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7 **A Scoping Review of the Biological, Socioeconomic, and Environmental**  
8 **Determinants of Overweight and Obesity among Middle Eastern and**  
9 **Northern African Nationalities**

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15

16 **Abstract**

17 Globally, and particularly in the Middle East and North Africa (MENA) region, obesity and  
18 overweight have become serious public health concerns. The objective of this scoping review is  
19 to identify and summarize the available data on the determinants of overweight and obesity  
20 among MENA nationalities. An extensive search was conducted of electronic databases,  
21 including Google Scholar, PUBMED, and PROQUEST, for articles published from 2007 until  
22 2022. Ten articles of the 333 that were found in the original search after filtering met the  
23 requirements for inclusion. Data extraction and quality assessment were applied to each of the  
24 selected studies. A thorough synthesis of the factors influencing overweight and obesity in  
25 MENA nationalities is provided by this scoping review. The results show the intricate interplay  
26 of anthropometric, behavioral, sociodemographic, and environmental factors that cause  
27 overweight and obesity in this population.

28 **Keywords:** Overweight; Obesity; Body Mass Index; Oman.  
29  
30  
31

32 **Introduction**

33 In 2017, more than 1.9 billion individuals aged 18 and older were overweight, according to the  
34 World Health Organization (WHO, 2017),<sup>1</sup> of these, 650 million were obese.<sup>2</sup> The WHO defines  
35 overweight for adults as a Body Mass Index (BMI) greater than or equal to 25 and obesity for  
36 adults as a BMI greater than or equal to 30. The term obesity refers to “a disease process  
37 characterized by excessive body fat accumulation with multiple organ-specific consequences.”<sup>3</sup>  
38 Changes in dietary patterns, socioeconomic circumstances, demographics, physical activity  
39 levels, and many pregnancies are some of the variables that contribute to the incidence of obesity  
40 in Arabic-speaking nations.<sup>4</sup> Both industrialized and emerging nations have reported an increase  
41 in obesity prevalence.<sup>5</sup> Studies in the region have shown that overweight and obesity can be  
42 predicted by female gender, literacy, and a history of hypertension.<sup>6</sup> Overweight and obesity  
43 have increased in the Gulf States including Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and the  
44 United Arab Emirates (UAE).<sup>7</sup> Historically, Arab culture has associated being overweight or  
45 obese with wealth and prosperity for men and fertility among women,<sup>7</sup> however, this perception  
46 has altered and obesity is currently acknowledged to be a serious health issue and a known risk  
47 factor for major comorbidities.<sup>8</sup>

48  
49 According to the Global Obesity Observatory, Oman has the 60<sup>th</sup> highest prevalence of obesity  
50 globally, however, for the prevalence of obesity in adult females, the country is ranked 38<sup>th</sup>, and  
51 34.97 % of Omani women are considered obese.<sup>9</sup> In Saudi Arabia, 20,000 deaths each year occur  
52 due to diseases related to obesity.<sup>10</sup> As overweight and obesity are amongst the most preventable  
53 causes of mortality and morbidity,<sup>11</sup> Gulf States spend billions of riyals annually to fight the  
54 burden of these diseases.

55  
56 The period from 18–25 years old marks a period of transition from adolescence to adulthood. In  
57 previous years obesity has predominantly affected middle-aged adults, however, there is a steady  
58 increase of obesity among young adults, generally among college and university students.<sup>12</sup>  
59 Young people face significant lifestyle changes around the world, such as leaving home and  
60 beginning college or university.<sup>13</sup> A sense of loss can be felt during this transition stage that  
61 often leads to time displacement, identity confusion and letting go of familiar contexts.<sup>14</sup> At this  
62 stage of life, young adults are of greater vulnerability to imbalances in energy expenditure that

63 often result in weight gain. Such weight gain may appear less concerning than for older  
64 individuals, but may later have its consequences. Risk behaviors may stem from a combination  
65 and interaction of social, psychological and biological factors that transpire during these  
66 vulnerable years and make young adults vulnerable to risk-taking behaviors.<sup>15</sup> Given the  
67 increasing rates of obesity amongst young adults in the Middle East and North Africa (MENA),  
68 it is important to develop effective public health strategies to address the issue. This review aims  
69 to identify the determinants of overweight and obesity among MENA nationals.

70

### 71 ***Review Purpose***

72 The purpose of this literature review is to synthesize the available evidence on the determinants  
73 of obesity and overweight in MENA populations to serve as a baseline for future research.

