

Childhood obesity in Nigeria: Causes and suggestions for control

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Childhood obesity is fast becoming a global public health concern, not only because of increased BMI but majorly due to attendant health consequences. While it is expected that childhood obesity affects only developed, affluent countries, the current trend shows a gradually shift in dimension towards low income, developing countries like Nigeria. Although, causes of obesity differ intrinsically among nations, the health outcomes appear to be similar, which include, renal, cardiovascular, musculoskeletal, respiratory and neurological disorders, as well as psychological and emotional problems. Identified causes in Nigeria include among others, shift in lifestyle and behavior, medication, cultural beliefs, taboos, food habit and choices as well as genetic makeup of individuals. Suggested approaches towards control would include timely intervention, health education, lifestyle modification, shift in bogus beliefs and taboos, as well as change in food habit and food preferences. The role of parents and the media in the control of childhood obesity will also be highlighted.

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Diet quality and its association with weight status in adolescents

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Aim: Diet quality in children has been associated with prevention of obesity during adulthood. The aim of this study was to examine diet quality and its association with weight status among Iranian adolescents.

Methods: The revised-children diet quality index (RC-DQI) was used to determine diet quality in a representative sample of 13 to 15 years old adolescents (n=480) selected by stratified sampling from four educational districts of Shiraz, Iran. Food intake was determined by a valid food frequency questionnaire. Overweight and obesity were defined as a body mass index (BMI) at or above the 85th and 95th percentile respectively, for adolescents of the same age and sex. All statistical analysis was conducted using SPSS and food analyses were done using modified nutritionist four for Iranian food. Linear and logistic regressions were used to explore the relation between diet quality and its components or BMI. P-value less than 0.05 were considered statistically significant.

Results: The participants mean age was 14.7 years and 56% of students were girls. The overall prevalence of overweight and obesity was 16.16%. Mean RC-DQI score was 58 points (range 28 to 89). Diet quality scores were higher in girls (p=0.02) and were inversely associated with adolescents weight (p=0.01). Overweight and obesity was significantly associated with poor diet quality: OR of 1.5 (95% CI 1.02 to 2.36). There was an inverse association between diet quality and sugar consumption (OR 0.65, 95% CI 0.59 to 0.72). Furthermore, diet quality score was positively associated with dairy products (OR 1.40, 95% CI 1.04 to 2.17), fruits (OR 1.75, 95% CI 1.16 to 2.73), and vegetables (OR 1.55, 95% CI 1.02 to 2.36).

Conclusion: There is an association between diet quality and obesity in adolescents. Childhood obesity might be prevented if diet quality based on dietary guidelines has been improved among adolescents.

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