

icddr,b study finds obesity a growing problem for married women

Dhaka, April 05, 2016 - Nearly one in five married women in Bangladesh are obese or overweight, new research from icddr,b has established. The study also identified a range of factors such as wealth index, educational status, hours spent behind television that contribute to excess weight, which could be targeted in interventions to reduce the prevalence of obesity in married women.

The World Health Organization estimates that [at least 2.8 million people die each year](#) as a result of being overweight or obese. Being obese may be particularly harmful to women. Evidence suggests they are at higher risk for diabetes and multiple cancers, including endometrial cancer, cervical cancer, breast cancer, and perhaps ovarian cancer.

In 2016, Mr Haribondhu Sarma, head of icddr,b's Nutrition Programme, along with colleagues from icddr,b and Stanford University, USA, analysed nutrition-related data from the 2011 Bangladesh Demographic and Health Survey to identify factors associated with being overweight or obese among women aged 18-49 years who were, or had been, married.

The results, recently published in the journal [BMC Obesity](#), revealed that out of 16,493 women, about 18% were overweight or obese. Urban women not in full-time employment were at 1.44 times higher risk of being overweight or obese than urban women involved in manual work. Women from wealthy and food-secure families were at higher risk of being overweight or obese in both rural and urban areas.”

“These increased levels of obesity will have severe implications for the health budget of our country,” said Dr Tahmeed Ahmed, Senior Director, Nutrition & Clinical Services Division at icddr,b and senior author of the study. “Rates of obesity and overweight-related diseases such as diabetes, high blood pressure, chronic kidney diseases and heart diseases are going to escalate if not tackled,” he continued. The growing problem of obesity presents a challenge for public healthcare systems in low- and middle-income countries, according to the study's principal investigator, Haribondhu Sarma. “Traditionally, overweight and obesity were largely associated with high-income countries,” he said. “However, their incidence is increasing in low- and middle-income countries, as suggested by this study. Healthcare systems in these countries traditionally devote their resources to problems of underweight and infectious diseases, but as these countries experience increased economic development, they must also learn to manage nutrition-related non-communicable diseases.”

The study found that prevalence of overweight and obesity was much higher in urban areas than in rural areas. However, Mr Sarma acknowledges that more research is required to better appreciate the magnitude of this problem among the adult population of Bangladesh. He has

suggested that the next Bangladesh Demographic and Health Survey should collect information on obesity-related indicators such as physical activity, TV viewing time, how adults spend their leisure time and food consumption. This experimental research and investigation could be used to evaluate appropriate prevention strategies to reduce overweight and obesity among both rural and urban women in Bangladesh.

Public health interventions are clearly needed to reduce the prevalence of obesity among urban and rural women in Bangladesh. Awareness programmes about the consequences of being overweight, promoting higher levels of physical activities, ensuring proper food policies including prevention activities should be provided in schools, the workplace and the community. Systematic monitoring and surveillance of nutritional status, especially in rural areas, are also important to address the problem of overweight.

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Notes to editors

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