

Politics Weighs in: Obesity Dominates in the Former Soviet Bloc

ST. LOUIS — *Saint Louis University Study Examines Obesity Trends in Europe* that formerly comprised the Soviet bloc than in Western European countries, a new Saint Louis University School of Public Health found.

The research – believed to be among the first studies to focus on environmental risk factors for obesity in Europe – was published in the June 2006 issue of the *European Journal of Public Health*.

“I’ve seen many changes in Central and Eastern Europe, which I had suspected could be linked to obesity,” says Borsika Rabin, a doctoral student from Hungary at Saint Louis University School of Public Health and lead investigator. “We didn’t have too many McDonald’s before the Soviet bloc collapse began in 1989. So I wasn’t surprised by the study results.”

The obesity rates in all Western European countries were lower than rates in Central and Eastern European countries.

“This study shows the importance of environmental factors in shaping obesity,” Rabin says. “The higher obesity rates in Central and Eastern Europe seem linked to political changes that influence the lifestyle of the inhabitants of those countries. The working environment changed and fast food became more popular.”

The Saint Louis University study explored the relationship between the prevalence of obesity in 24 European countries and the economy, types of foods, urbanization, availability of cars and roads, and government characteristics. Researchers examined statistics from 1997 to 2002, after the end of the communist economy in the central and eastern part of Europe.

Obesity was least prevalent in Norway, where 6 percent of the population was obese, and most common in Hungary, where 19 percent of residents were obese. France and Italy were among the countries with the lowest obesity rates, and Lithuania and the Russian Federation ranked among the highest.

“It’s possible that the delayed westernization and political change could cause psychological stress and change in the working environment and that’s the underlying cause of the difference. People had a hard time adapting to new systems,” Rabin says.

She says she has seen firsthand the lifestyle changes that have occurred during the last 15 years in her native country.

“There is a generational switch. Women used to buy their fresh fruits and vegetables from markets and cook everything from scratch. They had more time because of their work patterns.

“Now there are more large supermarkets with cheaper foods that are pre-packaged and higher in fat and calories. Now there are more fast food restaurants and more and more cars.”

Rabin’s research found the weight of women was higher and particularly associated with the economic indicators, high-fat food, city life, cars, gas prices, roads and governmental policies.

“Women appear to be more susceptible to the environmental factors,” Rabin says. “We need to conduct some gender-specific studies to figure out exactly what’s going on.”

Government policy variables – such as the amount of bureaucracy and regulations and perceptions that the government is corrupt or likely to be overthrown – are the most significant and “robust” link to obesity, she adds.

“We know policy is important, but we are not sure how it will influence obesity. For instance, if a government is politically stable, it may be able to put money toward public health initiatives to fight obesity. We need to take a closer look at policy-related variables.”

Saint Louis University School of Public Health is one of only 37 fully accredited schools of public health in the United States and the nation’s only School of Public Health sponsored by a Jesuit university. It offers masters degrees (MPH, MHA and MS) and doctoral programs (Ph.D.) in six public health disciplines and joint degrees with the Doisy College of Health Sciences and Schools of Arts and Sciences, Business, Law, Medicine and Social Service. It is home to seven nationally recognized research centers and laboratories with funding sources that include the National Institutes of Health, the Centers for Disease Control and Prevention, the Health Resources and Services Administration, the American Cancer Society, the Robert Wood Johnson Foundation and the World Health Organization.