74

### 75 ***Review Objectives***

76 To identify determinants of overweight and obesity among MENA nationalities.

77

### 78 ***Scoping Literature Review***

79 A review is similar to textual or narrative synthesis<sup>16</sup> with the aim to extract as much relevant  
80 material as possible from each piece of literature, including technique, findings and variables.  
81 This style of review provides a high-level overview of relevant research accomplishments to  
82 date. This form of evaluation can identify a field's conceptual boundaries, quantify the pool of  
83 available research evidence, and determine the categories of available evidence and any research  
84 gaps.

85

## 86 **Materials and Methods**

### 87 ***Literature Identification***

88 The search used terms such as “Overweight”, “Obesity” and “MENA Nationalities”. For each  
89 manuscript, preliminary relevance was determined from the title, specifically, if the content  
90 appeared to discuss overweight and obesity among young adults a full reference was obtained  
91 including the author, year, title and abstract for further evaluation.

92

### 93 ***Search Strategy***

94 Search strategies employed the utilization of established electronic databases such as Google  
95 Scholar, PUBMED and PROQUEST.  
96 [Figure 1 Review protocol]

97

## 98 ***Inclusion and Exclusion Criteria***

### 99 ***Inclusion Criteria***

100 A set of inclusion and exclusion criteria was used to select pertinent studies. Studies were  
101 required to be conducted in a population of MENA origin. Only studies published with a primary  
102 focus on overweight and obesity and published in the English language were. Studies examining  
103 diverse drivers of overweight and obesity, such as biological, socioeconomic, and environmental  
104 factors were included. The analysis includes both quantitative and qualitative investigations. All  
105 articles with a publication date between 2007 and 2022 were taken into consideration.

106

### 107 ***Exclusion Criteria***

108 A number of studies were excluded due to predetermined standards. Research undertaken prior  
109 to 2005 was not included in the analysis. Also excluded from the study selection procedure were  
110 meta-analyses and systematic reviews. These exclusion criteria were developed to ensure the  
111 chosen studies were pertinent and appropriate for the research purpose.

112

### 113 ***Quality and Eligibility Assessment***

114 The researchers screened the full text of articles to further evaluate the quality and eligibility of  
115 the studies. Studies that were published in reputed journals and books were included. Most  
116 online presentations and technical reports were excluded from the review due to the lack of peer  
117 review. The quality and eligibility task was performed by two researchers in parallel and  
118 independently. Any discrepancies in the findings were resolved by discussion. A Critical  
119 Appraisal Skills Programme (CASP) checklist was used to assess the quality of studies.

120

### 121 ***Search Outcomes***

122 Figure 1.2 depicts the PRISMA Diagram, which demonstrates the selection, screening, and  
123 decision points used to determine article eligibility and inclusion. The titles and aims of the 1300  
124 non-duplicate articles retrieved from database searches were screened as part of the preliminary

125 identification procedure. A preliminary abstract evaluation resulted in the exclusion of 967  
126 articles. This was followed by a thorough screening utilizing the inclusion and exclusion criteria  
127 listed above. The articles were sorted by year of publication from 2007 to 2022, with older  
128 content automatically eliminated. Quantitative and qualitative studies were accepted, but  
129 systematic reviews and meta-analyses were not. This resulted in 333 articles that were published  
130 in English. Full-text screening was utilized to narrow down the inclusion criteria and ensure the  
131 articles focused on the pre-identified factors. At this stage, 202 articles were excluded on the  
132 basis they did meet the pre-identified determinants in their full text and the ten remaining articles  
133 were included in the review.

134 [Figure 2 Prisma Diagram]

135

### 136 ***Data Extraction & Analysis***

137 The research team coded the papers. A uniform code was decided, and each researcher assigned  
138 to the data extraction task used a summary table for each identified variable. Two researchers  
139 independently coded the studies. The researchers reviewed each paper in its entirety to provide  
140 context about the study and to avoid deviating from the focus of the original paper. Data was  
141 synthesized using tables to cluster the findings according to research designs and techniques,  
142 quantitative and qualitative studies. Findings were presented separately and combined in a  
143 narrative synthesis.

144

### 145 ***Reporting***

146 To ensure the quality of literature included in the review ‘A Measurement Tool to Assess  
147 Systematic Reviews’ (AMSTAR)<sup>17</sup> checklist was used to identify research that adhered to the  
148 suggested standards.

