

# OBESITY IN ADULT RESIDENTS OF ACCRA, GHANA

Albert G. B. Amoah MD, FRCPE, PhD

**Objectives:** To determine the prevalence of obesity in Ghanaian adults.

**Design:** 6300 adults, aged 25 years and older, were selected by random cluster sampling using electoral enumeration areas and listings of adults.

**Setting:** Two urban and one rural community in the Greater Accra region of Ghana.

**Subjects and Methods:** 4733 (males=1860, females=2873) adult Ghanaians participated. Height and weight were determined for subjects wearing light clothing and without shoes.

**Results:** The mean age and BMI were 44.3 years and 24.4 kg/m<sup>2</sup>, respectively. Women, though younger, had higher BMI values compared to males (25.6 vs 22.6 kg/m<sup>2</sup>, respectively;  $P < .001$ ). The overall crude prevalence of overweight (25.0–29.9 kg/m<sup>2</sup>) and obesity ( $\geq 30$  kg/m<sup>2</sup>) were 23.4% and 14.1% for females and males, respectively. The rates of overweight (27.1% vs 17.5%) and obesity (20.2% vs 4.6%) were both higher in women than men. The age-standardized prevalence of obesity in Ghanaians was 13.6%. Obesity increased with age, peaking in the 55–64-year age group. The first to fourth BMI quartiles were:  $\leq 20.6$ , 20.7–23.3, 23.4–27.2, and  $\geq 27.3$  kg/m<sup>2</sup>, respectively. At all ages, more females (32.9%) than males (12%) were placed within the 4th BMI quartile. Residents from the high-class residential area had higher BMI, compared to subjects from the lower class suburb. Also, urban residents had higher BMI compared to rural subjects.

**Conclusion:** Overweight and obesity are common in Ghanaians, particularly among females, the elderly, and urban dwellers. Further work is needed to ascertain the determinants of overweight and obesity in Ghanaians. (*Ethn Dis.* 2003;13[suppl2]:S2-97–S2-101)

**Key Words:** Obesity, Overweight, Prevalence, Survey, Population, Ghana, Sub-Saharan Africa, Urban, Rural, Social Class

---

From the Department of Medicine and Therapeutics, University of Ghana Medical School; and the National Diabetes Management and Research Center, Korle Bu Teaching Hospital, Accra, Ghana.

Address correspondence to Prof. AGB Amoah MD, FRCP(Edin), PhD(Surrey); Diabetes Research Laboratory; Department of Medicine and Therapeutics; University of

## INTRODUCTION

The prevalence rates of overweight and obesity appear to be increasing rapidly in many countries, and reflect a general, overall increase in body weight.<sup>1–4</sup> Excess body weight is associated with increased risk for cardiovascular and other chronic disorders,<sup>5</sup> type 2 diabetes,<sup>6</sup> dyslipidemia,<sup>5,6</sup> endocrine disorders,<sup>7</sup> stroke, osteoarthritis, some cancers, and gallbladder disease.<sup>8–10</sup> An increase in the prevalence of obesity within a population is often seen prior to a rise in the occurrence of chronic non-communicable diseases, such as hypertension and diabetes.<sup>11</sup>

Obesity and overweight appear to be increasing in developing countries, as these nations undergo acculturation, with alterations in diet and activity patterns resulting from Westernization.<sup>3,12</sup> Currently, however, little data exist on obesity among Africans. In fact, in 2 recent reviews on obesity, no reference was made to Africa. To date, a population-based study of the prevalence of obesity has never been performed in Ghanaian adults. In recent years, several investigators have published BMI percentile data for other countries<sup>13–16</sup>; no such data have been compiled in Ghanaians. The most commonly employed measure of obesity in epidemiological research is the Quetelet index or body mass index (BMI).<sup>17</sup> The subject of this report is the prevalence and the descriptive analysis of overweight and obesity, as assessed by BMI, in adult Ghanaians. Also presented are percentile data and BMI quartiles that may be used as reference data to interpret BMI in accordance with sex and gender in adult

---

Ghana Medical School; Post Office Box 4236; Accra, Ghana; 233 21 671047 (fax); agbamoah@ghana.com

Ghanaians. In addition to providing baseline data for future monitoring of trends in body weight in Ghanaians, such information may assist health planners in formulating policy to combat overweight and obesity in Ghanaians.

## STUDY PARTICIPANTS AND METHODS

The study sample was deliberately selected from a rural community and two urban areas in the Greater Accra region of Ghana, to allow for a comprehensive non-communicable disease survey. A stratified 2-stage cluster sampling technique was used. The first stage units were composed of census enumeration areas in the 3 survey areas. The second stage units were represented by the adults, aged 25 years and older.

