

Obesity gender inequalities are high but vary with environment & socio-economics in Tunisia. Implications for prevention.

P. Traissac (NUTRIPASS RESEARCH UNIT, IRD-UM2-UM1, IRD, Montpellier, France),

J. El Ati (INNTA, Tunis), F. Delpeuch (IRD, Montpellier), H. Aounallah-Skhiri (INSP, Tunis), C. Béji (INNTA, Tunis),

S. Eymard-Duvernay (IRD, Montpellier), S. Bougatef (INSP, Tunis), P. Kolsteren (ITM, Antwerp, Belgium),

B. Maire (IRD, Montpellier), H. Ben Romdhane (Faculty of Medicine, Tunis)

TAHINA Project : Epidemiological Transition and Health Impact in North Africa

EU - INCO-DC ICA3-CT-2002-10011



Introduction

- South-Med. countries : socio-economic changes
- Epidemiological and nutrition transition
- Growing burden of obesity and NCDs
- Gender : major factor of health inequalities worldwide
- Gender issues especially acute in the context
- But data on obesity gender issues scarce

Objectives ?



Objectives ?

- Among Tunisian adults
- Quantify gender obesity inequalities
- Assess variation of inequalities
 - socio-economic factors
 - environment (urban vs. rural, regions)
- Implications for management of obesity epidemic ?

Methods



Methods

Subjects



- **Cross-sectional survey:** april-september 2005
- **Target population:** Tunisians 35-70 y. both genders
- **National random sample, stratified, cluster 3 levels:**
 - 7 regions x 47 districts x 20 households x 1 person
- **Theoretical sample size:** 6580 subjects
- **Subjects used in analyses :** 5343 subjects (81.7%)
- **Sampling weights - Stratification - Clustering**
accounted for in statistical analysis (svy Stata commands)

Methods

Variables

- **Individual characteristics:** gender, age, (parity, menopause)
- **Environment:** urban vs. rural, 7 administrative regions
- **Socio-economics factors:**
 - marital status, education, profession
 - asset-based household welfare index
- **Overall adiposity:** $BMI = \text{weight}/\text{height}^2$ in kg/m^2
obesity if ≥ 30
- **Abdominal adiposity:** $WHtR = \text{waist circumference}/\text{height}$
abdominal obesity if ≥ 0.6

Methods

Analysis



- Measure of gender obesity inequality:

Women vs. Men obesity prevalence odds-ratio (OR)