149

### 150 ***Discussion***

151 Globally, and in particular among MENA and Gulf Cooperating Countries (GCC), obesity and  
152 overweight have emerged as serious public health issues. In the GCC and MENA regions, the  
153 prevalence of obesity and overweight has risen rapidly. These regions have some of the highest  
154 obesity rates worldwide, according to a study by Ng.<sup>18</sup> For instance,<sup>19</sup> calculated the obesity  
155 prevalence among adults in Saudi Arabia to be 35.4% while 60.9% of people in the UAE are

156 reported to be overweight or obese.<sup>20</sup> Due to a variety of biological, socioeconomic, and  
157 environmental factors that encourage an obesogenic environment, obesity and overweight has  
158 become more common in the MENA region.<sup>15</sup>

159  
160 The review identified three studies that discuss the biological determinants of overweight and  
161 obesity in MENA nations. El Hajj Chehadeh and colleagues<sup>21</sup> examine the role of genetic  
162 variations in the UAE's young Arab population's vulnerability to overweight and obesity. The  
163 study's main focus is on the genetic causes of overweight and obesity in young people in the  
164 UAE. The researchers aimed to pinpoint particular genes or genetic variations linked to a higher  
165 risk of overweight or obesity by examining genetic variants. Understanding the genetic  
166 components at play can help us to better understand the molecular processes that underlie obesity  
167 in the Arab community. This work advances our understanding of the genetic factors that drive  
168 obesity and may help in the creation of focused strategies for the management and prevention of  
169 obesity.

170  
171 The prevalence of overweight and obesity among university students in the Sultanate of Oman is  
172 examined by Labban.<sup>22</sup> Labban and Al Kilani's works<sup>22,33</sup> both analyze the population's BMI  
173 distribution and examine the prevalence of overweight and obesity among university students in  
174 the Sultanate of Oman. The findings offer insights into the biological causes of obesity in young  
175 Omani adults. A cross-sectional study by Al-Ghamdi and colleagues determines the prevalence  
176 of overweight and obesity, assessed by BMI, in Alkharj, Saudi Arabia<sup>23</sup>. These studies highlight  
177 the importance of developing personalized activities and interventions that target individuals  
178 with a higher genetic predisposition to obesity. This is made possible by understanding the  
179 genetic variations linked to overweight and obesity as well as understanding the demographic  
180 makeup of both the overweight and obese population. Although there is no one "biological  
181 determinant" of obesity and overweight, there are a number of biological characteristics that may  
182 put Middle Eastern and North African (MENA) populations at higher risk for these conditions.  
183 It's crucial to keep in mind that these groups exhibit substantial variability, which means that the  
184 prevalence and influence of these characteristics may differ.

185

186 In the context of socio-cultural determinants of overweight and obesity, Kahan<sup>24</sup> examines the  
187 sociodemographic aspects of overweight among Middle Eastern American college students. A  
188 sedentary lifestyle, which is defined by little physical activity and a greater reliance on  
189 technology, is identified as one of the most important causes.<sup>22</sup> The obesogenic environment has  
190 also been driven by cultural factors, such as a preference for traditional foods that are high in  
191 calories and an increase in fast food intake.<sup>25</sup> Socioeconomic variables, urbanization, and genetic  
192 susceptibility all contribute to the development of overweight and obesity.<sup>26</sup> The study sheds  
193 light on the socioeconomic causes of obesity in this particular community by examining the link  
194 between sociodemographic traits and weight status.

195  
196 Kuwait's overweight and obesity rates and their relationship with sociodemographic variables  
197 show an association between weight status and a variety of social variables, such as age, gender,  
198 education, and income.<sup>27</sup> The work of Bays<sup>28</sup> argues collaboration between healthcare  
199 professionals, policymakers, educational institutions, community organizations, and other  
200 stakeholders is necessary to address the socioeconomic determinants of obesity. Coordination of  
201 activities can result in greater reductions in obesity rates. In addition to biological considerations,  
202 socio-cultural influences, such as traditions, societal norms, and economic circumstances, have a  
203 big impact on obesity and overweight. These socio-cultural factors can differ amongst Middle  
204 Eastern and North African (MENA) nationalities and are a factor in the region's high rate of  
205 obesity and overweight. Several sociocultural factors that are important includes traditional diets,  
206 family social gatherings, sedentary lifestyles urbanization, gender roles and perception of beauty.

207  
208 In the GCC and MENA regions, obesity and overweight have significant negative effects on both  
209 individuals and society. Obese people are more likely to develop chronic illnesses such as type 2  
210 diabetes, cardiovascular disease, and certain types of cancer.<sup>20, 29</sup> Additionally, obesity has a  
211 substantial negative impact on healthcare systems, increasing expenditures and lowering quality  
212 of life for patients.<sup>25</sup> Environmental determinants of obesity play a crucial role in the prevalence  
213 of obesity and overweight in the GCC and MENA. The research of Alhakhbany and colleagues,<sup>30</sup>  
214 who examine lifestyle factors such as physical activity levels, dietary patterns, sedentary  
215 behavior, and sleep duration, provides insights into the specific lifestyle habits that may  
216 contribute to overweight and obesity in the Saudi population. To sum up the incidence of obesity

217 and overweight among Middle Eastern and North African (MENA) nationalities is significantly  
218 influenced by environmental variables, which include the physical, social, and economic  
219 components of the environment.

