

PREVALENCE OF OVERWEIGHT AND OBESITY AMONG ADULTS IN KOSOVO

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Abstract: Purpose: Monitoring overweight and obesity is important for evaluating targeted interventions, preventing or reducing overweight and obesity. The purpose of this research was to confirm the hypothesis H: A if there are or not statistically significant differences between the socio-demographic characteristics of the participants and the weight status of the respondents in Kosovo. Methods: Participants were 200 male-female persons, of which 100 male-female persons were from urban areas, 100 male-female persons were from rural areas, the material was collected during March 2021. Body mass index (BMI) was calculated from self-reported height and weight. Results: The results show that the percentage of underweight was 1.2%, normal weight 30.8%, overweight 46.5%, and obesity included 21.5% of respondents. More males than females were overweight (54.6% vs 37%) of the women surveyed. Category >60 years - older people were significantly more overweight (53.4%) and obese (34.1%) of respondents than middle-aged and younger adults. Retired people make up a larger share of overweight and obesity (82.0%) of respondents, compared to employees, unemployed and students. People from urban areas were significantly more overweight than people in rural areas (49.3 vs 33.3%) and obese (23.3 vs 13.3%). Conclusion: In accordance with the research objective and hypotheses, we also obtained the research results show that the hypothesis H: A is proved which shows that there are statistically significant differences between the socio-demographic characteristics of the participants and the weight status of the respondents in Kosovo.

Keywords: BMI, overweight, obesity, socio-demographic characteristics, Kosovo.

INTRODUCTION

In recent years, the prevalence of overweight and obesity among children has been reported (Olds et al., 2011; Marques & de Matos, 2016; Who, 2020), and adults (Rokholm et al., 2010; Sundquist et al., 2010) in different countries of the European Union. The prevalence of overweight and obesity is still high and is negatively affecting human health worldwide (Finucane et al., 2011; Ng et al., 2014). Overweight and obesity are the result of energy imbalance over a long period of time. The prevalence of overweight and obesity reduction is worrying (Branca et al., 2007; Khan et al., 2009). Studies have shown that the prevalence of overweight and obesity is high in various European countries. The prevalence of overweight in Europe is estimated to be approximately 50% (Peytremann-Bridevaux et al., 2007), and the prevalence of obesity is about 16% (Berghöfer et al., 2008). Moreover, a recent report by the OECD (Organization for Economic Co-operation and Development) shows that obesity increased from 11% in 2000, 16% in 2014, and 59% in 2022, across the various countries of the European Union (OECD, 2016; Who, European regional obesity report, 2022). Thus, monitoring overweight and obesity is very important for assessing the condition and for the interventions we intend to make in preventing the spread of overweight and obesity.

So the purpose of this paper is to prove the prevalence of overweight and obesity in adults in Kosovo.

METHODS

Data collection was done through a standard questionnaire, a questionnaire which called prevalence of weight status according to socio-economics characteristics, questionnaire was used in various countries of the European Union (Marques et al., 2018). The questionnaire was translated and adapted by a professional team of translators in collaboration with the professors of the faculty of physical education and sports. The research included a group of 200 persons male and female, of which 100 male-female persons were from urban areas, and 100 male-female persons were from rural areas. The participants were treated according to Helsinki Declaration. The protocol was approved by the project evaluation

