

Fighting the Obesity Crisis

Mary E. Hohn

Helena College University of Montana

WRIT 101: College Writing

Karen L. Henderson

11 December 2022

Fighting the Obesity Crisis

Obesity is reaching record highs. Since 1975, global obesity rates have skyrocketed, almost tripling (World Health Organization, 2021). At the same time, obesity is stigmatized and the beauty standard is a skinny body. Capitalizing on the desire for a socially acceptable body, many products claim to promote quick weight loss. Surgery to facilitate weight loss is available. There are even “fat camps” for children, designed to make them lose weight. However, obesity is still on the rise. The obesity epidemic is a modern epidemic brought on primarily by unhealthy food environments and lifestyles lacking in sufficient amounts of physical exercise. Higher levels of convenience are a focus of modern society, but this may come at the sacrifice of people’s health, as seen with the rising obesity statistics. However, there is a way to reverse this, if people are willing to make the change. The obesity crisis can be fought, on both an individual level, making changes in personal lifestyle, and at a level of larger scale, making changes that help other people.

One of the most significant factors in the obesity epidemic is the food environment today. Fast food has grown into a booming industry, and grocery stores abound with premade, ultra-processed food. In 2017 to 2018, on any given day, more than one-third of American adults consumed fast food (Dunn et al., 2021), and globally, consumption of ultra-processed foods (UPFs) has shown a rising trend (Cordova et al., 2021), with UPFs consisting of “more than half of the total dietary energy consumed in high-income countries such as the USA, Canada and the UK and between one-fifth and one-third of total dietary energy in middle-income countries such as Brazil, Mexico and Chile” (Monterio et al., 2019, para. 1).

According to the National Institute of Health (NIH), portion sizes in US restaurants have increased substantially in the last two decades, doubling or even tripling. This leads to Americans eating more at home as well as at restaurants, since their perception of a proper portion size has been skewed (NIH, 2013).

Another major factor is the content of foods that we eat. McCrory et al. (2019) stated that not only did portion sizes in fast food increase, but the contents of fast food have grown unhealthier, with increasing levels of sodium and energy content. Consumption of ultra-processed foods was found by Askari et al. (2020) to be particularly associated with overweight and obesity. Monteiro et al. described UPFs as generally being low in protein, fiber, minerals, and vitamins while being high in sugar and unhealthy fat and salts (Monterio et al. 2019). There is much evidence that food content is playing a large part in obesity.

In addition to the modern, convenience-driven diet of fast food and junk food, exercise amounts are major factors in the obesity crisis. People consume these high-energy foods and do not exercise accordingly. Much technological advancement seems only to take in account convenience, and aims to replace something that would otherwise mean physical effort. Robots that vacuum, lawnmowers that require no pushing, voice-activated technology, washing machines, dishwashers, and dryers are just a few things. Sedentary activities like watching TV, videogames, internet surfing, and social media have become common pastimes. Many jobs are sedentary as well, and since the pandemic we have even more opportunities to not leave the house at all, such as taking college classes online or working from home.

People may view fat shaming as a way to fight obesity, since it provides motivation to lose weight in order to become socially accepted. A recent study by Tomiyama et al. (2018) says that just the opposite is true: fat shaming is actually making the obesity problem worse. Tomiyama et al. define fat stigma as “the social rejection and devaluation that accrues to those who do not comply with prevailing social norms of adequate body weight and shape” (2018, p. 1). They argue that experiencing prejudice based on weight was correlated to an aversion for exercise; and how, in experiments, people who experienced weight stigma had an increased desire to eat, and they had increased levels of an obesogenic hormone. Tomiyama et al. expressed particular concern about weight stigma in healthcare. Doctors disrespecting

overweight patients and viewing them as a waste of time likely prevents the patients from feeling welcome and getting the help they need (2018).

This discussion so far has been focusing on individual people's eating habits and lifestyle choices that are causing the obesity epidemic, but there is more to blame than just these things. The industries producing our food have not been discussed at all, and the role they play in the obesity epidemic should not be overlooked. Vandenbrink et al. (2020) wrote a paper in which they examined the ways the Canadian food and drink industry was attempting to shape Health Canada's policies involving food and nutrition. At the same time as emphasizing that it is an individual person's responsibility to make an informed decision on what they eat, the industry influenced studies being done on public health and diet, and they were averse to sharing certain information. In other words, the industry has influence over the information that people would use to make these decisions. The industry also used political means, including financial incentives and threatening legal action. Vandenbrink et al. urges people to consider the influence that the food industry may have on health policies and the food environment, and the strategies they may use to do influence (2020).