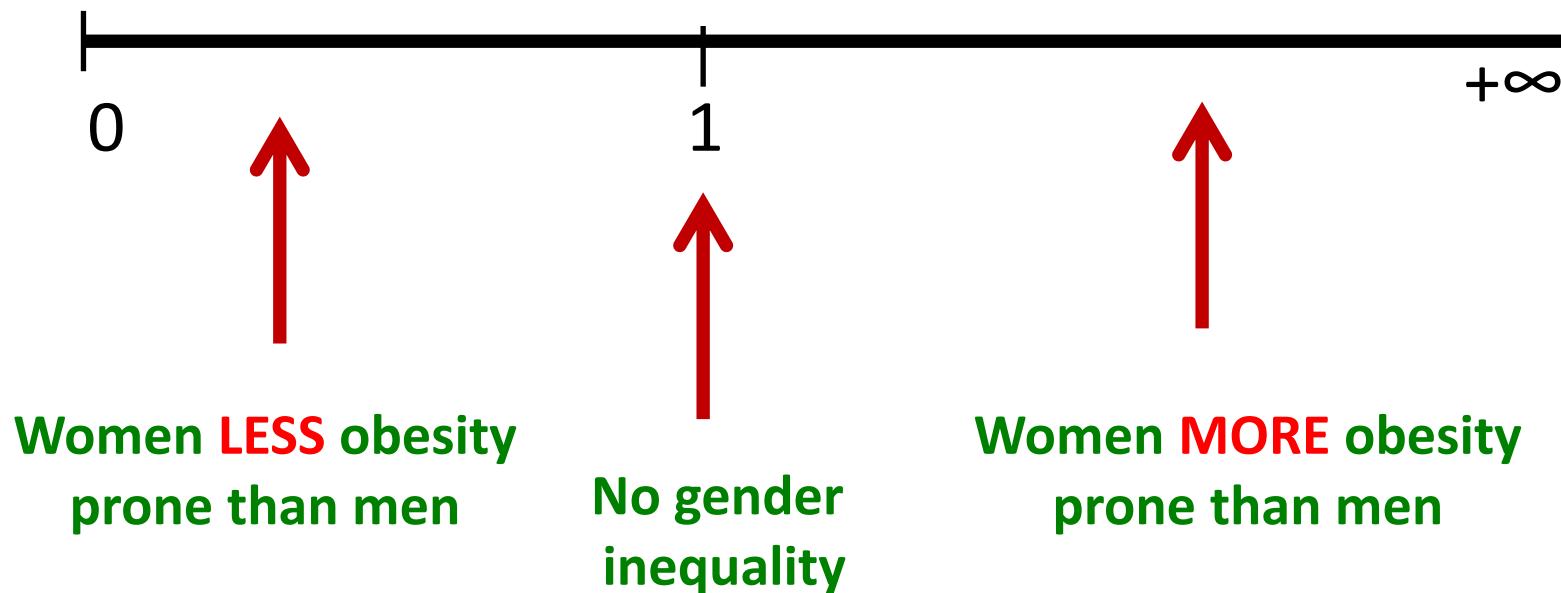
Methods

Analysis



Measure of gender obesity inequality:

Women vs. Men obesity prevalence odds-ratio (OR)