220  
221 These environmental variables may affect dietary preferences, resource accessibility, and  
222 community health practices. It has been suggested that promoting health education and  
223 awareness campaigns targeting young adults and Saudi women can help raise awareness of the  
224 importance of healthy lifestyle habits, including regular physical activity, balanced diets, stress  
225 management, and adequate sleep.<sup>31</sup> Moreover, evidence suggests that implementing wellness  
226 initiatives in health science colleges encourages Saudi women to adopt healthy living practices.<sup>32</sup>  
227 These initiatives can include weight management workshops, stress-reduction exercises, healthy  
228 eating options, and physical activity campaigns.

229  
230 Major global health concerns related to numerous non-communicable diseases (NCDs) are  
231 linked to obesity and overweight. The studies of Kilpi and Ghamdi<sup>29,32,33</sup> provide evidence of the  
232 continued growth of global obesity rates. This is indicative that obesity is a critical public health  
233 issue that demands an urgent response. Furthermore, the review analysis suggest that the  
234 relationships between these determinants must be taken into account in order to manage obesity  
235 and overweight among MENA nationalities.

236

### 237 ***Recommendations***

238 The proponents recommends better understanding of the size and complexity of the issue to  
239 inspire action at the policy, community, and individual levels. A thorough, multi-sectoral  
240 strategy is needed to combat the obesity epidemic in the MENA region. By implementing health  
241 promotion activities, the general people should first and foremost be made more aware of the  
242 value of exercise and a good diet. The implementation of legislation that promotes the  
243 consumption of healthier meals, restricts the marketing of unhealthy foods, and promotes  
244 physical activity in workplaces and educational institutions is the second recommendation. In  
245 addition, medical professionals should be proactive in recognizing and treating obesity, offering  
246 help and encouragement to those who need it. Policies and interventions should be culturally  
247 responsive and take into account the cultural norms, beliefs, and eating customs that are



248 prevalent among the populations in the MENA given the region's variety. The promotion of a  
249 wide variety of healthy eating choices can help in the fight against obesity. In order to combat  
250 obesity and overweight, it is important to address socioeconomic inequalities. Expanding  
251 chances for physical activity, improving access to nutrient-dense food options, and addressing  
252 gaps in healthcare access should be policies' top priorities. Due to the rise of obesity-related  
253 NCDs, the world's healthcare systems are already incredibly stressed. Increasing healthcare  
254 costs, increased demand for medical services, and the need for specialized treatment all  
255 contribute to this pressure. This paper described the determinants of the obesity epidemic on the  
256 healthcare and MENA population, emphasizing the importance of early detection and  
257 intervention. Obesity and overweight-related public health problems are a major concern in the  
258 MENA region and its nationals. Action must be taken swiftly due to the high prevalence rates  
259 and associated health impacts. Combining health promotion campaigns, legislative changes, and  
260 healthcare support can help fight obesity and improve the general health and well-being of  
261 individuals in these regions. In light of the prevalent variables and features of the population,  
262 tackling the problem of obesity and overweight in MENA countries requires unique initiatives  
263 and treatments that drive directly to the cause.

264

## 265 **Conclusion**

266 This scoping analysis of the biological, social, and environmental determinants of overweight  
267 and obesity among individuals of MENA nationality has, in conclusion, shed vital light on the  
268 intricate interplay of elements driving this urgent public health concern. The results of this  
269 review demonstrate the complexity of overweight and obesity in the region, highlighting the  
270 necessity for an all-encompassing strategy to address the issue. The biological causes of  
271 overweight and obesity are genetic predisposition, metabolic conditions, and lifestyle. It has been  
272 demonstrated that socioeconomic factors, which are part of the larger social determinants of  
273 health, have an impact on the prevalence of obesity. These factors include income disparity,  
274 access to education, and employment possibilities. The region's rising rates of overweight and  
275 obesity have also been influenced by environmental variables such as urbanization, food  
276 accessibility, and obesogenic surroundings.

