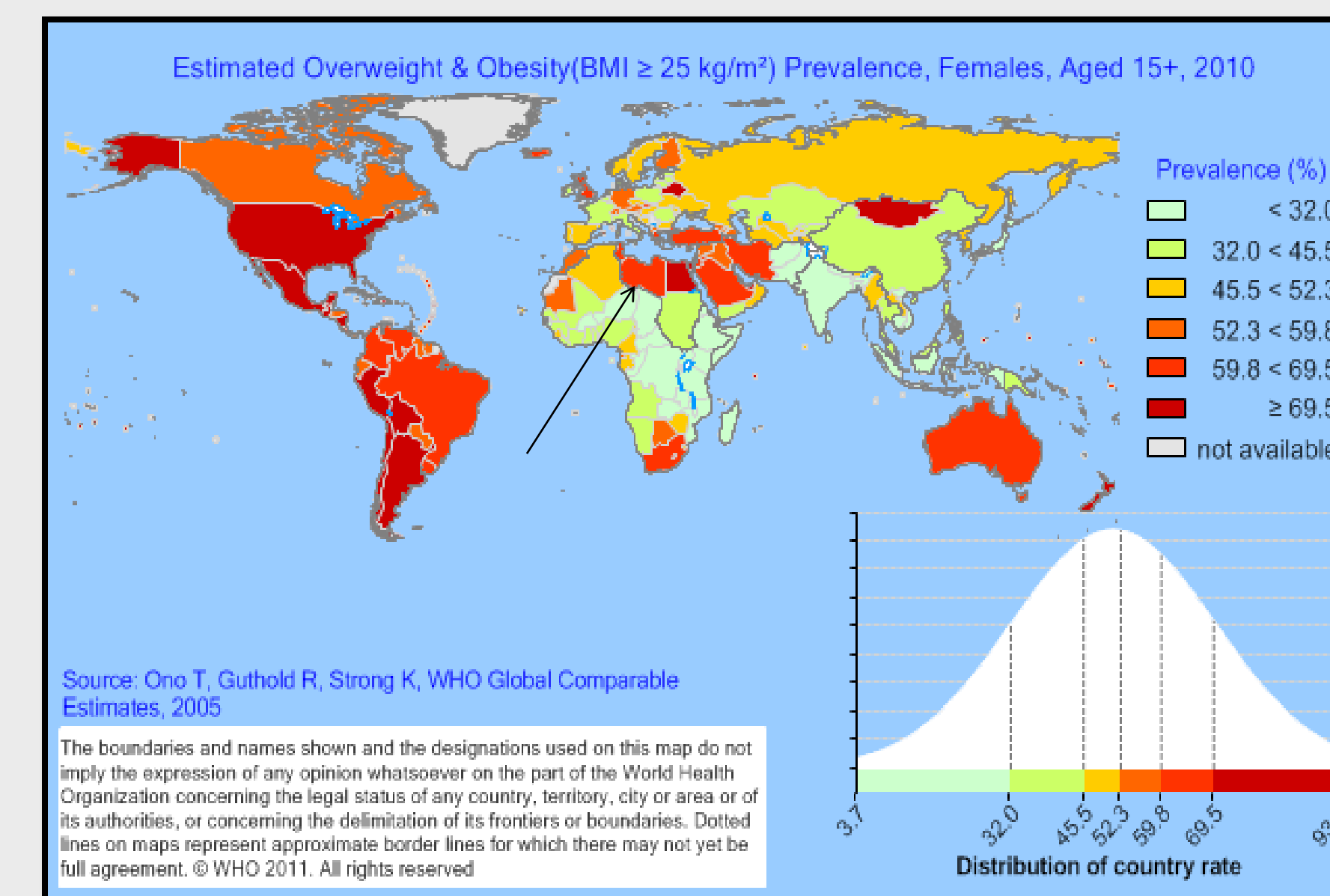
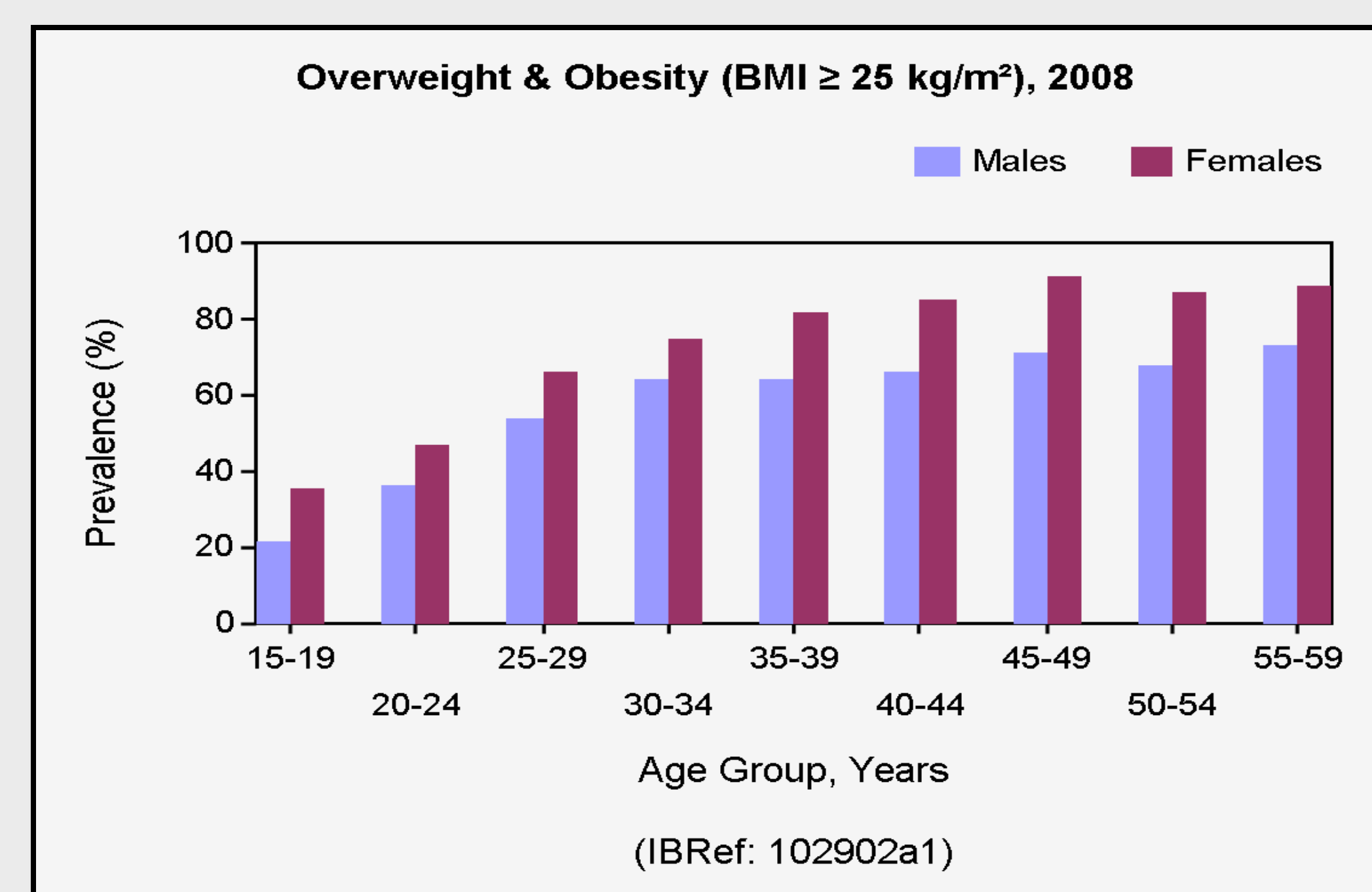