Methods

Analysis

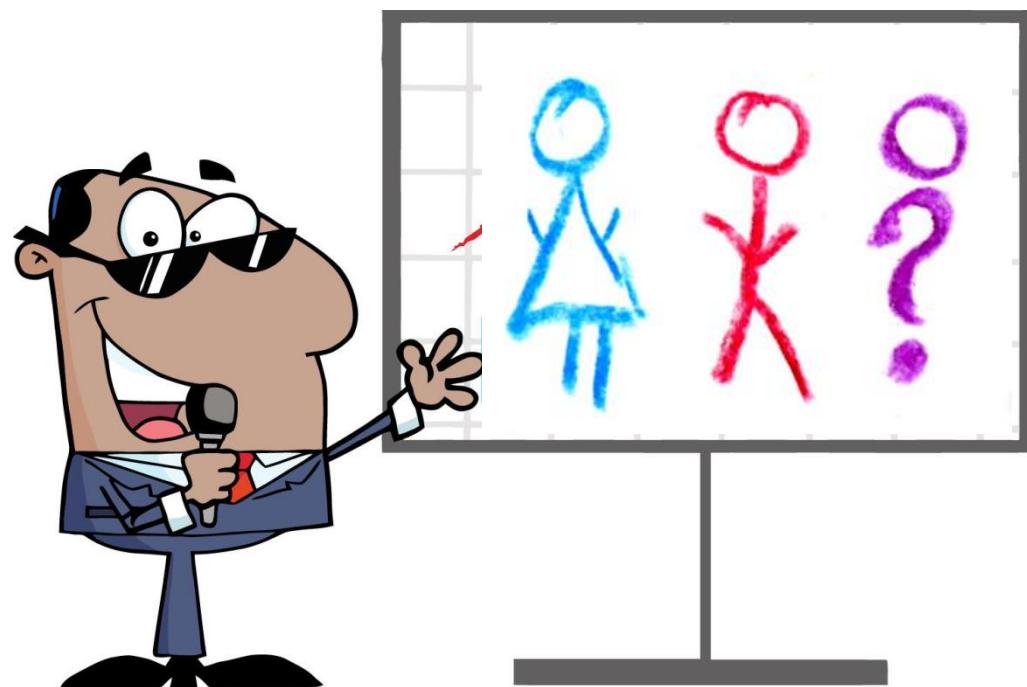


- **Measure of gender obesity inequality:**

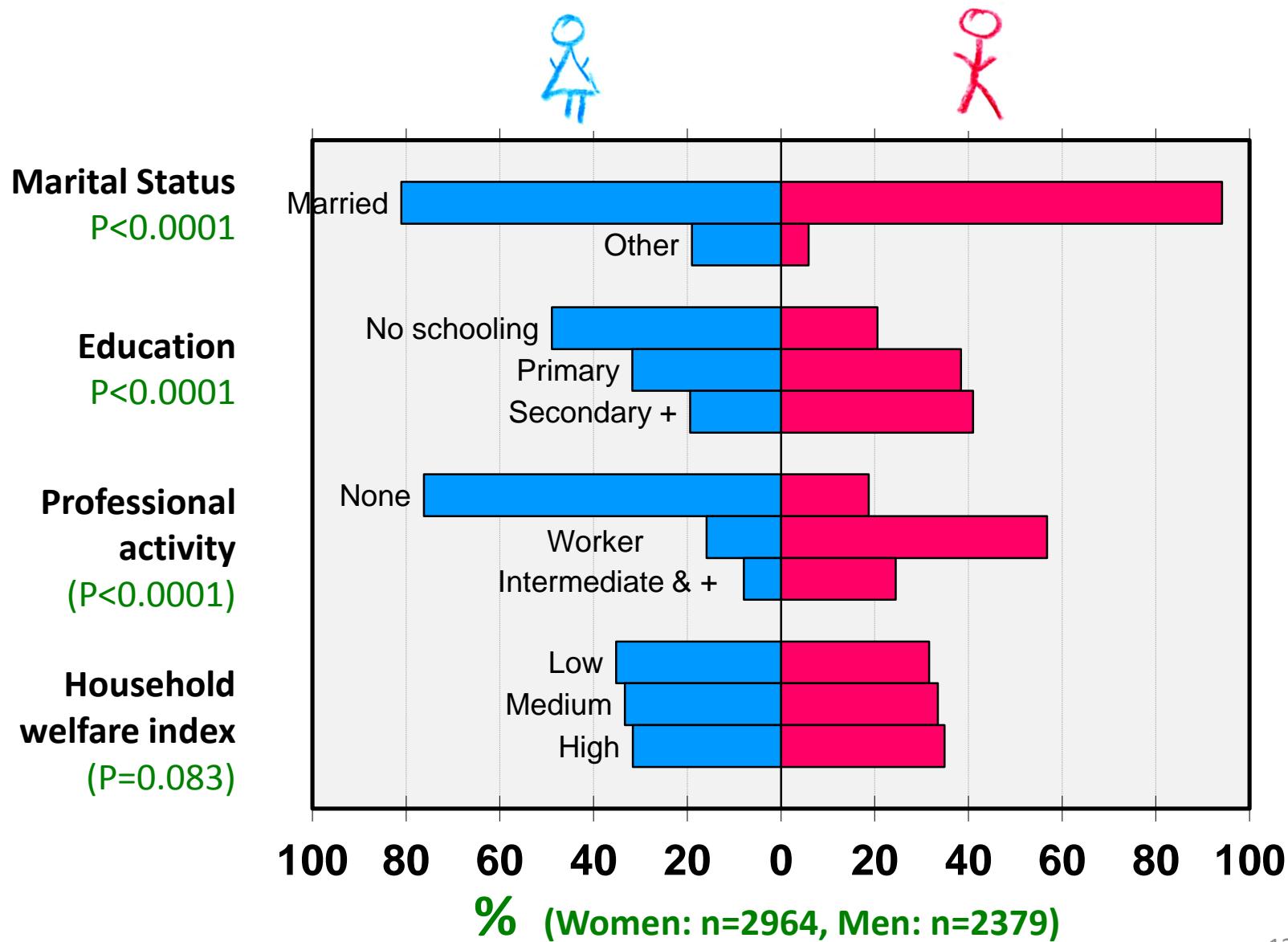
Women vs. Men obesity prevalence odds-ratio (OR)

- **Assessment of gender obesity inequality at national level**
- **Assess whether gender obesity inequality vary with socio-economic factors or environment:**
compute Women vs. Men OR within categories of factors
- **Logistic regression models: gender x factors interactions**
- Alpha level =0.05 except 0.20 for interactions

Results ?



R 1 - Women vs. men socioeconomic



R 2 - Huge obesity gender gap detrimental to women

Basic data



	n	2964	2379	
Age		49.3 _(0.3)	49.2 _(0.3)	P=0.57
BMI		28.4 _(0.2)	25.3 _(0.1)	P<0.0001
WHtR x 100		58.4 _(0.2)	53.4 _(0.2)	P<0.0001

Obesity

Overall **37.0%** **13.3%** P<0.0001 **OR=3.8** [3.1-4.7]

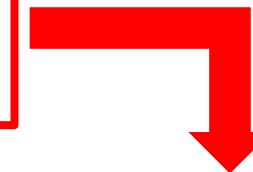
Abdominal **42.6%** **15.6%** P<0.0001 **OR=4.0** [3.3-4.8]

R 2 - Huge obesity gender gap detrimental to women

Basic data



Measure of gender
obesity inequality
(high !)