277

278

279 **Conflict of Interest**

280 No conflict to disclose

281

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285

286 **Authors' Contribution**

287 GFDV - Conceptualization

288 GFDV - MBA-methodology

289 GFDV, MBA, NAZ - data collection, data screening, review and analysis

290 GFDV, MBA, NAZ - writing of draft, review of the manuscript

291

292 **References**

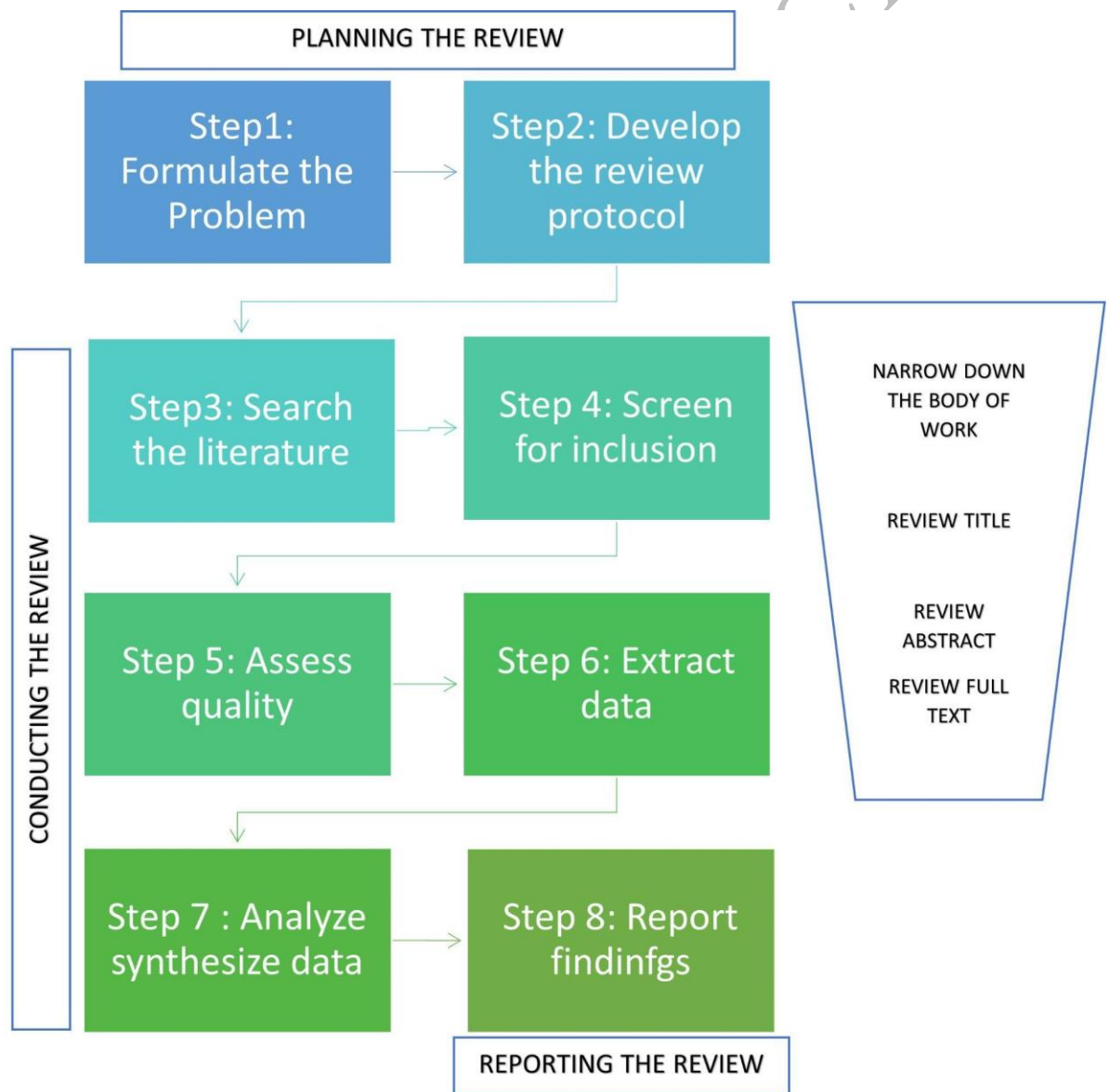
- 293 1. World Health Organization. Global Health Observatory data repository: prevalence of  
294 overweight among adults, BMI  $\geq$  25, age-standardized estimates by country. Accessed  
295 December 2021. Available from: [https://www.who.int/data/gho/data/indicators/indicator-  
296 details/GHO/prevalence-of-overweight-among-adults-bmi-=-25-\(age-standardized-  
297 estimate\)-\(-\)](https://www.who.int/data/gho/data/indicators/indicator-<br/>296 details/GHO/prevalence-of-overweight-among-adults-bmi-=-25-(age-standardized-<br/>297 estimate)-(-))
- 298 2. World Health Organization. (2021, June 9). Obesity and overweight. Accessed December  
299 23, 2021. Available from: [https://www.who.int/news-room/fact-sheets/detail/obesity-and-  
300 overweight](https://www.who.int/news-room/fact-sheets/detail/obesity-and-<br/>300 overweight)
- 301 3. Scottish Intercollegiate Guidelines Network. Management of obesity: a national clinical  
302 guideline. Scottish Intercollegiate Guidelines Network: Edinburgh 2010. Accessed  
303 December 2021 <https://www.sign.ac.uk/assets/sign115.pdf>
- 304 4. Badran M, Laher I. Obesity in Arabic-speaking countries. *J Obes.* 2011;2011:686430.  
305 doi: 10.1155/2011/686430.
- 306 5. Lobstein T, Baur L, Uauy R; IASO International Obesity Task Force. Obesity in children  
307 and young people: a crisis in public health. *Obes Rev.* 2004 May;5 Suppl 1:4-104. doi:  
308 10.1111/j.1467-789X.2004.00133.x