### Sampling Frame and Sample Allocation

The Ghana Statistical Service randomly selected 14 census enumeration areas from each of the 3 survey areas. Each enumeration area was expected to include approximately 200 adults, aged 25 years and older, whose names were then segregated onto a list of eligible adults. One hundred fifty adults were subsequently selected per enumeration area to participate in the study by systematic random sampling from the listed eligible adults per enumeration area. A total of 6300 subjects (2100 per survey area) were thus recruited into the study.

### Survey Methods

Subjects were requested to report to a central survey site (2 sites in the rural area) early in the morning, after an overnight fast. Anthropometric measurements were performed on subjects wearing light clothing and without shoes.

*To date, a population-based study of the prevalence of obesity has never been performed in Ghanaian adults.*

Weight was measured with a heavy-duty Seca 770 floor digital scale (Seca, Hamburg, Germany) to the nearest 0.1 kg. Height was measured with a stadiometer to the nearest 0.1 cm. Body mass index (BMI) was calculated from the weight and height measurements.

**Data Analysis**

Relative weight (BMI) was categorized as follows: underweight= $<18.5$  kg/m<sup>2</sup>; normal= $\geq 18.5$ – $24.9$  kg/m<sup>2</sup>; overweight= $\geq 25$ – $30$  kg/m<sup>2</sup>; and obesity= $>30$  kg/m<sup>2</sup>.<sup>18</sup> Prevalence estimates of overweight and obesity were age-standardized to the total Ghanaian population by the direct method,<sup>19</sup> using a population estimate of 18.3 million and from adults, aged 25 years and older.<sup>20</sup>

The statistical package SPSS 10.0 for Windows (SPSS Inc, Chicago, Ill) was used for analyses. The results for continuous variables are expressed as means with 95% confidence intervals, unless otherwise stated.

**Ethics**

The study was approved by the Ethical Review Committee of the University of Ghana Medical School, and complied with the Helsinki Declaration of 1975 (revised in 1983) on human experimentation.

**RESULTS**

A total of 4733 (males=1860, females=2873) adult Ghanaians, aged 25 years and older, participated in the study, representing a response rate of

**Table 1. Comparison of the means (95% confidence intervals, CI) of selected variables and the prevalence of overweight and obesity in males and females**

Variable	Male Mean (95% CI) N=1860	Female Mean (95% CI) N=2873	Total Population (95% CI) N=4733
Age	44.9 (44.2–45.6)	44.0 (43.4–44.5)	44.3 (43.9–44.8)
Height (m)	1.71 (1.70–1.71)	1.60 (1.59–1.60)	1.64 (1.64–1.64)
Weight (kg)	65.8 (65.2–66.4)	64.9 (64.3–65.4)	65.2 (64.8–65.7)
BMI kg/m <sup>2</sup>	22.6 (22.4–22.8)	25.6 (25.4–25.8)	24.4 (24.3–24.6)
% Overweight	17.5	27.1	23.4
% Obesity	4.6	20.2	14.1

75% of the eligible group. This study found the crude prevalence of obesity in Ghanaian adults to be 14.1%, and the age-standardized prevalence of obesity was reported as 13.6%. Table 1 shows the comparison of the means with 95% confidence intervals (CI) of selected variables, and the prevalence of overweight and obesity in males and females, and in the total study population. Although younger, the females had higher BMI values, with the rates of overweight and obesity being significantly higher in females, compared to males.

Table 2 shows the sex- and age-specific means (with confidence intervals), and distribution of BMI categories. No

clear increase in mean BMI with age was observed in males; however, mean BMI in females rose steadily to peak in the 55- to 64-year-age group. The highest prevalence of overweight and obesity in males occurred in the 45- to 64-year-age range. In females, the 35- to 44-year and 55- to 64-year-age categories had the highest rates of overweight and obesity, respectively. The sex- and age-specific distribution of BMI quartiles is shown in Table 3. At all ages, more females than males were placed within the 4th BMI quartile.