commission of Faculty of Physical Education and Sport, Pristina, approval number 04-438, 2021. The material was collected during March 2021. Respondents stated their gender and age. Using the reported age, respondents were categorized into three age groups (18–39, 40–59) and ≥60 years). Based on the International Standard Classification of Education (UNESCO, 2012), participants are grouped into three categories of education level: groups with primary, secondary, and higher education. Respondents were asked to report whether they are employed, students, ie unemployed, retired. To determine their place of residence, we asked respondents to report whether they live in urban or rural areas. We asked respondents to state whether they are married or unmarried. Regarding body mass index, body mass index is calculated from self-reported height and measured and by weight (kg / m²) which is measured by us. BMI (Body mass index) categories are calculated in accordance with the guidelines of the World Health Organization (WHO Consultation on Obesity (1999: Geneva, Switzerland) & World Health Organization, (2000)): underweight (<18.5 kg / m²), normal weight (18.5–24.9 kg / m²), overweight (25-29.9 kg / m²) and obese (30 kg / m²). Regarding the prevalence of weight status, according to socio-demographic characteristics and by countries, the percentage was calculated, with a 95% confidence interval (CI). The differences between participants' socio-demographic characteristics and weight status were tested by Chi-square test. Data analysis was performed using SPSS Statistics version 22.

RESULTS

Table 1 presents the participants characteristics. For the total sample, the average BMI was 26.8 ±3.66. The proportion of underweight was only 1.2%, and 30.8% for normal weight. Overweight was 46.5% and obese accounted for 21.5%. The prevalence of weight status according socio-demographic characteristics is presented.

Table 1. Participants' characteristics

Socio-demographic variable	
Sex	
Male	54.2%
Female	45.8%
Age group	
18–39 years old	32.7%
40-59 years old	33.5%
> 60 years	33.8%
Education level of education	
Primary school	17.7%
High school	40.0%
the faculty	42.3%
Employment status	
Employed	51.2%
Unemployed	28.5%
Student	1.2%
In retirement	19.2%
Place of residence	
Urban area	50.0%
Rural area	50.0%
Marital status	
Married	82.7%
Not married	17.3%
BMI category	
Underweight	1.2%
Normal weight	30.8%
Overweight	46.5%
Obese	21.5%

(BMI, body mass index)

Table 2 Significantly more men than women were underweight (1.4%, 95% CI: 0-3.5% vs. 0.8%, 95% CI: 0-2.5). Also, more men than women were overweight (54.6%, 95% CI: 46.8-62 vs. 37%, 95% CI: 28.6-46.2%). Older adults were significantly more overweight (53.4%, 95% CI: 42-65.9%) and obese (31.1%, 95% CI: 23.9-43.2%) than middle age and younger adults. Perhaps related with age, students people account for a greater proportion of overweight (66.7%, 95% CI: 0-100%), when compared with employed, unemployed and retire. People from urban areas were significantly more overweight (49.3%, 95% CI: 41.9-55.8% vs. 33.3%, 95% CI: 20-46.7%) and obese (23.3%, 95% CI: 17.7-29.3% vs. 13.3%, 95% CI: 4.4-22.2%) than those who lived in rural areas. 49% (95% CI: 41.9-55.8) of those who live without a partner were overweight compared with 33.3% (95% CI: 31.5–34.2%)

