

Cathy Banwell · Dorothy Broom
Anna Davies · Jane Dixon

Weight of Modernity

An Intergenerational Study
of the Rise of Obesity

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Shepherdson's work which introduces Chap. 10 appeared in an exhibition 'The Contested Landscapes of Western Sydney' mounted by the Australian National University School of Art, 2010. The artist explains the work as being about branching growth patterns in land use and the disappearance of productive agricultural lands under "the weight of development".

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Chapter 1

The Big Australian: Obesity in the Modern World

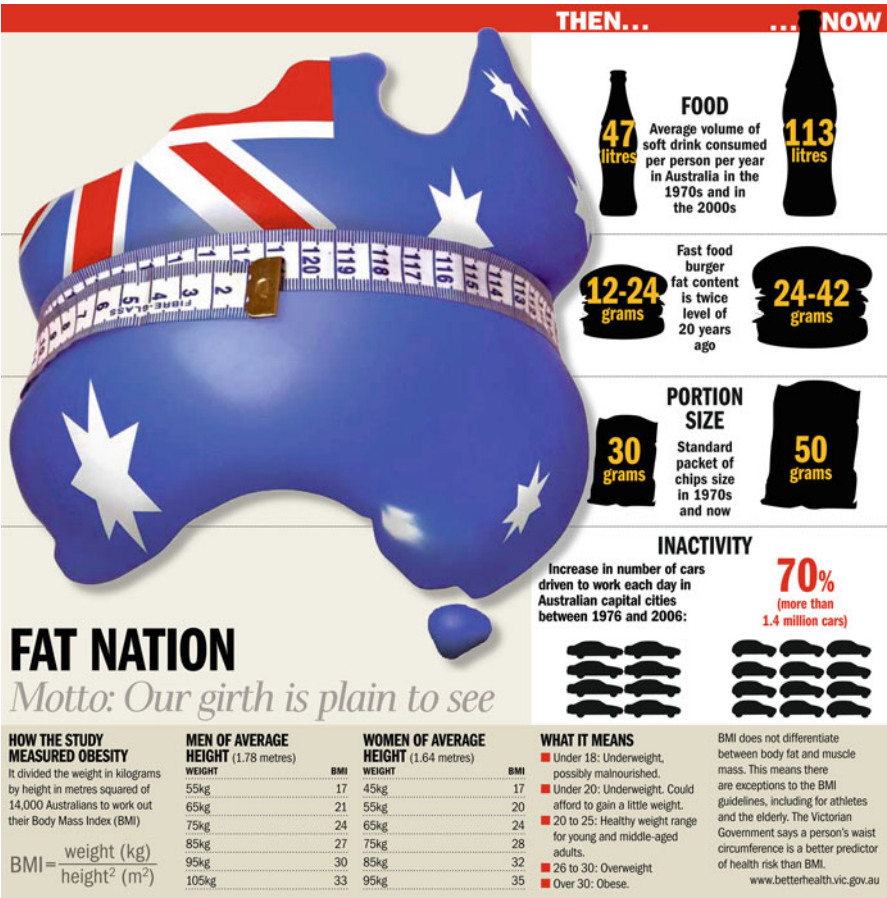


Image 1.1 The Fat Nation. Source: THE AGE 23 July 2008

1.1 Introduction

During the first decade of the twenty-first century, public health and popular publications were full of statistics about an ‘epidemic of obesity’, and predictions that this epidemic threatens to overwhelm health-care budgets and to generate premature mortality amongst ever-younger cohorts around the world. While we do not subscribe to the stigmatising and alarmist language that has characterised much obesity discourse, there is no doubt that the population prevalence of obesity has risen dramatically, with a doubling in numbers since 1980 (World Health Organization 2010). Given the close links between obesity and a range of serious illness conditions, such striking changes are significant for the health of people in Australia and in most other wealthy economies, and increasingly for people in developing countries as well. Because it has emerged so rapidly, so much heaviness cannot be understood as a product of genetics, but requires investigation using social scientific theories and methods.

Although the headline suggests a simple, uniform picture, research points to significant diversity. A WHO-supported study (Finucane et al. 2011) combining data from 199 countries and territories shows that the prevalence of obesity increased between 1980 and 2008 worldwide, but with differences related to gender and geography. Japan and Singapore had the lowest Body Mass Indices (BMI) among high-income countries. People were heaviest in Nauru and other countries in Oceania, and lowest in some sub-Saharan countries, and in East, South and Southeast Asia.

Examining changes in prevalence, men’s average BMI rose by 0.4 kg/m² and women’s by 0.5 kg/m² per decade. Among high-income countries, the average male BMI increased most in the US followed by Australia, and it increased least in Brunei, Switzerland, Italy and France. The largest increases in female BMI in high-income countries were in the US, New Zealand and Australia while increases were lowest in Italy and Singapore. Only a minority of countries are exempt from this trend. As the authors of this study note, explanations are now needed for the differences in BMI levels and trends among high-income countries such as Asia-Pacific, Western Europe, Australasia and North America (Finucane et al. 2011). While economic development is implicated in the societal changes that accompany rising levels of obesity, it is the relatively poor countries of Oceania that have among the highest prevalence of obesity, suggesting that cultural and environmental conditions play an important role.

