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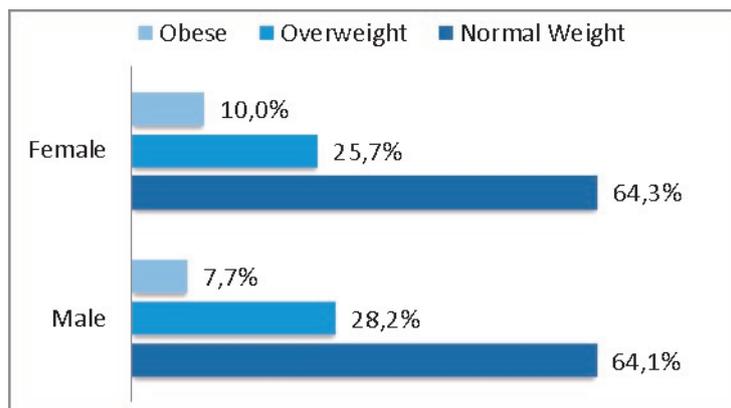
NEW RESEARCH: GROWING OBESITY EPIDEMIC IN KYRGYZSTAN

The epidemic of obesity that has consumed high income countries of North America and Western Europe is now spreading to Kyrgyzstan. The impact of this epidemic is alarming: besides increased mortality and impaired quality of life, conservative estimates of the national economic burden from obesity range from 0.09 to 0.61% of a country's GDP – between 251 million and 1.7 billion som in the case of Kyrgyzstan. This is due to both direct costs of increased healthcare expenditure and indirect costs resulting from reduced productivity, sick leave, disability, and early retirement.

This policy brief provides new evidence on the obesity epidemic and nutrition in Kyrgyzstan, from the 'Health in Times of Transition' project (<http://www.hitt-cis.net>). The research involved 1800 nationally representative household surveys with randomly selected people in 2010. Further details of the study can be found in the sources below.

KEY STUDY FINDINGS

Prevalence of Obesity is Very High.



Around 1 in 3 of our respondents was above normal weight (using standard BMI measurement). 7.7% of males and 10% of females were obese, and therefore at very high risk for conditions such as diabetes and heart disease. These numbers increase dramatically with age: more than half of males and females over the age of 50 were overweight or obese.

Characteristics of Obesity

Regional results indicate that obese women were more likely to be poor, with lower levels of education. It may be that they are less aware of the importance of healthy diets or unable to afford healthier foods. Men with obesity were more likely to have poor understanding of the importance of physical activity. Obese men were also more likely to drink alcohol frequently.

Poor Nutrition.

Intake of fruit and vegetables, a vital component of a healthy diet, is very low in Kyrgyzstan. Almost half ate fruit and a third ate vegetables just once a week or less. The World Health Organisation recommends a minimum of 400g of fruit and vegetables per day (excluding potatoes) for the prevention of obesity and other chronic diseases. Low intake of fruit and vegetables was more common in those with less education and poor understanding of healthy diets, lower income groups, heavier alcohol drinkers and smokers.

¹Müller-Riemenschneider, Falk, et al. "Health-economic burden of obesity in Europe." *European journal of epidemiology* 23.8 (2008): 499-509.

POLICY RECOMMENDATIONS

Public Education

Addressing the obesity epidemic requires promotion of both healthier diets and increased physical activity. Obesity is more prevalent among those with lower education and limited awareness of risk factors. Public campaigns are vital for raising awareness, which is an important first step to behaviour change. Additional specific campaigns should target high-risk groups.

Promotion of healthy diets

Market incentives can promote the development, production and marketing of food products. Public policy should limit salt content in processed foods, the use of hydrogenated oils, and the sugar content of beverages and snacks. Prices also affect consumption choices, so public policies should influence prices through taxation, subsidies or direct pricing to reduce access to unhealthy foods and increase availability of healthier foods like fruit and vegetables.

Active transport

Promotion of a physically active lifestyle involves making the healthy choice the easy choice. One way of increasing physical activity is through active transport schemes. Walking and cycling can be promoted through behaviour change campaigns, but also through structural changes such as the introduction of cycle lanes and ensuring adequate walkways and street lighting. For example, Moscow's city government have earmarked resources for 72 cycling paths and 17,000 bike racks over the next four years.

Encourage healthy workplace schemes

Companies face high costs from obesity due to ensuing sick leave, loss of productivity and early retirement. Healthy workplace schemes result in savings of \$3 for every \$1 invested on average. Health promotion in the workplace is therefore a good investment for companies, which also positively impacts the health and quality of life of employees. Examples include provision of fitness facilities for workers, providing healthy food choices, and health education programmes.

Address multiple risk factors

People are more likely to be obese and have poor nutrition if they are drinkers and smokers. To be more cost-effective, programmes should therefore tackle these risk factors simultaneously to address their clustering in certain population groups.

SOURCES:

Watson, K., Roberts, B., Chow, C., Goryakin, Y., Rotman, D., et al. (2012). Micro-and meso-level influences on obesity in the former Soviet Union: a multi-level analysis. *The European Journal of Public Health*.

FURTHER INFORMATION:

Diet and Physical Activity: Implementation Toolbox

<http://www.who.int/dietphysicalactivity/implementation/toolbox/en/index.html>

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