Table 2. Prevalence of weight status according to socioeconomic characteristics

	(95% CI) %				P
	Underweight	Normal	Overweight	obese	
Sex					0.001
Male	1.4 (0, 3.5)	31.2 (24.1, 39)	54.6 (46.8, 62.4)	12.8 (7.1, 18.4)	
Females	0.8 (0, 2.5)	30.3 (21.8, 38.7)	37 (28.6, 46.2)	31.9 (23.5, 40.3)	
Age group					0.000
18–39 years old	1.2 (0, 3.5)	49.4 (38.8, 60)	37.6 (27.1, 48.2)	11.8 (5.9, 18.8)	
40-59 years old		33.3 (23, 43.7)	48.3 (37.9, 59.7)	18.4 (10.3, 26.4)	
> 60 years	2.3 (0, 5.7)	10.2 (4.5, 17)	53.4 (42, 65.9)	34.1 (23.9, 43.2)	
Education level of education					0.000
Primary school	2.2 (0, 6.5)	8.7 (2.2, 17.4)	37 (23.9, 52.2)	52.2 (37, 67.4)	
High school	1 (0, 2.9)	30.8 (21.2, 39.4)	50 (40.4, 58.7)	18.3 (10.6, 26)	
the faculty	0.9 (0, 2.7)	40 (30.9, 50)	47.3 (38.2, 57.3)	11.8 (6.4, 18.2)	
Employment status					0.001
Employed	0.8 (0, 2.3)	30.1 (22.6, 38.3)	53.4 (45.1, 61.7)	15.8 (10.5, 22.5)	
Unemployed		43.2 (32.4, 55.4)	36.5 (25.7, 48.6)	20.3 (12.2, 29.7)	
Student		33.3 (0, 100)	66.7 (0, 100)		
In retirement	4 (0, 10.0)	14 (6.0, 24.0)	42 (28.0, 56.0)	40 (28.0, 54.0)	
Place of residence					0.285
Urban area	0.9 (0, 2.3)	26.5 (20.9, 32.6)	49.3 (41.9, 55.8)	23.3 (17.7, 29.3)	
Rural area	2.2 (0, 6.7)	51.1 (37.8, 66.7)	33.3 (20, 46.7)	13.3 (4.4, 22.2)	
Marital status					0.009
Married	0.9 (0.0, 2.3)	26.5 (20.5, 32.1)	49.3 (41.9, 55.8)	23.3 (18.1, 29.3)	
Not married	2.2 (0.0, 6.7)	51.1 (35.6, 66.6)	33.3 (20.0, 46.7)	13.3 (4.4, 24.4)	

Differences between weight status and socio-demographic characteristics were tested by Chi-square

DISCUSSION

This research provides us with current data regarding the prevalence of overweight and obesity in adults in Kosovo. The prevalence of overweight and obesity in 2014 in the European Union was 53.1%, but overweight and obesity in recent years has healthy lifestyle programs, especially in relation to diet and physical activity. The results show that over half of the population in our country and also in more than half of the European population is in the category of overweight and obesity (Guh et al., 2009; Dixon, 2010; Herrera et al., 2011).

This study strengthens the thoughts and claims of an epidemic of overweight and obesity that is emerging in our country as well as in most countries of the European Union. There increased and especially in our country, the results show that the percentage of overweight and obesity has increased to 68.0%. In the countries of the European Union the highest prevalence of overweight and obesity is presented in the countries of Eastern Europe when compared to the countries of Central and Northern Europe. Social and economic characteristics have been shown to be associated with the prevalence of overweight and obesity. Prevalence in women was lower than in men, and this has

been confirmed in our recent research (Manios et al., 2005; de Salas et al., 2016), and such a thing is presented in our country where the percentage of overweight in men is presented to 54.6% of respondents, while in women it is presented to 37% of respondents, but obesity is more pronounced in women in 31.9% of respondents as opposed to men to 12.8% of respondents. Also, overweight and obesity were more prevalent in adults aged >60 years, overweight at this age was reported in 53.4% of respondents, while obesity was reported in 34.1% of respondents, these results are similar to other studies in different countries of the European union showing an increase in overweight and the prevalence of overweight that manifests with increasing age-years of life. Regarding the level of education, the highest percentage of overweight is presented to persons with secondary education, which includes 50.0% of respondents, while obesity is more pronounced in persons with primary education, which includes 52.2% of respondents. It is interesting the result of the appearance of overweight in terms of employment status where the highest percentage of overweight is presented to students which include 66.7% of respondents, while obesity is more displayed in people who are retired which include 40% of respondents. Respondents living in urban areas showed a higher prevalence of overweight and obesity, the prevalence of overweight included 49.3% of respondents in urban areas, while the prevalence of obesity included 23.3% of respondents in urban areas., socio-economic status and geographical position (Sarlio-Lähteenkorva et al., 2006; De Salas et al., 2016). The prevalence of overweight and obesity varied in different countries of the European Union, from approximately 32-45% for overweight and 11-20% for obesity (Cohen et al., 2017). Regarding marital status, the highest percentage of overweight is presented to married persons, which includes 49.3% of respondents, and also obesity is more pronounced in married persons, which includes 23.3% of respondents. Kosovo as a country lying in southeastern Europe is presented with a higher prevalence of overweight and obesity, the prevalence of overweight is presented to 46.5% of respondents while the prevalence of obesity is presented to 21.5% of respondents. However, other factors may also explain this variation on the continent of different European Union countries: urban countries, healthy eating habits and ways, physiological and genetic changes (Murtagh & Murphy, 2015; Blundell et al., 2017). It is interesting that the prevalence of overweight and obesity is higher in Eastern European countries (Blundell et al., 2017). Since the countries of Eastern Europe are known for a lower economic situation than the countries of Central and Northern Europe (Stepaniak et al., 2016). Thus, it is important to develop effective are several risk factors for obesity to appear to have become universal, transcending national boundaries. Therefore, there is a need for a better approach in trying to manage overweight and obesity, preparing and applying appropriate programs in physical activity and public health policies, sports and health care professionals should advise people and their patients and explain the importance of engaging in physical activity and maintaining a healthy weight. People should keep in mind that weight loss (approximately 5% of initial weight) is associated with significant improvements in the health of each person, and that this also reduces the cost to the health care system and society at large (Wilkinson et al., 2014; NCD Risk Factor Collaboration, 2016).

