

## **Abstract**

**Objectives:** This study aims to establish a base line information about the prevalence of obesity in an urban Palestinian population, to assess factors associated with obesity, and to describe the relation between obesity prevalence and other conditions such as hypertension and dyslipidemia in that population.

**Subjects and design:** A cross-sectional survey was held in an urban Palestinian population among 492 males and females aged 30 to 65 years. BMI, waist-to-hip ration (WHR) and blood pressure were measured for each subject. Socio-demographic information were investigated using a standard questionnaire and venous blood was drawn for assessment of lipid levels

**Results:** Obesity prevalence ( $BMI \geq 30$ ) for the study population was 42% among both sexes. The prevalence was 40.3% after age-standardization to the Palestinian population and 45.1% after standardization to the WHO “world” standard population. The prevalence of obesity was 49.8% and 31.4% for females and males, respectively ( $P < 0.001$ ). Obesity was studied in relation to age, sex, smoking status, educational level, parity, wealth status, and food frequencies, as independent factors. Obesity was associated with age for both sexes. Obesity was associated with parity and lower educational level for females after controlling for age, wealth. Obesity was associated with higher wealth status and non-smoking status for males, after controlling for age, education and ex-smoking status. This study found that wealthy and obese individuals have different eating habits than non-wealthy and non-obese individuals. Obesity and central obesity were associated with blood pressure and serum lipids. After controlling for age and sex we found that systolic blood pressure and serum triglycerides were

positively associated with general and central obesity. The HDL-cholesterol was negatively associated with obesity for both sexes.

**Conclusion:** There is a high prevalence of obesity and central obesity among both males and females in this urban population. There is a need for planning a preventive program in order to decrease obesity high prevalence and consequently reduce the risk of its complications and related diseases.