Table 4 shows the percentiles of BMI by sex and age category. Table 5 contrasts the mean age and BMI in the

**Table 2. Distribution of body mass index by BMI categories by age and sex**

Sex and Age Group	N	Mean BMI (kg/m <sup>2</sup> ) (with CI)	Distribution of Body Mass Index % of Subjects			
			<18.4	18.5–24.9	25.0–29.9	$\geq 30$
<b>Men (years)</b>						
25–34	555	22.0 (21.8–22.3)	5.4	88.8	8.8	2.0
35–44	444	23.0 (22.7–23.4)	5.0	69.9	20.7	4.7
45–54	391	23.3 (22.8–23.7)	9.0	59.9	25.8	6.1
55–64	247	22.5 (21.9–23.1)	15.9	60.2	16.3	7.7
$\geq 65$	222	22.0 (21.4–22.6)	22.1	54.1	19.4	4.5
All men	1859	22.6 (22.4–22.8)	9.4	68.5	17.5	4.6
<b>Women (years)</b>						
25–34	900	23.9 (23.6–24.2)	7.7	58.6	22.6	11.1
35–44	764	26.2 (25.8–26.6)	4.6	42.0	31.4	22.0
45–54	561	26.7 (26.2–27.2)	5.0	41.7	27.3	26.0
55–64	319	27.2 (26.5–27.9)	6.3	34.5	26.3	32.9
$\geq 65$	331	25.3 (24.7–26.0)	10.6	40.5	30.2	18.7
All women	2875	25.6 (25.4–25.8)	6.5	46.1	27.1	20.2
Total	4734	24.4 (24.3–24.6)	7.7	54.9	23.4	14.1

**Table 3. Sex- and age-specific distribution of BMI quartiles**

Age Group	Distribution of Body Mass Index by Quartiles % of Subjects			
	1st Quartile (≤20.6)	2nd Quartile (20.7–23.3)	3rd Quartile (23.4–27.2)	4th Quartile (≥27.3)
<b>Males</b>				
25–34	33.0	43.4	17.8	5.8
35–44	28.2	35.1	23.9	12.8
45–54	31.5	26.9	23.3	18.4
55–64	45.9	19.9	18.7	15.4
≥65	41.4	24.8	23.0	10.8
All men	34.2	32.6	21.2	12.0
<b>Women</b>				
25–34	25.1	27.6	26.9	20.4
35–44	14.5	19.2	29.1	37.2
45–54	15.7	16.8	28.3	39.2
55–64	18.5	15.0	18.5	48.0
≥65	24.2	16.6	27.2	32.0
All women	19.6	20.6	26.9	32.9

3 survey areas, urban high/middle class (Labone/Cantoments), urban lower class (Teshie), and rural (Abokobi/Danfa) suburbs of Greater Accra. Among urban dwellers, subjects from the high/middle class area were younger, but exhibited higher BMI values, compared to subjects from the lower class suburb. Subjects from the rural area had lower mean BMI values, compared to urban subjects.

**DISCUSSION**

The World Health Organization has recently highlighted the global epidemic of obesity.<sup>3</sup> Little data on obesity exist on sub-Saharan populations in Africa.<sup>21</sup> This is the first population-based cross-sectional study to provide data on the prevalence of overweight and obesity in Ghanaian adults.

The mean BMI of Ghanaian males (22.6 kg/m<sup>2</sup>) was comparable to that of other Black males in Nigeria (21.7 kg/m<sup>2</sup>–22.5 kg/m<sup>2</sup>),<sup>22,23</sup> and Jamaica (23.6 kg/m<sup>2</sup>; 23.8 kg/m<sup>2</sup>),<sup>22,23</sup> but was lower than that of US Black males (27.0 kg/m<sup>2</sup>; 26.5 kg/m<sup>2</sup>).<sup>22,23</sup> It is interesting to note that the relative fatness of Ghanaian males was comparable to that of Yemeni males (22.5 kg/m<sup>2</sup>).<sup>24</sup> In con-

trast, the Ghanaian females (25.8 kg/m<sup>2</sup>) were more obese than their Black counterparts in Nigeria (22.9 kg/m<sup>2</sup>),<sup>22,23</sup> but less obese than Black females in Jamaica (27.0; 28.0 kg/m<sup>2</sup>),<sup>22,23</sup> in UK (29.0 kg/m<sup>2</sup>),<sup>25</sup> and in the United States (30.9; 29.4 kg/m<sup>2</sup>).<sup>22,23</sup> West Africans share ethnogenetic links with Blacks in the Caribbean and the United States.<sup>26</sup> Therefore, it is conceivable that the relatively high rates of obesity in Black Americans may occur in Ghanaians with the increasing urbanization experienced during cultural transition.