CONCLUSION

This research was conducted on purpose to verify the prevalence of overweight and obesity in adults in Kosovo. The results show that over half of the population in Kosovo and also in more than half of the European population is in the category of overweight and obesity, this study strengthens the thoughts and claims of an epidemic of overweight and obesity that is appearing in our country as well as in most countries of the European union. In accordance with the research objective and hypotheses, we also obtained the research results shows that the hypothesis H: A is proved which shows that there are statistically significant differences between the socio-demographic characteristics of the participants and the weight status of the respondents in Kosovo.

REFERENCES

- Berghöfer, A., Pischon, T., Reinhold, T., Apovian, C. M., Sharma, A. M., & Willich, S. N. (2008). Obesity prevalence from a European perspective: a systematic review. *BMC public health*, 8, 200. <https://bmcpublihealth.biomedcentral.com/articles/10.1186/1471-2458-8-200>
- Blundell, J. E., Baker, J. L., Boyland, E., Blaak, E., Charzewska, J., de Henauw, S., Frühbeck, G., Gonzalez-Gross, M., Hebebrand, J., Holm, L., Kriaucioniene, V., Lissner, L., Oppert, J. M., Schindler, K., Silva, A. L., & Woodward, E. (2017). Variations in the Prevalence of Obesity Among European Countries, and a Consideration of Possible Causes. *Obesity facts*, 10(1), 25-37. <https://www.karger.com/Article/FullText/455952>
- Branca, F., Nikogosian, H., & Lobstein, T. (2007). *The challenge of obesity in the WHO European Region and the strategies for response*. Denmark: WHO Regional Office for Europe Scherfigsvej 8 DK-2100 Copenhagen Ø, Denmark. https://www.euro.who.int/__data/assets/pdf_file/0008/98243/E89858.pdf