- 309 6. Hailemariam TW, Ethiopia SS, Alamdo AG, Hailu HE. Emerging Nutritional Problem of  
310 Adult Population: Overweight/Obesity and Associated Factors in Addis Ababa City  
311 Communities, Ethiopia-A Community-Based Cross-Sectional Study. *J Obes.* 2020 Oct  
312 19;2020:6928452. doi: 10.1155/2020/6928452.
- 313 7. ALNohair S. Obesity in Gulf countries. *Int J Health Sci (Qassim).* 2014 Jan;8(1):79-83.  
314 doi: 10.12816/0006074.
- 315 8. Memish ZA, El Bcheraoui C, Tuffaha M, Robinson M, Daoud F, Jaber S.,et.al . Obesity  
316 and associated factors--Kingdom of Saudi Arabia, 2013. *Prev Chronic Dis.* 2014 Oct  
317 9;11:E174. doi: 10.5888/pcd11.140236.
- 318 9. Global Obesity Observatory (2017), ;Available from:  
319 [https://data.worldobesity.org/country/oman-165/#data\\_prevalence](https://data.worldobesity.org/country/oman-165/#data_prevalence)
- 320 10. Ministry of Health-Saudi Arabia. Other diseases: obesity and overweight. 2016;  
321 [19/01/2016]. Available from:  
322 <https://www.moh.gov.sa/en/HealthAwareness/EducationalContent/Diseases/Otherdisease>  
323 [s/Pages/001.aspx](https://www.moh.gov.sa/en/HealthAwareness/EducationalContent/Diseases/Otherdisease/s/Pages/001.aspx)
- 324 11. World Health Organization (2018). Media centre: Obesity and overweight, Fact sheet;  
325 2018. Available from: [https://www.who.int/en/news-room/fact-sheets/detail/obesity-and-](https://www.who.int/en/news-room/fact-sheets/detail/obesity-and-overweight)  
326 [overweight](https://www.who.int/en/news-room/fact-sheets/detail/obesity-and-overweight)
- 327 12. Anderson DA, Shapiro JR, Lundgren JD. The freshman year of college as a critical  
328 period for weight gain: an initial evaluation. *Eat Behav.* 2003 Nov;4(4):363-7. doi:  
329 10.1016/S1471-0153(03)00030-8.
- 330 13. Butler SM, Black DR, Blue CL, Gretebeck RJ. Change in diet, physical activity, and  
331 body weight in female college freshman. *Am J Health Behav.* 2004 Jan-Feb;28(1):24-32.  
332 doi: 10.5993/ajhb.28.1.3
- 333 14. Burke V, Mori TA, Giangiulio N, Gillam HF, Beilin LJ, Houghton S,et.al .. An innovative  
334 program for changing health behaviours. *Asia Pac J Clin Nutr.* 2002;11 Suppl 3:S586-97.  
335 doi: 10.1046/j.1440-6047.11.supp3.8.x.
- 336 15. Koolhaas CM, Dhana K, Schoufour JD, Ikram MA, Kavousi M, Franco OH. Impact of  
337 physical activity on the association of overweight and obesity with cardiovascular  
338 disease: The Rotterdam Study. *Eur J Prev Cardiol.* 2017 Jun;24(9):934-941. doi:  
339 10.1177/2047487317693952. Epub 2017 Jan 1.