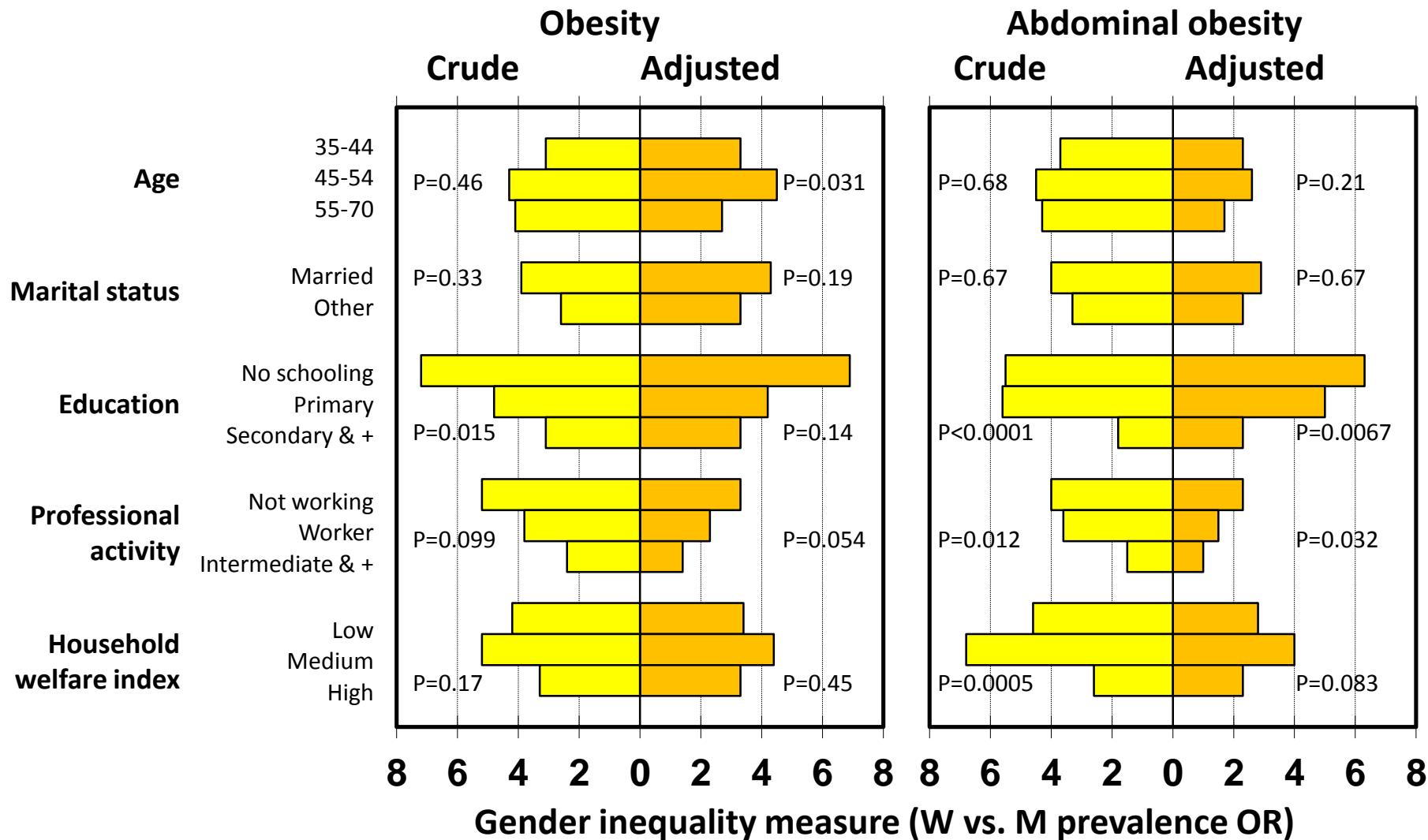


Obesity

Overall 37.0% 13.3% P<0.0001 OR=3.8 [3.1-4.7]

