

and were willing to lose weight to improve their health. These perceived health risks were overshadowed by the community's negative perceptions towards weight loss and thinness, which are associated with HIV in some contexts and subsequently negative treatment by the community. A preference for normal or overweight body sizes among African women means that cultural norms are not an obstacle for preventing obesity in African women.

Keywords: body size, women, Africa, review, mixed-methods

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PROMOTING SUSTAINABLE FOOD SYSTEMS FOR GOOD NUTRITION AND HEALTH IN THE MEDITERRANEAN REGION: A CONCEPTUAL FRAMEWORK FROM THE MEDINA STUDY GROUP

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Background and objectives: Countries of the Mediterranean region are undergoing different stages of nutritional transition affecting the health of inhabitants, while facing massive alteration of the environment (climate change, water scarcity, soil erosion, biodiversity loss and urbanization). The increasing demand of water in agriculture, the capacities to maintain local food production and the growing dependence on food imports are interconnected challenges to ensure food security and good nutrition in the Mediterranean region. The objective is to present the conceptual framework and methodologies developed by the MEDINA-Study Group for rethinking food systems to sustain consumption and production.

Methods: Based on its multidisciplinary expertise in nutrition, food science, agronomy and economy, the MEDINA-Study Group identified the relevant parameters for including in a conceptual framework that was developed for research activities in South of France and Tunisia, two contrasted areas in regards to the Diet-Agriculture-Environment Nexus.

Results: The conceptual framework consists of an array of elements of the food systems (from consumption to production) and scales (individual, household and national levels). We prioritized the following parameters: adherence to the Mediterranean diet pyramid and nutrient recommendations, nutritional value of foods and local recipes, nutritional potential of local agroecosystems, women's empowerment in agriculture, multiple environmental indicators of the food systems, and food trade and dependence on food imports. The proposed methodologies consist in: (1) modeling at different scales the dietary changes to optimize food consumption-production without increasing environmental impact, (2) translating the identified changes into action proposals,

(3) testing the acceptability and feasibility by multi-stakeholders, and (4) co-building guidelines to orientate sustainable food choices and production.

Conclusions: To ensure sustainable food systems in the Mediterranean region, the MEDINA-Study Group identified other perspectives to implement the initially-build framework, such as the nutrient bioavailability, the exposure to contaminants and active substances used in agriculture, and social indicators to contribute designing ambitious agricultural, food and health policies and prioritizing actions. Acknowledgement: Medina-Study is funded by the French Research Agency (ANR-12-TMED-0004).

Keywords: Food systems; Sustainability; Mediterranean region; Conceptual framework.

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ANAEMIA AND NUTRITIONAL STATUS IN POPULATION OF SALTA CITY. CROSS-SECTIONAL STUDY.ARGENTINA 2017

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Background and objectives: Iron deficiency anemia is a nutritional disease of high prevalence especially in developing countries. In the city of Salta, malnutrition coexists with an increase in overweight and obesity. The objective of this study was to determine the prevalence of anaemia and its relationship with nutritional status in children, adolescents and adults in the city of Salta.

Methods: Cross-sectional study, secondary database (Salta Nutritional Survey 2014). Stratified two-stage sample. Variables: sex, age, anaemia (Hemoglobin level measurements were adjusted for altitudes and the cut-off points for anaemia based on WHO 2011); Nutritional status BMI (WHO z score tables in children and adolescents): normal $>-2 <+1$, malnutrition ≤ -2 , overweight $\geq +1$, obesity $\geq +2$. Adults: malnutrition <18.5 ; normal $\geq 18.5 <25$; overweight ≥ 25 and <30 ; obesity ≥ 30 . Short stature (≤ -2 z score height WHO). Analysis: Frequency distribution (chi2, Fisher), mean comparison (ANOVA), level of significance $p < 0.05$. EXCEL, SPSS V18, WHO softwares Anthro V.1.0.4 Plus, programs were used.



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Abstracts

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