The contemporary preoccupation with obesity and the meanings attributed to heavy bodies are inventions of the recent past (Schwartz 1986). Fatness and thinness have varying significance in different historical and cultural settings (Stearns 1997). In the English-speaking world, at the beginning of the twentieth century, thinness usually signified disease and poverty; heaviness generally signalled health, wealth and a cheerful disposition, although discourses were also evident in which excess fatness was discredited (Monaghan and Hardey 2009). As food became cheaper and more abundant, fatness was a less consistent marker of distinction, since *anyone* (not only the wealthy) could become heavy. Both the dominant signification and epidemiological distribution changed over the century, until now heaviness has

become a symbol of personal failure and is correlated with low socio-economic status (SES). In epidemiological terms, the direct gradient (heavier people were generally better off economically) at the beginning of the century had, by the end of the century, reversed, and heavier people came to be concentrated among those who are less educated and poorer.¹ Such a negative gradient between SES and a health risk factor is typical of the relationship between class and most measures of health risk or outcome (Commission on Social Determinants of Health 2008).

Of course, international and historical comparison is challenging, because data are unavailable from some very poor nations, and incomplete or unreliable for many others. Nevertheless, broad trends are evident. Cross-sectional comparisons between poor, middle-income and economically developed nations tend to report positive (direct) associations between SES and weight in poor nations; mixed results in middle-income nations; and negative associations in developed nations (McLaren 2007). These patterns are not absolute: some societies have both under – and over-nutrition in the same population subgroups (Doak et al. 2005; Valera-Silva et al. 2009). However, the burden of obesity tends to shift toward lower SES as the country's gross national product increases (Monteiro et al. 2004).

In Australia, obesity prevalence is now distributed like most other chronic disease risks, and overall prevalence differs little between the sexes (Australian Institute of Health and Welfare 2003a, b). In addition, data reported previously (Friel and Broom 2007) show that when education is used as the indicator, the typical pattern of declining obesity prevalence with increasing levels of education is evident for both women and men. However, when income (rather than education) is the indicator, the patterns for men and women are no longer the same. The expected negative association is fairly consistent among women, but is less distinct or even absent for men. Indeed, there are suggestions of a positive relationship between obesity and income (men on higher incomes are more likely to be obese) in some surveys which is contrary to both the typically inverse association usually observed for health risk, and also to the pattern observed for women. Similar gender-differentiated patterns have been reported in several international studies (Ljungvall and Gerdtham 2010; Roskam et al. 2010; Zhang and Wang 2004), lending confidence to the conclusion that these apparently anomalous patterns for income are not errors or artefacts of particular surveys.

As with the variations in national patterns that do not necessarily follow the stage of economic development, explaining the variation in gender patterns requires greater attention to national and sub-population cultural trends and everyday practices. According to Glassner (1989), both structural and cultural explanations are needed to understand how and why social trends evolve in the way they do. In other words, a rise in population wealth can explain the population rise in obesity levels, but explaining different obesity patterns between and within countries requires cultural analysis.

¹ Similar shifts appeared in the distribution of cigarette smoking over the twentieth century. Adopted first by men and later by women, smoking was initially a habit for elites which was gradually democratised when mass production and rising demand lowered tobacco prices. As the health hazards became more widely documented, better educated people quit first, and the gradient—initially direct—reversed and now the majority of smokers, like people who are obese, are of lower SES.

1.2 Explaining Rising Obesity

A wide range of explanations has been proposed to account for rising obesity. Most relate to a specific aspect of modern daily life (the nutrition transition, the physical activity transition), but one unique explanation is the ‘thrifty gene’ theory which has been applied to formerly nomadic indigenous populations. It is hypothesised that during the millennia before European colonisation, such people experienced periodic food shortage, resulting in genetic selection for those members who were genetically predisposed to accumulate somatic fat stores during times of plenty, weight which was gradually depleted when food was short. The logic is that this predisposition was an adaptive advantage in times of alternating abundance and shortage, but that it has become a disadvantage with the end of the nomadic way of life, the advent of settlement and the industrial supply of energy-dense processed food. While the thrifty gene hypothesis is proposed as a partial explanation for higher obesity prevalence amongst indigenous people, most explanations are more generic than genetic.

Generally, rising obesity has provoked a search for single-cause explanations (such as consumption of fast food or the popularity of screen-based leisure), and readers interested in such accounts will have no difficulty finding them. Although we think it unlikely that there will ever be unanimous agreement on one ‘main culprit’, even if a specific factor is eventually shown to be especially important, its deleterious effects will not be reduced much by simple or singular interventions. A 2006 summary of the evidence on obesity prevention and intervention shows that very little works (Baker and Young 2006). More potentially fruitful in our view is an approach to both analysis and interventions that considers how socio-economic, physical and cultural environments have become ‘obesogenic’ (Egger and Swinburn 1997), that is, have come—subtly but relentlessly—to foster ways of life and individual behaviours that lead to excess weight, and to make it increasingly challenging to live in ways that promote healthy weight. We fill a research gap by characterising the obesogenic environment and its antecedents (Kirk et al. 2009).

Our previous volume (Dixon and Broom 2007) began to canvass a range of explanations for rising obesity. Since that time, some of the most strident ‘moral panic’ surrounding obesity may have abated slightly, and there are suggestions that the rate of increase in Australia has begun to level off, at least among some groups of children (Hardy 2010). Nevertheless, popular and public health interest remains intense, with a continuing proliferation of weight loss products, programs and services. Popular culture in the form of commercial television programs and human interest stories in the print media maintain the spotlight on excess weight and its management. Voices of resistance are raised by ‘obesity sceptics’ (Gard and Wright 2005) alongside a growing obesity rights discourse objecting to the stigmatising of heavy people (Broom and Dixon 2008; Julier 2008), and exposing the ineffectiveness of diets and most other interventions (Aphramor 2005; Kwan 2009). Rising above the cacophony (Lang and Rayner 2007), the overwhelming themes are however that excessive weight is harmful to health, and that the high rates of heaviness bode ill for personal wellbeing, family resources and the national health-care budget.