

PUBLIC HEALTH MATTERS

OBESITY: A SOCIAL PROBLEM

*Dr. Jugal Kishore, , **Dr. Puneet Mishra,

*Professor,** Resident,

Community Medicine, Maulana Azad Medical College, New Delhi 110002

Abstract

Obesity is an excess body fat that frequently results in significant impairment of health by increasing risk of many diseases like diabetes, hypertension, coronary artery diseases, various cancers etc. It is also a big economic burden on society. Obesity is described as a global pandemic, with 23.2% of world's adult population overweight and 9.8% obese, the pattern of prevalence showing variation according to the social, economic and cultural differences.

Obesity can be considered primarily as "Social diseases" with medical issues than otherwise as most of the factors responsible for it like changing eating behaviour, physical passiveness and some socio-cultural practices are part of the social setting in which we live. Also the social networking and social multiplier effect plays an important role in its perpetuation. Apart from being a social problem obesity also has a huge social impact including discrimination in various fields of life. So any effort to address this issue must focus on social aspects of it for a comprehensive solution.

Key Words: Obesity, Social Disease, life style diseases

Introduction

A social problem is a condition that at least some people in a community view as being undesirable. A social problem can be a personal problem; a personal problem can be or become a social problem. Many public health problems are social problems and vice versa.

Correspondence: Dr. Jugal Kishore

Community Medicine, Maulana Azad Medical College, New Delhi 110002

Alcoholism, venereal diseases, mental illness and narcotic addiction etc. are both, public health and social problems. Apart from the impact of a problem on the society, the social factors might be responsible for origin or worsening of a problem. Obesity is one such problem with both social origins and impacts.

Obesity is an excess of body fat that frequently results in a significant impairment of health. Obesity results when the size or number of fat cells in a person's body increases. Body mass index (BMI) provides a simple numeric measure of a person's "fatness" or "thinness. It is defined as the individual's body weight in kilogram divided by the square of their height in meters. The WHO defines "overweight" as a BMI ≥ 25 , and "obesity" as a BMI ≥ 30 .¹ But the Asian "overweight" criterion is $\geq 23.0 \text{ kg/m}^2$ and an "obesity" Body Mass Index criterion is up to each Asian nation to develop for themselves.² In Asia, the need for a more limited range of normal BMIs (i.e., 18.5 to 22.9 kg/m^2 rather than 18.5 to 24.9 kg/m^2) because of the high prevalence of co morbidities, particularly diabetes and hypertension was suggested by the investigators.³ Obesity raises concern because of its implications for the health of individuals. It increases the risk of many diseases and health conditions,⁴ many of which include Insulin resistance and Type 2 Diabetes mellitus, reproductive disorders including hypogonadism, Cardiovascular diseases (including Coronary heart disease, CHF, Stroke etc.), Cancers (endometrial, breast, and colon), Pulmonary diseases, Liver and Gallbladder disease, bone, joint and cutaneous disease etc.

With obesity affecting whole world as a pandemic, many studies are being done for various aspect of aetiology and treatment option for obesity. However, very little is highlighted on social aspect of obesity.

Problem Statement

Obesity is becoming a worldwide problem affecting all levels of society and is thus being described as a global epidemic.⁵ According to a recent study 23.2% of the world's adult population in 2005 was overweight (24.0% in men (23.4–24.5%) and 22.4% in women (21.9–22.9%)), and 9.8% (9.6–10.0%) was obese (7.7% in men (7.4–7.9%) and 11.9% in women (11.6–12.2%)). The estimated total numbers of overweight and obese adults in 2005 were 937 million (922–951 million) and 396 million (388–405 million), respectively. And according to the same study, by 2030, the respective number of overweight and obese adults will be 1.35 billion and 573 million individuals without adjusting for secular trends.⁶ Contrary to conventional wisdom, the obesity epidemic is not restricted to industrialized societies; in developing countries, it is estimated that over 115 million people suffer from obesity-related problems.⁷ Data on prevalence of obesity from different published articles in India suggest that the prevalence ranged from 10 to 50 per cent. Undoubtedly, these large differences in prevalence rates are due to differences in methodology and the definitions and cut-off points used for defining obesity.⁸ Also there is difference in prevalence of obesity between the different classes of society as depicted by Nutrition Foundation of India. Prevalence of overweight in slums of Delhi is 1 per cent for males and 4 per cent for females where as the corresponding figures for the high-income group among the middle class were 32.2 per cent and 50 per cent.⁹ Another study showed prevalence of overweight was 37.5% in urban Delhi and 8% in rural Haryana.¹⁰ The problem of obesity starts early in childhood, a study on 9-15 year age old school children in Punjab revealed the overall prevalence of obesity and overweight to be 11.1% and 14.2% respectively.¹¹ The problem of obesity in society is also a big economic burden. According to an estimate total cost on healthcare due to obesity to the US was around 117 billion dollar in 2000,¹² of the 1 trillion spent on health care.¹³

Factors Responsible

Obesity results when there is an imbalance between energy intake and energy expenditure. The rising epidemic of obesity is the result of the profound changes in society and in behavioural patterns of communities over recent decades. The societal changes and worldwide nutrition transition are driving the obesity epidemic. Economic growth, modernization and urbanization are just some of the forces thought to underlie the epidemic.

As incomes rise and populations become more urban, diets high in complex carbohydrates give way to more varied diets with a higher proportion of fats, saturated fats and sugars. Long working hours and many of the families having both working parents is also responsible for the change in the eating behaviour. Now people find it easier to purchase packed high caloric food (cooked) rather than cooking their own meal. Also the easy availability and large scale marketing of these kinds of food have aggravated the situation.

