

Introduction

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The World Health Organization¹ estimates that there is a worldwide prevalence of 1.6 billion overweight and obese individuals. In most countries women have a higher prevalence than men. The prevalence of obesity defined as a Body Mass Index (BMI) ≥ 30 among women averages about 10% higher in European countries but is nearly 4 times greater in some Middle Eastern, South and East African, and Caribbean countries². Girls and women have biological, sociocultural and environmental factors that are exaggerated or unique in the etiology and health consequences of obesity. For example, nutritional deprivation during pregnancy will predispose the developing fetus to later life obesity and type 2 diabetes. More women compared to men, for example, have greater taste sensitivity, more acute body image concerns and fewer opportunities for leisure sports activities³.

Many of these issues were explored at the annual Anthropology and Health course »Anthropological Perspectives on Women and the Obesity Pandemic: Causes, Costs and Controls« in June, 2006. This meeting was supported, in part, by the Wenner-Gren Foundation for Anthropological Research under the auspices of the Institute for Anthropological Research in Zagreb and the Institute for Advances Studies in Anthropology in Hvar. Over 40 people from 6 countries attended the 3 ½ day conference that included 15 presentations. The papers in this issue of *Collegium Antrpologicum* are primarily from this conference, with the addition of the paper by James Bindon from the 32nd School of Biological Anthropology with the theme: »Biological, Cultural and Environmental Linkages: Current Research and Future Trends« that was held in Zagreb preceding the Anthropology and Health course. This paper sets the theoretical backdrop of both meetings by explicating the important linkages of biological and cultural factors in comprehensive biocultural models. Two additional papers are included based on the longitudinal research of Janina Tutkuvienė and colleagues from the University of Vilnius in Lithuania. These papers focus on changes in BMI's in newborns (Tutkuvienė, et al.) preschool age children (Jakimaviciene and Tutkuvienė) and older children and adolescents (Tutkuvienė).

The conference took a life cycle/ developmental approach starting with a paper on the fetal and perinatal developmental origins of obesity and other health complications (Daniel Benyshek) and moving to a consideration of breast feeding that reported no consistent reduction in risk for childhood or later life obesity for breastfed infants (Alan Ryan). Two papers that also focused on the influence of the prenatal environment included issues of central nervous system development and links with eating, cognitive and behavioral disorders (Benjamin Campbell and Daniel Eisenberg) and a comprehensive model linking migration, cultural and economic disparities, psychosocial and physiological stress to risk for later life obesity (Maria Inês Varela-Silva and colleagues). One paper dealt with the American school system and efforts to change the food offerings and environment to be more healthful and less obesity-promoting (Claudia Probart and colleagues). The prevalence of overweight among adolescents in Lithuania is very low and does not mirror the recent rise in BMI's of adolescents in other European countries (Tutkuvienė). A cross-cultural study in Croatia and other countries indicates that adolescent girls face a number of psychosocial problems related to the increasing prevalence of overweight (Anita Sujoldžić and Amelia De Lucia). Furthermore, many studies report that college age women show both dysphoria with regard to body image and distress cause by restrained eating (Janet Polivy and C. Peter Herman). The larger psychosocial context of behavioral norms and norm adherence demonstrate that attempts to conform often lead to overeating (C. Peter Herman and Janet Polivy). Findings from BMI comparisons and health outcomes in three samples of middle-aged and older women show that populations with highest prevalences of hypertension and type 2 diabetes do not always have the highest BMI's (James Bindon and colleagues). In sum, these papers afford many insights into the obesity pandemic among women ranging from molecular mechanisms to behavioral and morphological outcomes.

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