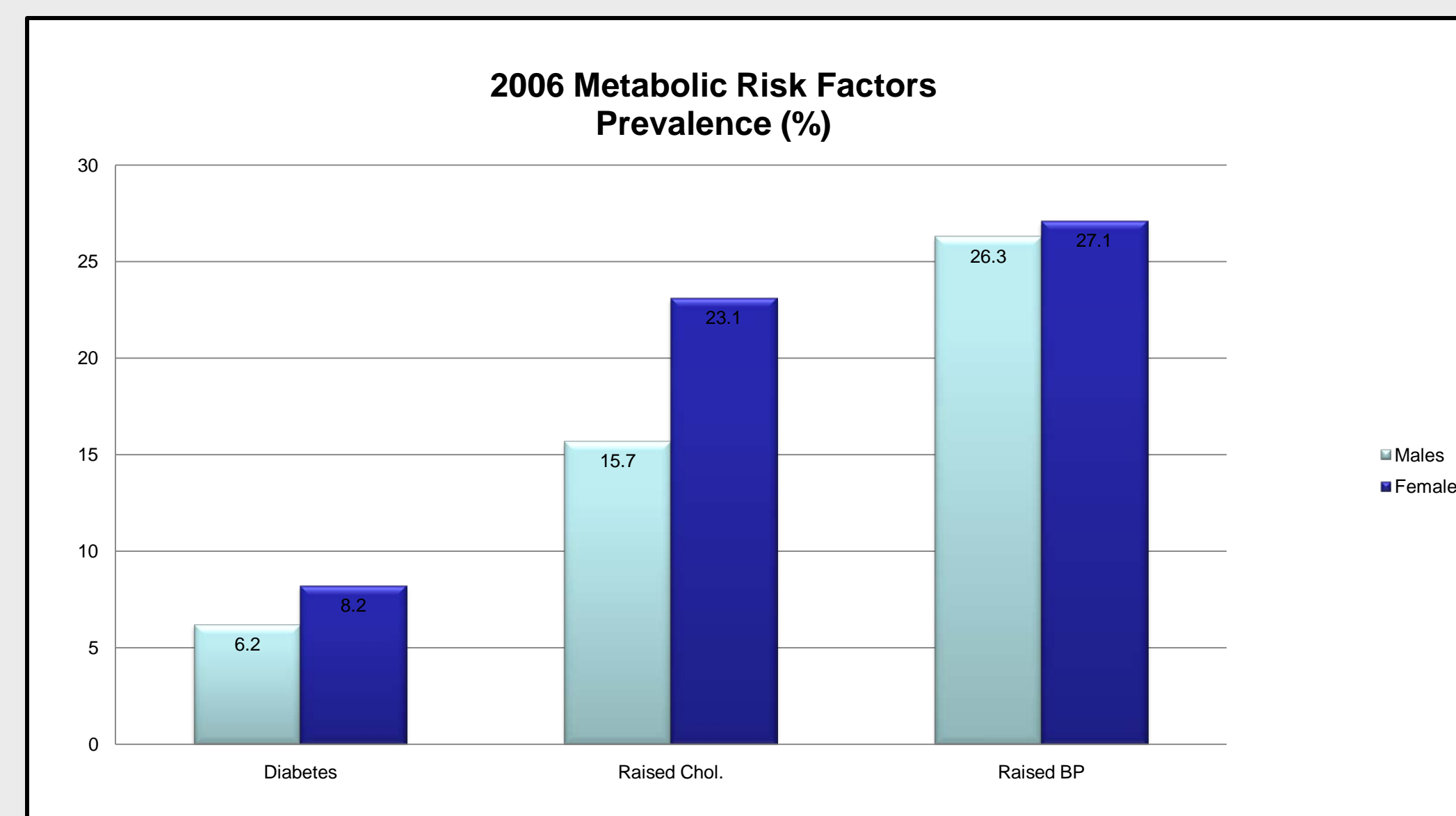