- Cohen, S. A., Cook, S. K., Kelley, L., Foutz, J. D., & Sando, T. A. (2017). A closer look at rural-urban health disparities: Associations between obesity and rurality vary by geospatial and socio-demographic factors. *The Journal of Rural Health, 33*(2), 167-179. <https://pubmed.ncbi.nlm.nih.gov/27557442/>
- De Salas, M. M., Martín-Ramiro, J. J., & Juárez Soto, J. J. (2016). Sociodemographic characteristics as risk factors for obesity and overweight in Spanish adult population. *Medicina clinica, 146*(11), 471-477. <https://www.sciencedirect.com/science/article/abs/pii/S0025775316300124?via%3Dihub>
- Dixon, J. B. (2010). The effect of obesity on health outcomes. *Molecular and cellular endocrinology, 316*(2), 104-108. <https://www.sciencedirect.com/science/article/abs/pii/S0303720709003645?via%3Dihub>
- Finucane, M. M., Stevens, G. A., Cowan, M. J., Danaei, G., Lin, J. K., Paciorek, C. J., Singh, G. M., Gutierrez, H. R., Lu, Y., Bahalim, A. N., Farzadfar, F., Riley, L. M., Ezzati, M., & Global Burden of Metabolic Risk Factors of Chronic Diseases Collaborating Group (Body Mass Index) (2011). National, regional, and global trends in body-mass index since 1980: systematic analysis of health examination surveys and epidemiological studies with 960 country-years and 9.1 million participants. *Lancet (London, England), 377*(9765), 557-567. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(10\)62037-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)62037-5/fulltext)
- Guh, D. P., Zhang, W., Bansback, N., Amarsi, Z., Birmingham, C. L., & Anis, A. H. (2009). The incidence of co-morbidities related to obesity and overweight: a systematic review and meta-analysis. *BMC public health, 9*, 88. <https://bmcpubhealth.biomedcentral.com/articles/10.1186/1471-2458-9-88>
- Herrera, B. M., Keildson, S., & Lindgren, C. M. (2011). Genetics and epigenetics of obesity. *Maturitas, 69*(1), 41-49. [https://www.maturitas.org/article/S0378-5122\(11\)00079-X/fulltext](https://www.maturitas.org/article/S0378-5122(11)00079-X/fulltext)
- Khan, L. K., Sobush, K., Keener, D., Goodman, K., Lowry, A., Kakietek, J., Zaro, S., & Centers for Disease Control and Prevention (2009). Recommended community strategies and measurements to prevent obesity in the United States. *MMWR. Recommendations and reports: Morbidity and mortality weekly report. Recommendations and reports, 58*(RR-7), 1-26. <https://www.cdc.gov/mmwr/pdf/rr/rr5807.pdf>
- Manios, Y., Panagiotakos, D. B., Pitsavos, C., Polychronopoulos, E., & Stefanadis, C. (2005). Implication of socio-economic status on the prevalence of overweight and obesity in Greek adults: the ATTICA study. *Health Policy, 74*(2), 224-232. <https://pubmed.ncbi.nlm.nih.gov/16153482/>
- Marques, A., & de Matos, M. G. (2016). Trends in prevalence of overweight and obesity: are Portuguese adolescents still increasing weight? *International Journal of Public Health, 61*(1), 49-56. <https://pubmed.ncbi.nlm.nih.gov/26542954/>
- Marques, A., Peralta, M., Naia, A., Loureiro, N., & de Matos, M. G. (2018). Prevalence of adult overweight and obesity in 20 European countries, 2014. *European journal of public health, 28*(2), 295-300. <https://academic.oup.com/eurpub/article/28/2/295/4210290>
- Murtagh, E. M., Murphy, M. H., Murphy, N. M., Woods, C., Nevill, A. M., & Lane, A. (2015). Prevalence and correlates of physical inactivity in community-dwelling older adults in Ireland. *PLoS ONE 10*(2). 0118293. <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0118293>
- NCD Risk Factor Collaboration (NCD-RisC) (2016). Trends in adult body-mass index in 200 countries from 1975 to 2014: a pooled analysis of 1698 population-based measurement studies with 19.2 million participants. *Lancet (London, England), 387*(10026), 1377-1396. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)30054-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30054-X/fulltext)
- Ng, M., Fleming, T., Robinson, M., Thomson, B., Graetz, N., Margono, C., ... Gakidou, E. (2014). Global, regional, and national prevalence of overweight and obesity in children and adults during 1980-2013: a systematic analysis for the Global Burden of Disease Study 2013. *Lancet (London, England), 384*(9945), 766-781. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)60460-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)60460-8/fulltext)
- OECD / European Union (2016). *Health at a Glance: Europe 2016: State of Health in the EU Cycle*, OECD Publishing, Paris. https://www.oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance-europe-2016_9789264265592-en
- Olds, T., Maher, C., Zumin, S., Péneau, S., Lioret, S., Castetbon, K., Bellisle, de Wilde, J., Hohepa, M., Maddison, R., Lissner, L., Sjöberg, A., Zimmermann, M., Aeberli, I., Ogden, C., Flegal, K., & Summerbell, C. (2011). Evidence that the prevalence of childhood overweight is plateauing: data from nine countries. *International journal of pediatric obesity: IJPO: an official journal of the International Association for the Study of Obesity, 6*(5-6), 342-360. <https://informahealthcare.com/doi/abs/10.3109/17477166.2011.605895>
- Peytremann-Bridevaux, I., Faeh, D., & Santos-Eggimann, B. (2007). Prevalence of overweight and obesity in rural and urban settings of 10 European countries. *Preventive medicine, 44*(5), 442-446. <https://www.sciencedirect.com/science/article/abs/pii/S0091743506005032?via%3Dihub>
- Rokholm, B., Baker, J. L., & Sørensen, T. I. (2010). The levelling off of the obesity epidemic since the year 1999--a review of evidence and perspectives. *Obesity reviews: an official journal of the International Association for the Study of Obesity, 11*(12), 835-846. <https://onlinelibrary.wiley.com/doi/10.1111/j.1467-789X.2010.00810.x>
- Sarlio-Lähteenkorva, S., Silventoinen, K., Lahti-Koski, M., Laatikainen, T., & Jousilahti, P. (2006). Socio-economic status and abdominal obesity among Finnish adults from 1992 to 2002. *International journal of obesity (2005), 30*(11), 1653-1660. <https://www.nature.com/articles/0803319>
- Stepaniak, U., Micek, A., Waśkiewicz, A., Bielecki, W., Drygas, W., Janion, M., Kozakiewicz, K., Niklas, A., Puch-Walczak, A., & Pająk, A. (2016). Prevalence of general and abdominal obesity and overweight among adults in Poland. Results of the WOBASZ II study (2013-2014) and comparison with the WOBASZ study (2003-2005). *Polskie Archiwum Medycyny Wewnętrznej, 126*(9), 662-671. <https://www.mp.pl/paim/issue/article/3499/>
- Sundquist, J., Johansson, S. E., & Sundquist, K. (2010). Levelling off of prevalence of obesity in the adult population of Sweden between 2000/01 and 2004/05. *BMC Public Health, 10*(119). <https://bmcpubhealth.biomedcentral.com/articles/10.1186/1471-2458-10-119>