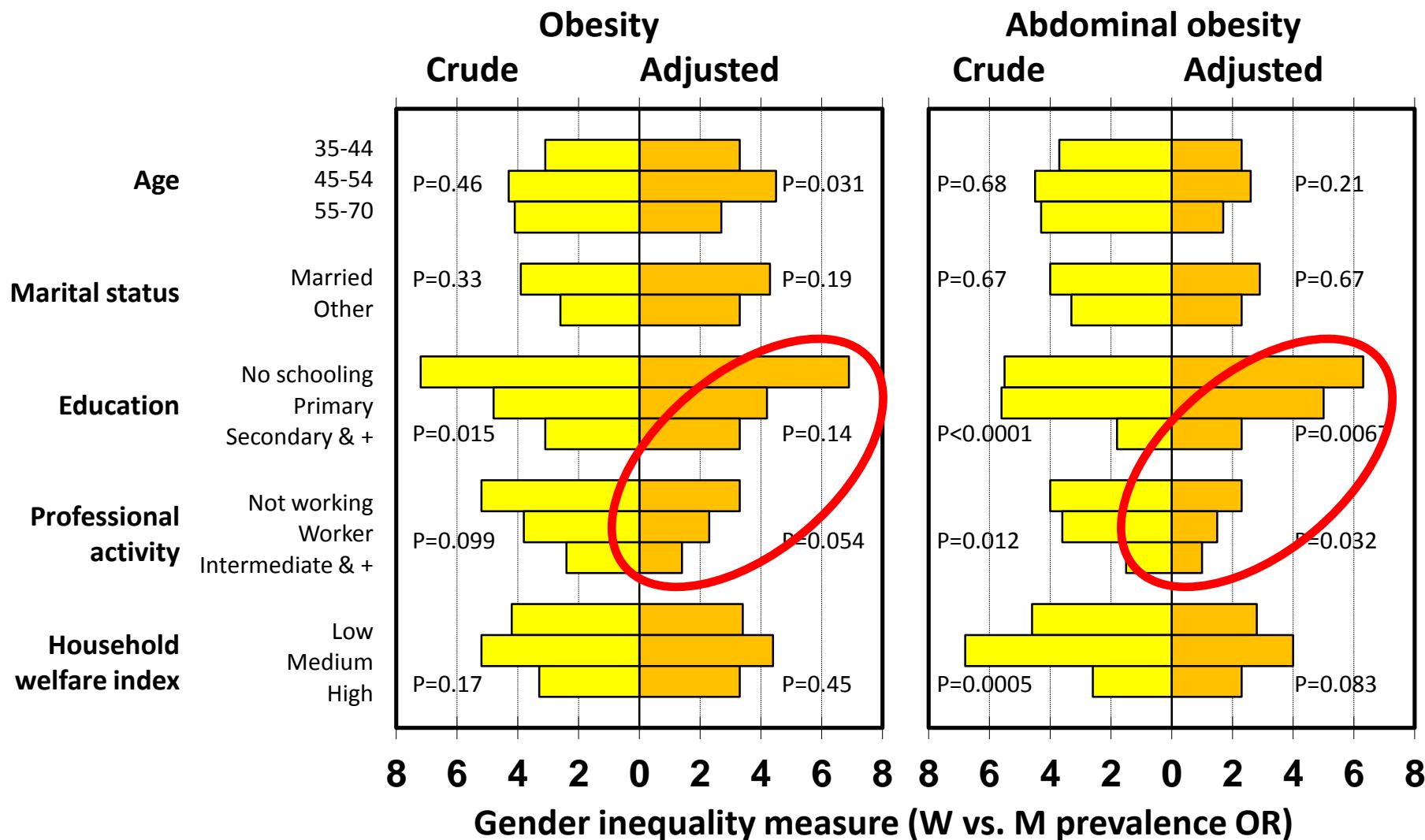
Abdominal 42.6% 15.6% P<0.0001 OR=4.0 [3.3-4.8]

R 3 - Obesity gender gap is lower for higher categories of education and profession



