

## **Lifestyle and Health in the Asia Pacific region**

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This issue of the journal brings an emphasis on lifestyle and public health. As it becomes available, the United Nations System will be preparing for the meeting on chronic disease to be held in September. The balance of public health in our region has tipped in this millennium from a focus on infection to an emphasis on non-communicable disease. While of course the burden of infectious disease and malnutrition remains, most preventable death and disability in our region is now due to chronic disease. Lifestyle has become a major focus of public health. This has been defined for the public health community by Prof John Last as: “The behaviour pattern, customs, and habits of persons or groups, generally considered in the context of consequences for health, and including nature and amount of exercise, dietary habits, and use of tobacco, alcohol, coffee, tea, stimulant and sedative substances (licit or illicit), and recreational time.” (1) This definition implies that public health actions must include both personal and group (population) strategies to move the way that we live to a healthier trajectory.

There needs to be more emphasis on making the environment conducive to a healthy lifestyle. Swinburn has written at length about the obeseogenic environment that modern western societies have created that makes obesity almost inevitable (2,3). These western lifestyle and environmental influences are expanding into many parts of the Asian Pacific region. Every new western style fast food store in the region creates more obesity and more diabetes. This is to be regretted. Research has shown that many traditional approaches to diet and lifestyle remain the healthiest. For example the replacement of the traditional teashop with sugar laden beverages is not in the interest of public health.

To deal with chronic disease and lifestyle public health must follow the traditional approach of science. We must refine our methods of measurement of lifestyle variables and document the prevalence in our communities. But the task of measurement is not easy. Even something that should be simple, the prevalence of obesity is made complex by the varying ways it is measured, for example by self report or by actual measurement. Cut-off points for obesity and overweight and the growth reference also vary. A recent review shows that depending on the reference and cut-off points chosen the prevalence of overweight of children in in the Czech republic varied from 5% to 25% (4). In the face of such inaccurate data how can public health actions be implemented? In the Asia Pacific region there is the added complexity of body composition differing by ethnicity resulting in the World Health Organization (WHO) recommending different cut-off points for obesity in our region. And measuring obesity is easy compared with the complexities of measuring other lifestyle issues such as describing sexual behaviour or trying to understand the motivation of people to take risks.

The task for public health researchers is to refine our measures of lifestyle, to document levels of risk and then to implement health promotion and population health programs to improve the

health of all citizens. These actions need to be specific for Asian and Pacific populations. This issue of the journal brings together a number of papers predominantly related to lifestyle. Some document the prevalence of important risks and the way they are changing. While others throw out a challenge to understand better measurement and to optimise programs. We look forward to receiving and publishing further papers to refine lifestyle as risk factors for chronic disease in the Asia Pacific region. In assessing papers for publication we will place emphasis on accurate measurement using standardised methods.

## References

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