A notable finding in the present

*This study found the crude prevalence of obesity in Ghanaian adults to be 14.1%, and the age-standardized prevalence of obesity was reported as 13.6%.*

study is the relatively high prevalence of overweight (23.4%) and obesity (14.1%) in Ghanaians; clearly, obesity is not rare in Ghanaian adults. It must be noted that lower rates have been reported in some industrialized countries.<sup>16,21,27</sup>

The proportion of underweight Ghanaian males (9.4%) was considerably higher than that reported for Black males in the United States (1.98%). Fewer Ghanaian females were underweight, compared to the males. From the present study, the percentage of overweight or obese women was more than twice that of men (47.3% vs 21.1%, respectively). In both sexes, urban subjects, and subjects from the higher social class suburb, were more likely to be overweight, compared to

**Table 4. Percentiles of body mass index by age category and sex**

Age Group (N)	Percentiles of Body Mass Index (kg/m <sup>2</sup> )						
	5	10	25	50	75	90	95
<b>Men</b>							
25–34 (555)	18.3	19.0	20.2	21.6	23.2	25.2	27.6
35–44 (444)	18.4	19.1	20.4	22.1	25.1	28.1	29.9
45–54 (391)	17.7	18.6	20.1	22.5	26.0	29.0	30.7
55–64 (246)	16.7	17.9	19.3	21.2	24.9	29.1	31.5
65–74 (141)	16.4	17.3	19.2	21.3	24.9	28.0	29.9
≥75+ (81)	16.3	16.9	18.3	21.3	25.0	27.9	29.6
<b>Women</b>							
25–34 (900)	17.8	18.9	20.6	23.1	26.2	30.4	32.6
35–44 (764)	18.5	19.9	22.2	25.5	29.2	34.1	37.5
45–54 (561)	18.4	19.6	22.3	25.6	30.1	35.7	38.5
55–64 (319)	18.2	19.4	21.6	26.9	31.3	36.0	38.2
65–74 (219)	17.3	19.0	21.8	26.0	29.3	35.1	38.3
≥75 (112)	15.8	17.0	19.4	22.7	26.2	30.3	34.5

**Table 5. Sex-specific distribution of BMI categories by survey area**

Sex and area	Mean age (CI) yr	Mean BMI (CI) kg/m <sup>2</sup>
<b>Men</b>		
Labone/Cantoments (N=664)	42.83 (41.8–43.9)	24.0 (23.7–24.3)
Teshie (N=558)	45.0 (43.8–46.2)	22.5 (22.2–22.9)
Abokobi/Danfa (N=639)	46.9 (45.8–48.1)	21.2 (20.9–21.4)
<b>Women</b>		
Labone/Cantoments (N=816)	41.6 (40.7–42.6)	27.0 (26.5–27.4)
Teshie (N=1071)	45.3 (44.4–46.2)	25.5 (25.2–25.9)
Abokobi/Danfa (N=988)	44.5 (43.5–45.4)	24.5 (24.2–24.9)

their rural and lower income counterparts.

The first to fourth BMI quartiles were:  $\leq 20.6$ , 20.7–23.3, 23.4–27.2, and  $\geq 27.3$  kg/m<sup>2</sup>, respectively. At all ages, more females (32.9%) than males (12%) were placed within the 4th BMI quartile. In recent years, several investigators have published percentile data for other countries.<sup>13–16</sup> No such data previously existed for Ghanaians. For the first time, we present population-based percentile data that could be used as reference data to interpret BMI in accordance with sex and gender in adult Ghanaians. Further, current anthropometric data rarely include people older than 74 years, and few normative data exist for the elderly in developing countries.<sup>28</sup> Our subjects included 82 men and 112 women, aged 75 years or older, so also provide reference data, though limited, for use in elderly Ghanaian subjects.

In conclusion, overweight and obesity are common in Ghanaians, particularly among females, the elderly, and urban dwellers. Further work is needed, however, to ascertain the determinants of obesity in Ghanaians.

**ACKNOWLEDGMENT**

I wish to thank Mr. Thomas Ndanu and Miss Esi Amoah, our field Coordinators, and

all the survey personnel who took part in this study. I wish also to thank Mr. Charles Oppong and Mr. Henry Edu for the laboratory analysis. The assistance of Mr. George Mensah with the statistical analysis is acknowledged. I am grateful to Prof. JOM Pobe for his helpful comments. The financial assistance of the Eli Lilly and Co Foundation, USA; Ministry of Health, Ghana; and the National Diabetes Management and Research Centre, are acknowledged.

