



Healthy Lifestyles in the Arab World: between Nutrition Economics and Food Politics

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Introduction

The Arab Countries have witnessed significant lifestyle changes due to globalization, rapid urbanization, availability of high- fat and dense-caloric foods, satellite TV, introduction of laborsaving devices at home and the workplace, reliance on modern means of transportation, increased dependence on computer and telecommunication technology, and decreased occupational-work demands [1,2]. These lifestyle changes have had a considerable impact on alteration in traditional diets, reducing the physical requirements of daily life and have encouraged sedentary lifestyles amongst youth and adults [1,3,4]. Consequently, such remarkable lifestyle transformation is thought to be greatly responsible for the nutrition transition and the epidemic of chronic diseases in the whole Arabic region [5-7]. Physical inactivity and unhealthy dietary patterns are considered among the leading causes of metabolic risk and major non-communicable diseases, including obesity, cardiovascular diseases, type 2 diabetes, and certain types of cancer, thus contributing substantially to the burden of disease, death, and disability in the Arab countries [1,4,8].

Specifically, the rapid increase in wealth of oil rich countries of the Arabian Gulf has been associated with demographic and epidemiological transitions [9], and rapid increases in the prevalence of chronic diseases which, are occurring at far greater speed and at early stages of economic and social development than in westernized countries [3,10]. Simultaneously, westernization through mass and social media exposure that equates thinness with attractiveness and social acceptance [11] had led to disordered eating behavior in some population segments, particularly in young women [10,12].

It is widely reported that regular physical activity reduces the risk of a number of medical conditions, and contributes to personal wellbeing. Overall, there is sufficient evidence in the literature to show that level of physical activity among societies is influenced by beliefs, psychosocial status and self-efficacy. Significant increase in the level of sedentary lifestyles, especially among Arabic women, demonstrates a growing need to understand how social restraints imposed upon women affect their health and their response to health promotion programs [13].

When it comes to the mass production and consumption of food,

strategic decisions are driven by economics, but not science and certainly not health [14]. Therefore, nutrition economics discipline is crucial to increase the understanding of nutrition's impact on disease prevention [15-16] and to generate relevant evidence for nutrition policies [17]. The nutrition economic analysis is used to evaluate if and how much healthy lifestyle choices will vary with 3 primary economic variables: income, food prices, and information about nutrition and health [15]. Although nutrition economics can identify some determinants of lifestyle choices there is a need to add more realism into economic perspective by incorporating the sociological, psychological, physiological and behavioral aspects of dietary and physical activity patterns [15,18]. Such a comprehensive sociocultural approach reveals a broader range of policy options to increase the likelihood of healthier nations, and helps nutritionists, economists and policymakers better understand food choices [18].

Discussion

This short communication highlights the need to study more intensively everyday health situation of the Arab countries. Reliable and valid longitudinal data are essential for planning population-based public health programs [3,19]. As such, several areas could be identified where improvements in coordination and cooperation between different sectors in the Arab countries will produce national datasets permitting the analysis of the magnitude and trends in occurrence in specific diseases. The establishment and sustainability of several public health initiatives and policies in the Arab world should be monitored and resourced adequately [3,18].

Moreover, research funding should be directed toward investigating the association between unhealthy lifestyles and chronic diseases that are prevalent among Arabic populations especially in the gulf region [1]. Community- and school- based intervention programs and policies focusing on increasing physical activity, improving dietary patterns and reducing tobacco consumption are urgently required to slow the trajectory of the estimated mortality rates due to chronic diseases particularly in the young population [3,18]. The literature suggests a specific gender-based [1,12,13] and geo-demographical based [18] consideration when making recommendations to promote healthy lifestyle patterns. This means that intervention and motivation programs should be customized to suit the needs of the individual, with gender as a primary consideration [1,13].

In some Arab countries, there are already developments by universities and, national and international health organizations to facilitate and improve the training of clinical and public health specialists to raise the awareness of chronic diseases [11,20]. However, there is a shortage of trained health communicators and journalists, which hamper efforts for improving the holistic health status of the Arabic populations [3,18].

Legislations and standards for compliance to public health measures and nutrition national guidelines should be developed, reviewed and revised periodically [3]. Indeed, legislations should focus primarily on schools' environments, food industry and telecommunication industry simultaneously [14,18].

Governments, communities namely food industry and civil bodies

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Received: September 09, 2017 Accepted: September 18, 2017 Published: September 25, 2017

should cooperate to create an environment that encourage behavior changes in individuals and communities, and help to maintain it. Economic, legislative, demographic and sociocultural factors should be considered when establishing programs and policies targeting unhealthy lifestyle patterns [18,19-21].

For instance, health ministries have a major and significant responsibility in coordinating and facilitating the contributions of other ministries and international agencies. They need to actively engage all sectors (civil societies, schools, local communities, food industry and media industry, etc.) while developing national nutrition/health policies in order to improve dietary and physical activity habits. Other ministries such as ministry of economy and industry need to monitor scientific data, support research, and provide accurate nutrition information to help consumers make healthy choices [19].

Changes in eating and physical activity patterns will be gradual; however, changes in the risk factors and incidence of chronic diseases can occur rapidly when effective measures and policies are implemented [19]. Culturally specific health strategies and programs are therefore warranted and must clearly define short, intermediate and long-term goals. [19,22].

Conclusion

In Conclusion, a number of public health issues, particularly chronic diseases, significantly contribute to morbidity, mortality and economic losses in the Arab countries. In view of the population demographics of these countries, future national population-based public health initiatives should consider the socio-cultural religions, ethnic and educational diversity of these countries in the design, development and implementation of health interventions, strategies and policies.

Political and different governmental parties need to endorse and actively participate in any health promotion program for it to start and continue, especially in nations with political systems like those in most Arab countries [19].

The major public health challenges posed by certain personal, lifestyle, cultural and environmental factors associated with the development of chronic diseases are not isolated to the Arab World. Rather, they form part of a global health problem, which requires an international collaboration and action.

The dual-pronged method encompassing educational efforts coupled with governmental legislations and enforcement should be adopted for promoting healthy lifestyle issues, such as mandatory science-based nutrition communication [3].

Finally, there is a call for action based on nutrition economics and food politics approaches tailored to individual Arab cultures/countries. If there are similarities in certain areas, one could develop pan-regional or even centralized health promotion strategies.

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