UNESCO (2012). *International Standard Classification of Education ISCED 2011*. Montreal: United Nations Educational, Scientific and Cultural Organization. Canada: UNESCO Institute for Statistics, P.O. Box 6128, Succursale Centre-Ville Montreal, Quebec H3C 3J7. <http://uis.unesco.org/sites/default/files/documents/international-standard-classification-of-education-isced-2011-en.pdf>

WHO Consultation on Obesity (1999: Geneva, Switzerland) & World Health Organization. (2000). Obesity: preventing and managing the global epidemic: report of a WHO consultation. World Health Organization. <https://apps.who.int/iris/handle/10665/42330>

WHO. (2022). *EUROPEAN REGIONAL OBESITY REPORT*. Denmark: World Health Organization Regional Office for Europe. <https://apps.who.int/iris/bitstream/handle/10665/353747/9789289057738-eng.pdf>

WHO. (9 June 2021). *Obesity and overweight*. Geneva, Switzerland: <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>

WHO, *Obesity and Overweight*. Available from: <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>

Wilkinson, M. L., Brown, A. L., Poston, W. S., Haddock, C. K., Jahnke, S. A., & Day, R. S. (2014). *Physician weight recommendations for overweight and obese firefighters, United States, 2011-2012*. *Preventing chronic disease, 11*, E116. https://www.cdc.gov/pcd/issues/2014/14_0091.htm

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