**REFERENCES**

- Sorensen TIA. The changing lifestyle in the world; body weight and what else. *Diabetes Care*. 2000;23(suppl 2):B1–B4.
- Siedell JC. Time trends in obesity: an epidemiological perspective. *Horm Metab Res*. 1997;29:155–158.
- World Health Organization. Obesity: preventing and managing the global epidemic. Report of a WHO Consultation. Presented at: the World Health Organization; June 3–5, 1997; Geneva, Switzerland. Publication WHO/NUT/NCD/98.1; 1998.
- Wickelgen I. Obesity: how big a problem? *Science*. 1998;280:1364–1367.
- Stern M. Epidemiology of obesity and its link to heart disease. *Metabolism*. 1995;44(suppl 3):1–3.
- Ferrannini E. Physiological and metabolic consequences of obesity. *Metabolism*. 1995; 44(suppl 3):15–17.
- Bjorntorp P. Endocrine abnormalities in obesity. *Diabetes Rev*. 1997;5:52–68.
- Burton BT, Foster WR, Hirsch J, Vanitallie TB. Health implications of obesity: NIH consensus development conference. *Int J Obes Relat Metab Disord*. 1998;22:39–43.
- Deslypere JP. Obesity and cancer. *Metabolism*. 1995;44(suppl 3):24–27.

- Bray GA. Health hazards of obesity. *Endocrinol Metab Clin North Am*. 1996;25:907–919.
- Poulter NR, Khaw K, Hopwood BE, et al. Determinants of blood pressure changes due to urbanization: a longitudinal study. *J Hypertens*. 1985;3(suppl 3):5375–5377.
- Popkin BM. The nutrition transition in low-income countries: an emerging crisis. *Nutr Rev*. 1994;52:285–298.
- Hammer LD, Kraemer HC, Wilson DM, Ritter PL, Dornbush SM. Standardized percentile curves of body mass index for children and adolescents. *Am J Dis Child*. 1991;145: 259–263.
- Rolland-Cachera MF, Cole TJ, Sempe M, Tichet J, Rossignol C, Charraud A. Body mass index variations: centiles from birth to 87 years. *Eur J Clin Nutr*. 1991;45:13–21.
- Must A, Dallal GE, Dietz WH. Reference data for obesity: 85th and 95th percentiles of body mass index (wt/ht<sup>2</sup>) and triceps skinfold thickness. *Am J Clin Nutr*. 1991;53:839–846.
- Yoshiike N, Matsumura Y, Zaman MM, Yamaguchi M. Descriptive epidemiology of body mass index in Japanese adults in a representative sample from the National Nutrition Survey 1990–1994. *Int J Obes*. 1998;22: 684–687.
- WHO Expert Committee on Physical Status, eds. *The Use and Interpretation of Anthropometry*. Geneva: WHO; 1995.
- Alberti KGMM, Zimmet PZ, for the WHO Consultation. Definition, diagnosis, and classification of diabetes mellitus and its complications. Part 1: diagnosis and classification of diabetes mellitus. Provisional report of WHO Consultation. *Diabet Med*. 1998;15:539–553.
- Hennekens CH, Buring JE, Mayrent SL. *Epidemiology in Medicine*. 2nd ed. Boston, Mass: Little, Brown and Co; 1987:70–73.
- Demographic and Health Survey*. Calverton, Md: Ghana Statistical Service, Accra and Macro International Inc; 1998.
- Epstein FH, Higgins M. Epidemiology of obesity. In: Bjorntorp P, Brodoff BN, eds. *Obesity*. Philadelphia, Pa: JB Lippincott Co; 1992:330–342.
- Luke A, Durazo-Arvizu R, Rotimi C, et al. Relation between body mass index and body fat in Black population samples from Nigeria, Jamaica, and the United States. *Am J Epidemiol*. 1997;145:1–9.
- Okosun IS, Cooper RS, Rotimi CN, Osotimhin B, Forrester T. Association of waist circumference with risk of hypertension and type 2 diabetes in Nigerians, Jamaicans, and African Americans. *Diabetes Care*. 1998;21: 1836–1842.
- Owusu SK. Diabetes in the Yemen: a preliminary study. *Int Diabet Digest*. 1992:101–104.
- Pomerleau J, McKeigue PM, Chaturvedi N. Factors associated with obesity in South Asian, Afro-Caribbean, and European women. *Int J Obes*. 1999;23:25–38.

26. Cooper RS, Rotimi CN, Ataman SL, et al. Prevalence of hypertension in seven populations of African origin. *Am J Public Health*. 1997;87:160-169.
27. WHO MONICA Project: geographical variation is the major risk factors of coronary heart disease in men and women aged 35-64. *World Health Stat Q*. 1988;41:115-140.
28. Oni de M, Habicht J-P. Anthropometric reference data for international use: recommendations from a World Health Organization Expert Committee. *Am J Clin Nutr*. 1996;64:650-658.