Obesity: a curable epidemic

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Obesity has become a global pandemic affecting the lives and health of millions of people, according to the World Health Organisation. It is an accelerating social problem in industrialised countries and is also growing in the former colonial world.

In the media obesity is typically characterised as an eating disorder or merely an individual problem. But with over half the adult population now obese or overweight in major countries, and the obesity rate rising sharply for adults and children alike during the 1990s, such simplistic approaches serve to obscure the underlying social causes.

Reports from various medical journals indicate that obesity is reaching staggering proportions in Australia, the United States, Britain and other European countries. According to the Australian Bureau of Statistics, in 1999 over 63 percent of Australian men and 47 percent of Australian women were overweight or obese. In 1992, the figures were 44 percent of men and 30 percent of women.

Of particular concern is childhood obesity. The few studies conducted among Australian children suggest that the obesity rate has doubled in recent years, reaching levels of between 12.5 percent and 30 percent.

The resulting human and social cost is enormous. In purely financial terms, the health costs of obesity and its many related diseases—including diabetes, hypertension and heart conditions—have been estimated to be some $830 million a year in Australia. An additional $500 million is spent on weight reduction programs. Such statistics cannot convey the effects of obesity on quality of life and the impact of premature deaths associated with obesity.

In the United States, the 1997 National Health Interview Survey showed that more than 50 percent of adults were overweight. The results were quite similar to Australia: 62.3 percent of men and 46.6 percent of women were affected.

Moreover, 1 in 5 adults were obese. Even more alarming, 40 percent of 5- to 8-year-olds were obese. Just seven years earlier, in 1990, the childhood figure was 10 percent.

Overweight is defined as an increase in body weight above the standard defined in relation to height and sex. Obesity is defined as an excess of body fat, and is usually described as a weight 20 percent greater than the desirable weight.

People with a body mass index (BMI) of 25 or greater are classified as overweight, and as obese if their BMI reaches 30 or more. BMI measures weight in kilograms divided by the square of one's body height (kg/m2). A BMI of 20 to 25 is considered healthy, but most people with a BMI over 25 enter a zone of increased health risks. Major medical problems associated with obesity include gallbladder disease, high blood pressure, high blood cholesterol, and osteoarthritis.

In the US, the health costs arising from chronic conditions linked to obesity or overweight run into billions of dollars a year. An estimated $11.3 billion is spent on treating various diabetic complications—diabetic ketoacidosis, diabetic coma, diabetic eye disease and diabetic kidney disease. Nearly $2.4 billion is spent on gallbladder disease and gallbladder surgery, $22.2 billion of the total cost of heart disease. The annual cost of obesity-related blood pressure treatment is $1.5 billion, and $1.9 billion is spent on obesity-related breast cancer and colon cancer. In addition to this, Americans spend $33 billion on weight reduction products and services, including diet foods, products, and programs.

The pattern is similar in Britain. The National Audit Office reported last year that 20 percent of British women and 17 percent of men were as much as 70 pounds heavier than the recommended weight for their size. Britain, it said, had replaced Germany as Europe's most overweight nation. The report estimated that treatment for heart disease, diabetes and certain cancers linked to obesity were costing the National Health Service $2.9 billion a year. Indirect costs involved in lost work time because of illness amount to another $5 billion.

A generation ago obesity was a relatively unknown problem for the National Health Service. By 1980, about 7 percent of the population were in the obese category. Since then the problem has escalated. Studies of growth and health carried out from 1972 to 1990 on British and Scottish children showed a twofold increase in weight for height in all age groups and both sexes.

At the Medical Research Council, Dr Susan Jebb, who is the head of obesity research, says obesity in Britain has reached the levels experienced in the US 12 to 15 years ago, and Britain is rapidly closing the gap. The British Diabetic Association predicts that within 10 years the number of diabetics will double to two million, with obesity the biggest single factor.

The 1997 American survey pointed to higher obesity rates among working class people. Firstly, the prevalence of overweight and obesity were related to the level of education, particularly among women. Of women who had not finished high school, 60 percent were overweight, compared to 49 percent of high school graduates and 29 percent of women with postgraduate college degrees. Among men, the results were a little different, dropping noticeably only among those with college degrees.

The rates were also higher among blacks and Hispanics, who are generally poorer in the US. Black women had the highest prevalence of overweight (64.5 percent), followed by Hispanic women (56.8 percent), white women (43 percent) and Asian Pacific Islander women (25.2 percent). Obesity in black women was almost twice as prevalent (33.2 percent) as among white women (17.3 percent). Among men, however, the estimates of overweight were about the same for each of the three largest groups.

A number of British studies have also documented a relationship between obesity and socio-economic status, particularly among women.

