

Overweight and obesity in urban and rural Zimbabweans

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Eighty-two percent of global CVD deaths occur in low- and middle-income countries, with equal numbers of men and women affected⁽¹⁾. The increase in CVD is related to the changing diet and lifestyles of people in developing regions leading to increased overweight, obesity and other chronic diseases. Zimbabwe is a low-income country in sub-Saharan Africa undergoing nutrition transition. Consequently, the prevalence of overweight, obesity and CVD is increasing rapidly. One hundred and sixty-three (163) rural and 69 urban Zimbabweans participated in the study. The subject characteristics including BMI, waist circumference (WC) and percent body fat (%BF) are shown as mean (SD) in the table below.

	Rural		Urban			
			Urban Harare		University students	
	M (55)	F (108)	M (8)	F (17)	M (28)	F (16)
Age (years)	40.2 (13.2)	41.6 (12.2)	39.6 (16.7)	42.4 (13.5)	21.1 (1.1)	20.8 (1.0)
Weight (kg)	62.8 (10.1)	61.7 (12.3)	78.4 (10.4)	69.1 (18.6)	62.5 (7.0)	55.9 (7.9)
Height (m)	1.72 (0.06)	1.61 (0.06)	1.75 (0.54)	1.60 (0.05)	1.74 (0.06)	1.60 (0.06)
BMI (kg/m ²)	21.1 (2.83)	23.8 (4.3)	25.5 (2.8)	27.3 (7.74)	20.6 (2.0)	21.7 (2.5)
WC (cm)	76.6 (7.2)	77.1 (10.1)	90.3 (7.84)	81.6 (16.1)	72.0 (0.06)	68.6 (4.1)
%BF	11.3 (4.24)	28.9 (7.54)	24.9 (5.7)	33.6 (8.3)	11.9 (2.1)	26.3 (3.8)

The results show that there were no mean values indicating underweight, i.e. (BMI < 18.5 kg/m²) in any of the populations measured. Urban men and women from a low-density suburb of Harare were overweight; moreover, these urban women had a waist circumference indicating an increased risk of CVD (i.e. WC > 80 cm). Overweight and obesity are increasing rapidly in all regions of the world, including low-income countries where underweight originally posed a significant threat. This study supports this trend, but to date in Zimbabwe is restricted to regions of comparative wealth.

1. World Health Organization (2006) Obesity fact sheet. Online <http://www.who.int/mediacentre/factsheets/fs311/en/index.html>