BACKGROUND

- Occupies the Northeast corner of the African continent
- Bisected by the Nile Valley which is the reason this area is agriculturally fertile
- Natural resources include petroleum, natural gas, phosphates & iron ore
- Since World War II there have been lifestyle changes that have had an effect on the rise in obesity
 - The land reclamation in 1953
 - 1956 nationalization of all foreign property
 - Early 1960s food subsidy policy
 - 1974 "Open Door" economic policy
 - 1980s, series of laws encouraging immigration of people to rich, oil-producing countries
 - 1990s, International Monetary Fund imposed restructuring that put a stop to consumer subsidies, with the exception of bread, and encouraged privatization of the economy

PROBLEM

- Two-fold increase in the consumption of wheat, rice, refined sugar, meat, poultry and dairy
- Three fold increase in consumption of potatoes and fats and oils
- In 2006, 79% of individuals ages 10 to 18 reported eating < 5 servings of fruits and vegetables per day in the last 30 days
- In 2006, only 21% of individuals ages 15 to 65 reported eating > 5 servings of fruits and vegetables per day in the last 30 days
- In 2006, 51% of individuals ages 15 to 65 reported being physically inactive during their leisure time (sitting for 3 or more hours)



BARRIERS

- Traditional foods have been replaced by more westernized products
- More women are in the workforce so meals are being eaten away from home
- Urbanization; providing a physical barrier to exercise and activity
- Cultural limits based on status and gender
- Cultural preference for female plumpness, which has only recently changed (historical Islamic values)
- Lack of physical education in schools

STAKEHOLDERS

- Global**
 - World Health Organization (WHO)
 - Countries dependent on Egypt for the exports
 - NGOs within Egypt
- National**
 - Ministry of Health and Population
 - Ministry of Education
 - Ministry of Social Affairs
 - Ministry of Agriculture
 - Urban Planners
 - Food Producers
 - Medical and Public Health Community
 - Faith and Academic Communities
 - Communities, Families and Individuals

POLICY OPTIONS

- Implement WHO's "2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases" (healthy diet and physical activity)
- Enact school-based physical activity curriculum
- Develop a Ministry of Women's Health
- Urban planning mandates

DISCUSSION & RECOMMENDATIONS

Discussion

- Obesity and chronic disease disproportionately affects women
- Urban residency is one of the greatest risk factors for obesity
- There is a relationship between GDP and obesity but Egypt's obesity rates exceed expected rates for reported GDP

Recommendations

- Provide culturally appropriate, targeted obesity prevention programs for women
- Start a "Back to Basics" campaign
- Work with Islamic Faith community leaders to help understand the risk of obesity for women
- Start a web-based at home exercise program



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