- 340 16. Arksey H & O'Malley L, Scoping studies: towards a methodological framework,  
341 *International Journal of Social Research Methodology*, 2005;8(1):19–32. DOI:  
342 10.1080/1364557032000119616
- 343 17. Shea BJ, Reeves BC, Wells G, Thuku M, Hamel C, Moran J, et al.. AMSTAR 2: a critical  
344 appraisal tool for systematic reviews that include randomised or non-randomised studies  
345 of healthcare interventions, or both. *BMJ*. 2017 Sep 21;358(8122):j4008. doi:  
346 10.1136/bmj.j4008.
- 347 18. Ng M, Fleming T, Robinson M, Thomson B, Graetz N, Margono C., et al.. Global,  
348 regional, and national prevalence of overweight and obesity in children and adults during  
349 1980-2013: a systematic analysis for the Global Burden of Disease Study 2013. *Lancet*.  
350 2014 Aug 30;384(9945):766-81. doi: 10.1016/S0140-6736(14)60460-8. Epub 2014 May  
351 29. Erratum in: *Lancet*. 2014 Aug 30;384(9945):746.
- 352 19. Al-Hazzaa HM, Alrasheedi AA, Alsulaimani RA, Jabri L, Alhowikan AM, Alhussain  
353 MH, et al. Prevalence of overweight and obesity among Saudi children: A comparison of  
354 two widely used international standards and the national growth references. *Frontiers in*  
355 *Endocrinology*. 2022 Aug 8;13. doi: 10.3389/fendo.2022.954755.
- 356 20. Musaiger AO, Al-Mannai M, Tayyem R, Al-Lalla O, Ali EY, Kalam F, et al.. Prevalence  
357 of Overweight and Obesity among Adolescents in Seven Arab Countries: A Cross-  
358 Cultural Study. *J Obes*. 2012;2012:981390. doi: 10.1155/2012/981390.
- 359 21. El Hajj Chehadeh S, Osman W, Nazar S, Jerman L, Alghafri A, Sajwani A, et al.  
360 Implication of genetic variants in overweight and obesity susceptibility among the young  
361 Arab population of the United Arab Emirates. *Gene*. 2020 May 20;739:144509. doi:  
362 10.1016/j.gene.2020.144509. Epub 2020 Feb 25. PMID: 32109558.
- 363 22. Labban L. The prevalence of overweight and obesity among A'Sharqiyah university  
364 students in Sultanate of Oman: a randomized study. *EC Nutrition*. 2015;3:521–527.
- 365 23. Al-Ghamdi S, Shubair MM, Aldiab A, Al-Zahrani JM, Aldossari KK, Househ M, et al.  
366 Prevalence of overweight and obesity based on the body mass index; a cross-sectional  
367 study in Alkharj, Saudi Arabia. *Lipids Health Dis*. 2018 Jun 5;17(1):134. doi:  
368 10.1186/s12944-018-0778-5.