The socio-cultural environments that influence food, eating patterns and physical activity vary enormously across populations and these influences undoubtedly explain many of the differences in obesity prevalence among populations and sub-populations. Cultures may differ in the expectations that they place on hosts (to over-provide food) and guests (to over-consume food), the appropriateness for girls and women to be physically active, the status of certain foods or dishes, or the beliefs in the value of food and physical activity for health. Overeating in humans can occur for cultural reasons among populations in which fatness is esteemed. A good example of this comes from urban Gambia, where the prevalence of obesity is >35% in middle-aged women and <2% in men.¹⁴ This may mean that the socio-cultural differences between groups may confer a relative predisposition to or protection from weight gain when the group is exposed to a modern obesogenic environment.

Physical passiveness is penetrating deep in the society including school children. There is a shift in work profile of general population towards less physically demanding work. Physical activity has been reduced due to the increasing use of automated transport, technology in the home, and more passive leisure activities. Current social practices are leading to the epidemic of childhood obesity. DVD players, computer games and mobile phones have replaced bicycles and football or other outdoor games instruments as birthday presents. Surfing internet, watching TV and playing video games are activities in which children are spending their time as compared to other outdoor games. Physical inactivity is not only an important predisposing factor in causing overeating, but it is also a health risk in its own right. There are many examples of evidence linking physical inactivity and unfitnes to a range of health outcomes, including premature mortality. Physical inactivity compounds the effects of high-fat, energy-dense diets, causing positive energy balance.

Another aspect of sedentary life style which is also a major risk factor of obesity is that being sedentary reduces the cost of being obese, since the less active one is, the less one is impeded by being obese. Thus the fatness perpetuates/ enhances itself in sedentary individuals.

Social networking also plays a part in determining the individual chances of gaining weight. We can also say obesity transmits in the society, what really transmits is an idea as people around us gain weight our attitude towards acceptable body size and weight changes and we might accept that body size as normal. As in a society practices tend to be normative, the more fat people there are, the more being fat is seen as normal. A recent study showed that friends' fatness would have an influence distinct from that of the culture as a whole.¹⁵ A 2006 survey by the Pew Research Centre finds that while people are acutely aware of the weight problem, they tend to regard themselves as of normal weight even when they are overweight, and this tendency to self-deception can be expected to be greater the heavier the

people they associate with are.¹⁶ If you weigh 180 pounds, though you should weigh only 150, but your friends weigh 200 pounds, you will tend to think of yourself as thin. As Becker explains through the concept of a social multiplier, when you weighed 150 pounds your thinness may have constrained your friends, but when you move up to 180 you exercise a lesser constraint. The social multiplier effect can of course operate in either direction.

The social impact of obesity is in no way less significant but health issue is not the driving force here. Social consequences of obesity include discrimination in many spheres of life. Emotional suffering may be among the most painful aspects of obesity. Many of the societies stress upon physical appearance and often regard slimness as a mark of attractiveness especially for woman. These consequences may be devastating to overweight people. Obese individuals are often considered as lazy, gluttonous or both even though this is not true. The effects of such ill treatment on the psyche of the individual can't be overemphasized. Before becoming a health issue, it grows tremendously as a social issue, when the child grows up into a youngster and becomes more and more conscious of his/her body image. An obese girl faces a real challenge in finding a suitable groom and getting married at the 'right' age. Then she seeks desperate help from a fitness centre, which have mushroomed in every nook and corner recently and are satisfying primarily the cosmetic concerns rather than health. Obese people often face prejudice or discrimination in the job market, at school, and in social situations. Feelings of rejection, shame, or depression are common. A 1991 study found that 100% of formerly severely obese patients preferred to be deaf, dyslexic, diabetic, have heart disease or bad acne than to be obese again, that 91.5% preferred leg amputation, and 89.4% blindness. All (100%) preferred to be a normal weight person than a severely obese multimillionaire.¹⁷

Preventive Measures

Being a social problem with social impact, obesity should be prevented and treated at every level including at individual level, family level, society level and national/international level.

At individual level personalised advice and support should be available for overweight/obese individuals. These services must be tailored to their need and should support them in achieving real and sustained weight loss. For this all health care providers should be trained to treat not only the health effects of obesity but to give a comprehensive care pathway for prevention and management of obesity.

At family level, family should be motivated to use balanced and healthy food for its members and avoid use of junk food. As family is the first and most important point of inculcating healthy habits and behaviour in young children so they should be made aware about causes, impact and prevention of obesity through different IEC activities.

At society/state level, access to healthier foods can be improved so that individuals have a healthier option available every time they go out to eat anything. Nutrition and physical activity in schools should be improved through easy availability of nutritious food, proper infrastructure and facilities in school promoting physical activity in both curricular and extra-curricular activities. Healthier food choices should be promoted in general by setting out a healthy food code of good practices in partnership with food and drink industry. At the same time promotion of unhealthy foods should be restricted especially to children.

At national/international level policies favouring good health should be incorporated like restricting the advertisements of junk and other unhealthy food and promoting the healthier options through subsidy etc. Also physical activity should be incorporated in public life through developing well planned township with well developed infrastructure promoting physical activity. Government can create incentives for better health by giving fit individuals priority in jobs etc.

So obesity can be considered as primarily a 'social disease' with medical issues than otherwise. Thus for prevention and treatment of obesity a holistic view is imperative and acknowledging the social aspects is essential. Sincere efforts must be made to minimize the social impacts of obesity.

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