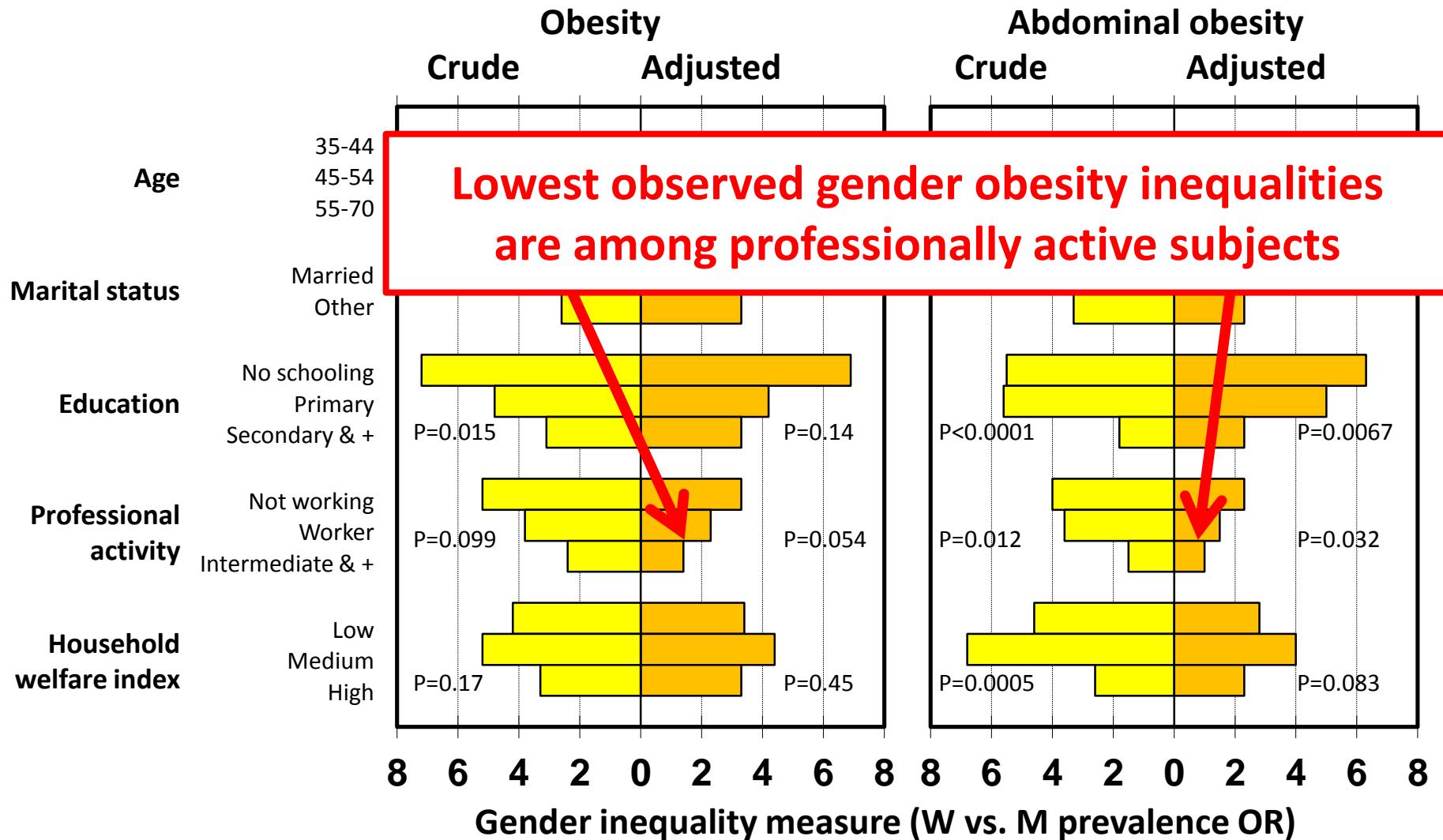
Complete case analysis, W: n=2725, M: n=2238. Adjusted for age, marital status, education, profession and welfare proxy.

R 3 - Obesity gender gap is lower for higher categories of education and profession