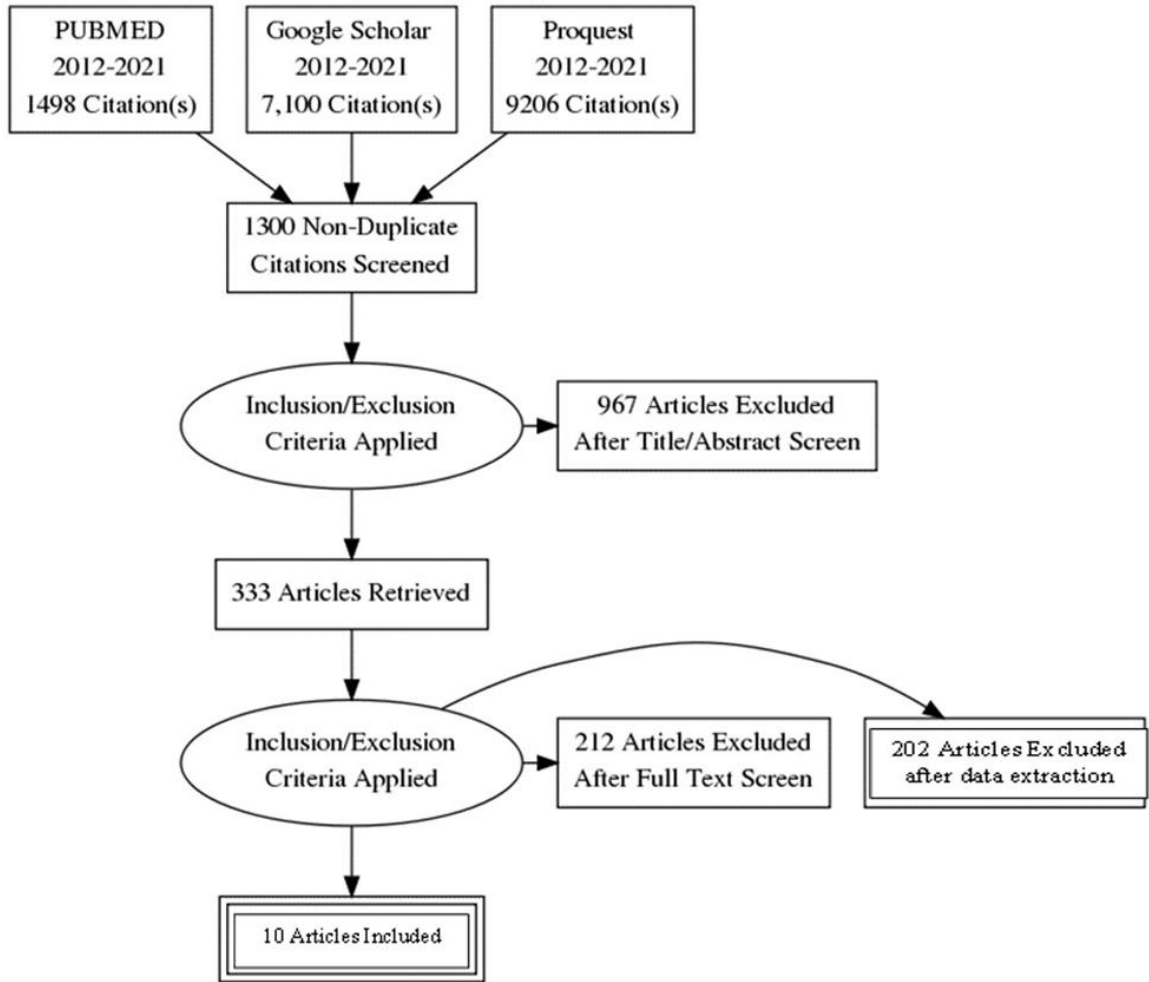
- 369 24. Kahan D. Overweight and its relationship to Middle Eastern American college students'  
370 sociodemographics and physical activity. *Res Q Exerc Sport*. 2007 Jun;78(3):248-56. doi:  
371 10.1080/02701367.2007.10599422.
- 372 25. Al-Haifi AR, Al-Awadhi BA, Al-Dashti YA, Aljazzaf BH, Allafi AR, Al-Mannai  
373 MA, et al. . Prevalence of overweight and obesity among Kuwaiti adolescents and the  
374 perception of body weight by parents or friends. *PLoS One*. 2022 Jan 4;17(1):e0262101.  
375 doi: 10.1371/journal.pone.0262101.
- 376 26. Ansarimoghaddam A, Adineh HA, Zareban I, Iranpour S, HosseinZadeh A, Kh F.  
377 Prevalence of metabolic syndrome in Middle-East countries: Meta-analysis of cross-  
378 sectional studies. *Diabetes Metab Syndr*. 2018 Apr-Jun;12(2):195-201. doi:  
379 10.1016/j.dsx.2017.11.004.
- 380 27. Oguoma VM, Coffee NT, Alsharrah S, Abu-Farha M, Al-Refaei FH, Al-Mulla F, et al .  
381 Prevalence of overweight and obesity, and associations with socio-demographic factors  
382 in Kuwait. *BMC Public Health*. 2021 Apr 7;21(1):667. doi: 10.1186/s12889-021-10692-  
383 1.
- 384 28. Bays, H. E., Antoun, J., Censani, M., Bailony, R., & Alexander, L., Obesity pillars  
385 roundtable: Obesity and individuals from the Mediterranean region and Middle East.  
386 *Obesity Pillars*. 2022;2:100013. <https://doi.org/10.1016/j.obpill.2022.100013>
- 387 29. Kilpi F, Webber L, Musaigner A, Aitsi-Selmi A, Marsh T, Rtveldze K, McPherson K,  
388 Brown M. Alarming predictions for obesity and non-communicable diseases in the  
389 Middle East. *Public Health Nutr*. 2014 May;17(5):1078-86. doi:  
390 10.1017/S1368980013000840.
- 391 30. Alhakhbany MA, Alzamil HA, Alabdullatif WA, Aldekhyyel SN, Alsuhaibani MN, Al-  
392 Hazzaa HM. Lifestyle Habits in Relation to Overweight and Obesity among Saudi  
393 Women Attending Health Science Colleges. *J Epidemiol Glob Health*. 2018 Dec;8(1-  
394 2):13-19. doi: 10.2991/j.jegh.2018.09.100.
- 395 31. Al-Nakeeb Y, Lyons M, Dodd LJ, Al-Nuaim A. An investigation into the lifestyle, health  
396 habits and risk factors of young adults. *Int J Environ Res Public Health*. 2015 Apr  
397 22;12(4):4380-94. doi: 10.3390/ijerph120404380.
- 398 32. Alghamdi, M. G., Khan, M. A., Al-Daghri, N. M., & Ghouse, A. Overweight and obesity  
399 prevalence among adults in the Gulf Cooperation Council countries: A systematic review

400 and meta-analysis. *Diabetes, Metabolic Syndrome and Obesity: Targets and Therapy*.  
 401 2019;12:863-882. <https://doi.org/10.2147/DMSO.S204482>  
 402 33. Al-Kilani H, Waly M, Yousef R. Trends of Obesity and Overweight among College  
 403 Students in Oman: A cross sectional study. *Sultan Qaboos Univ Med J*. 2012  
 404 Feb;12(1):69-76. doi: 10.12816/0003090.



408 **Figure 1:** Review protocol  
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**Figure 2:** Prisma Diagram

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