Childhood Obesity and Arab American Youth

Suha Al-Oballi Kridli*
School of Nursing, Oakland University, Rochester, Michigan, USA

Childhood overweight and obesity have become a worldwide problem that has serious medical implications for those affected and is also a major public health concern in most developed as well as developing countries. According to the World Health Organization (WHO), in 2011, over 40 million children below the age of 5 years were overweight [1]. Additionally, over 30 million overweight children now live in developing countries and about 10 million in developed countries [1].

The definition of overweight and obesity for children vary from those measured for adults. Furthermore, currently there is disharmony in relation to how childhood overweight and obesity are defined. The references for measuring childhood overweight and obesity established by the Centers for Disease Control and Prevention (CDC), International Obesity Task Force (IOTF) and WHO are recommended for research use because they make study comparison more manageable [2]. According to the CDC, childhood overweight and obesity are measured by BMI, which is calculated by dividing the child's weight and height using the formula (weight in kg/square of height in meters). Age and gender specific percentiles for BMI are used for children due to the fact that the body make up of children changes with age and gender [3]. Growth charts can be used to determine BMI specific to age and sex for children aged 2 to 19 years old. A BMI at or higher than the 85th percentile but below the 95th percentile is considered overweight. On the other hand, a BMI at or over the 95th percentile is defined as obesity for children who are the same age and sex [3].

The IOTF child cut off tables which are used as guidelines for measuring BMI in all children aged 2 to 18 years old. The IOTF used the WHO adult obesity cut offs as a basis to establish their cut off tables for overweight and obesity in children and also based the cut off values on information collected from six representative countries [2]. The WHO published the most recent recommendations for measuring childhood overweight and obesity in boys and girls aged 2 to 19 [4].

Rates of overweight and obesity have been steadily increasing among Arab Americans, a rapidly growing segment of the U.S. population. Previous research demonstrated that about 28% of fifth grade Arab American youths in the state of Michigan were overweight and about 17% were obese [5]. These prevalence rates are comparable to the U.S. national estimates for this population. The Arab American population is relatively young (median age of 27 years) and is primarily composed of recent immigrants (~40%) from rural areas of the Middle East who were displaced as a result of the political unrest in the region. Arab Americans have a strong sense of cultural and historical identity and pride, and most speak Arabic. This lack of acculturation and adherence to traditional norms and customs makes it difficult for Arab Americans to assimilate into American society. There is often a strong “sense of the present” within the Arab American community, so orientation toward the future is not consistent with this cultural pattern. Most Arab Americans are characterized by a deep religious orientation, and a strong sense of fatalism. The Arab culture supports some unhealthy behaviors such as smoking and physical inactivity. Availability, accessibility, and utilization of health care, as well as limited preventive health practices, are major concerns for Arab community advocates. In addition to social and cultural norms, barriers to care include language, poverty and lack of medical insurance [5-7].

Childhood overweight is associated with many negative health conditions, including asthma, several types of cancer, type 2 diabetes mellitus, high blood lipids, hypertension, early maturation, abnormal glucose tolerance, sleep apnea, and orthopedic problems including osteoarthritis [8]. Patterns established in childhood of both eating and physical activity often persist strongly into adulthood and these routines become increasingly resistant to change with age. Thus, a culturally sensitive program aimed at preventing obesity and related complications before adolescence and before the onset of medical and psychosocial consequences is urgently needed to address the needs of the Arab American population.

Although several strategies to prevent childhood obesity in the U.S. have been established, the translation of these effective programs into this culturally-unique, largely immigrant, and medically underserved Arab American Community is unquestionably a challenge. Culture shapes preventive health behaviors and marginalization of culture is a barrier to care while incorporating cultural preferences is the foundation for innovative and effective intervention strategies. There is a need to identify culturally-specific and community-based approaches to obesity prevention that will have the reach and sustainability in this at-risk ethnic group.

References

*Corresponding author: Suha Al-Oballi Kridli, Associate Professor, School of Nursing, Oakland University, Rochester, Michigan, USA, Tel: 248 370 4253; E-mail: kridli@oakland.edu

Received: March 17, 2015; Accepted: March 18, 2015; Published: March 29, 2015


Copyright: © 2015 Al-Oballi Kridli S. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.