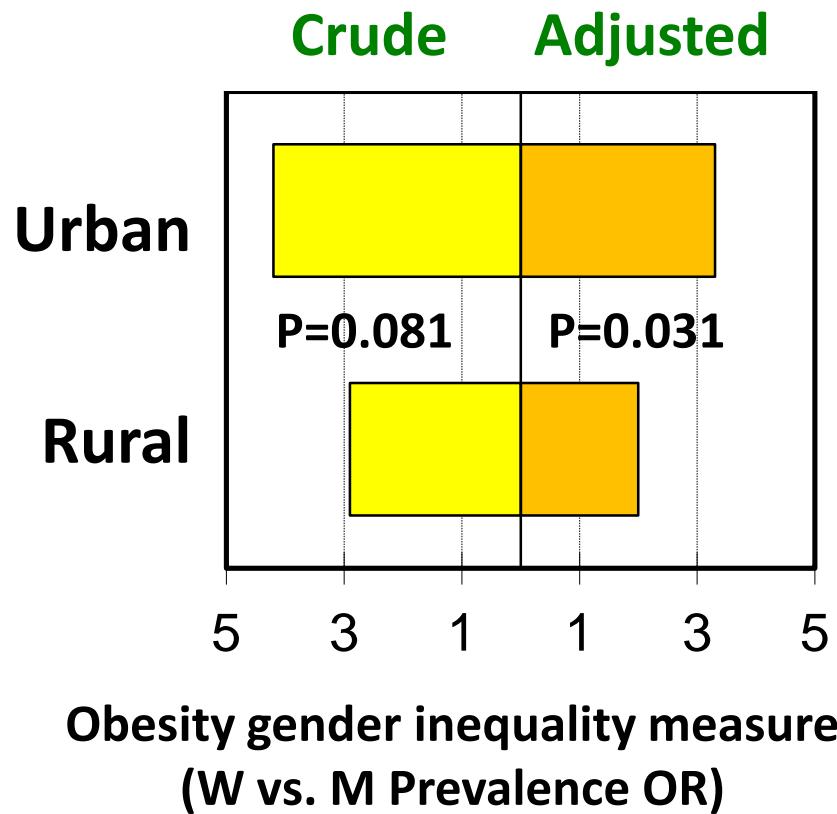


Complete case analysis, W: n=2725, M: n=2238. Adjusted for age, marital status, education, profession and welfare proxy.

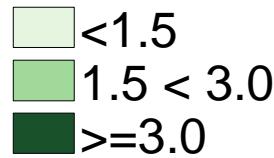
R 3 - Obesity gender gap is lower for higher categories of education and profession



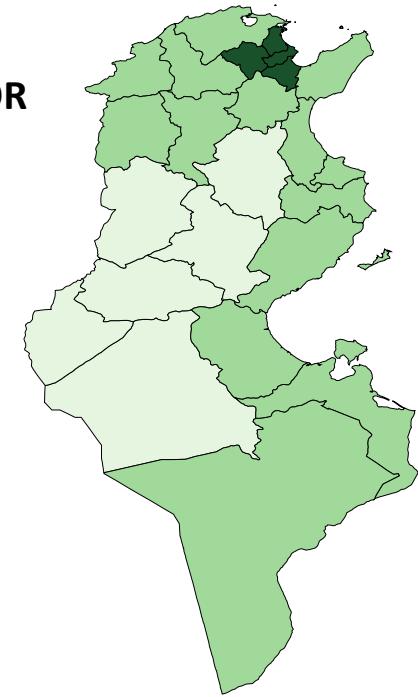
R 4 - Obesity gender gap and environment: higher in urban areas and more developed regions



Abdominal Obesity
W vs. M Prevalence OR
(adjusted)



P=0.10



Complete case analysis, W: n=2725, M: n=2238. Adjusted for age, marital status, education, profession and economic proxy.

Discussion

- ❑ Huge obesity gender gap detrimental to women in this context vs. e.g. not observed in European countries
- ❑ Physiology : measurement, cut-off issues ? Not only.
- ❑ Cultural preference for plumpness in woman ? Is changing.
- ❑ Non egalitarian intra-household and social roles:
consequences on many aetiological factors of obesity
 - more food stimuli (women in charge of meal preparation)
 - physical activity among women socially constrained
 - ...



Conclusion !

Conclusion

- **How to bridge this obesity gender gap which fuels gender (health) inequities ?**
- Need general policies to reduce level of obesity
(beware IGI: Intervention Generated Inequalities)
- **Gender specific issues for prevention of obesity**
- **Short term: specific interventions targeted at women**
- **Long term:**
 - raising education of women necessary, not sufficient
- **Long term:**
 - promotion of women egalitarian household & social roles
 - a challenge in a changing social and political context.



Thank you for your attention

El Ati J, Traissac P, Delpeuch F, Aounallah-Skhiri H, Beji C, Eymard-Duvernay S, Bougatef S, Kolsteren P, Maire B, Ben Romdhane H: **Gender obesity inequities are huge but differ greatly according to environment and socio-economics in a north african setting: a national cross-sectional study in Tunisia. *PLOS ONE* 2012, 7(10):e48153. (On-Line Open Access: www.plosone.org)**