When it comes to explaining these trends, not only media reports, but many scientific articles disparagingly refer to a combination of fast food, increasing car ownership and a sedentary lifestyle in front of television sets or computer monitors. One *British Medical Journal* article, for example, was headed: "Obesity in Britain: gluttony or sloth". The article focused entirely on over-eating and lack of exercise.

Likewise the media release issued by the 1997 World Health Organisation Consultation on Obesity in Geneva stated: "The principal causes of the accelerating obesity problem worldwide are sedentary lifestyles and high-fat, energy-dense diets, experts agreed."

In the first place, such generalisations are often backed by little substantiated data. Some studies have found that the prevalence of obesity among children is directly related to the hours of television viewed, for example, but other studies have failed to establish a correlation.

More fundamentally, these observations ignore the economic and social driving forces behind the changes in diet and lifestyle—including the profits generated by the food and entertainment industries—and the intense pressures caused by increasing working hours and declining living standards for the majority of working people.

Work-related issues are many. In many industries, standard shifts have been lengthened from eight hours to twelve. The number of people doing shift work, including night and rotating shifts has increased substantially. Many employees are now required to work odd hours or have been reduced to insecure, casual, temporary or part-time work. As a result, regular meal times are often impossible and eating habits are disrupted. All these changes have created stress- and fatigue-related issues, which can lead people to eat more.

Moreover, in today's society most households must have at least two incomes to make ends meet, frequently preventing the careful preparation of nutritious meals. In addition, people on low incomes often cannot afford to live close to where they work, and are forced to travel long distances, whether by car or public transport, taking additional time.

With little time to prepare decent meals for themselves and their families, fast food or convenient foods become common options for working people. Supermarkets are open at all hours, increasingly specialising in more expensive prepared or semi-prepared meals.

And of course, fast food outlets like McDonalds have become huge corporate enterprises, making super-profits from the selling of quickly consumed food. McDonalds alone spends an estimated $2 billion a year alone in advertising worldwide, with its all-pervasive ads and promotions targetting children and the time-deprived.

From breakfast to suppertime, millions of people worldwide now consume McDonalds food every day. The *New York Times* recently reported that three new McDonalds restaurants come on line every day, that McDonalds corporate goal is to have no American more than four minutes from one of its outlets.

According to the ads, McDonalds food is cheap, tasty, healthy and easily available. In fact, studies show that 55 percent of the calories in a Big Mac come from fat, together with 83 mg of cholesterol. In cheeseburgers, fat makes up 45 percent of the calories, with 41 mg cholesterol. French fries have 47 percent fat, while a regular hamburger has 39 percent fat and holds 29 mg of cholesterol. Like most fast foods, and convenience foods in general, these products are high in salt and sugar that can become addictive and which can also lead to increased weight and other medical problems.

People are likely to be less active in their lifestyles because of lack of time to exercise or because of the lack of decent or inexpensive gymnasiums, swimming pools and other recreational facilities. At work, they may be required to sit for long hours at computers, telephones or other machines. At home, stress and tiredness may lead to more passive activity, such as television viewing—but the media and entertainment empires spend billions of dollars to encourage such behaviour.

Naturally, technology has reduced activity in everyday life, because people usually do not have to walk as far or expend as much energy operating heavy equipment. These labour-saving processes could, however, create more time for enjoyable recreational activity. The real problem, therefore, is not the technology but the way it is exploited for corporate profit.

Then there is a psychological impact on those people who suffer weight problems. Studies show that obese individuals tend to lead socially isolated lives. They do less well academically, have poorer job prospects and lower self-esteem. They feel less attractive. Weight problems have particularly damaging effects on children. One study found that they see obesity as a disability worse than losing a limb.

Corporate advertising—whether it be for fashion, cosmetics or weight-loss programs—promotes the image that one must be slim and beautiful. At the same time, those on low incomes are less able to afford the promoted, usually very expensive, products, services and treatments.

It is understandable that obese people can become depressed and blame themselves for their failure to achieve the desired thinness. People who suffer emotional distress can turn to food to suppress their feelings, only exacerbating the problem.

Some studies also show that genetic factors contribute to obesity, although estimates vary considerably from 5 percent to 40 percent of obesity cases. Clearly, however, this cannot explain the dramatic increase in obesity, since the human gene pool has not changed over the last 20 years.

Beneath all the above figures and statistics, another pattern stands out. Billions of dollars are spent on medical treatments but very little is spent on examining the social causes, or on providing information that explains the social context of obesity.

This is just one of many basic contradictions. Never before has society had greater scientific and technical capacity to provide nutritious food for all. And technology has the potential to free humanity from labour and expand the time for healthy exercise and leisure time for families. Medical and social research could help people understand that weight and obesity problems are largely social, not individual. If these resources were harnessed rationally, it would be possible to greatly reduce, if not eliminate the obesity epidemic. Standing in the way, however, are vast corporate interests.