The factors discussed above continue to fuel the rising obesity rates. However, knowing the reasons why obesity is rising, people can fight obesity on a personal level by changing their lifestyle accordingly, and on a larger scale as well – teaching nutrition, improving food environments in places like schools and offices, and regulating food industries.

A good first step would be to avoid fast food and limit ultra-processed foods. In identifying processed foods, Monteiro et. al (2019) recommends the NOVA system, which ranks food from 1 to 4 based on how processed they are, with foods in level 4 being classified as ultra-processed. To check if a food is in group 4, one can look at the ingredients label. If it has either cosmetic additives (flavors, flavor enhancers, and emulsifiers are common ones) or foods not commonly used in kitchens (for instance, gluten, whey protein, high-fructose corn syrup, dextrose, lactose, soluble or insoluble fiber, hydrogenated oil), it is ultra-processed (Monteiro et.

al, 2019). In helping to identify ultra-processed foods, the nonprofit organization Open Food Facts (2022) has made an app and a website where foods can be looked up to find out the NOVA rating.

It may be difficult to avoid fast food and processed foods because of their convenience - Saghaian and Mohammadi (2018) found that one of the main reasons households ate fast food was lack of time to prepare food at home. Planning ahead and doing meal prep could help with this. For instance, cooking a large amount of oatmeal all at once, that will last a week, would save the time of cooking breakfast every morning. People may also want to watch their portions, given the increase in portion sizes discussed earlier. The NIH (2013) recommends keeping portion sizes to the size of one's fist to keep caloric intake regulated.

One way to eat healthy is to follow traditional diets. The Mediterranean diet is a well-known one. It prevents obesity, as well as giving many positive health benefits (Medina et al., 2021). Japanese and Korean traditional diets are also associated with long life and health (Monteiro et al. 2019). People can consider looking into these traditional foods if they are interested in trying new foods and having variety in their diets while still eating healthy.

In addition to healthier eating habits, people can find ways to exercise regularly to keep fit. This doesn't necessarily mean making a big commitment and getting a gym membership. In everyday life many changes can be made to promote a more active lifestyle. Biking to work, getting into the habit of taking more steps every day (many phones now have step-counters), finding an active hobby they like to do, hiking, or taking the dog for walks are a couple ways people can exercise regularly.

Besides making personal lifestyle changes, we can also fight the obesity crisis in more extensive ways. Educating others on obesity, nutritional health, and the dangers of fast food and ultra-processed foods in general could go a long way in preventing obesity. When people were made aware of the contents of fast food, they were less likely to eat it (Saghaian & Mohammadi, 2018). Parents can help by teaching their children cooking skills and healthy eating habits. In

using education to prevent obesity, we could learn from Japan, which has one of the lowest obesity rates in the world, at 4.3%, compared to the US rate of 36.2% (CIA, 2016a; CIA, 2016b). Tanaka and Kinshita (2009) list nutritional education for children in schools as an important obesity preventive measure used by Japan. The nutrition education given to children in school will prepare them to make good eating choices as adults.

Policies encouraging exercise can be used to decrease obesity as well. Mori et al. (2012) state that another common Japanese policy, started in 1953, is for boards of education to require that students walk to school every day. They mention that active transport to school is a vital part of a child's daily exercise. Keeping children active in childhood is important, since inactive children are more likely to remain inactive once they become adults (Mori et al., 2012). Parents can make sure their kids get plenty of exercise by having them play outside often, limiting sedentary activities like screentime, and having them be involved in sports.

Changing the food environment by decreasing convenient access to junk food in schools, workplaces, and similar places as a means to reduce consumption may be useful in fighting obesity. Baskin et al.'s (2016) research showed that making junk food less visible, harder to get to, and farther away from beverages reduced junk food consumption in the workplace. In schools, cafeterias could serve healthier options and junk food in vending machines could be replaced with healthier snacks.

Lastly, the food industries themselves can be changed for the goal of reducing obesity. Obesity-preventing regulations can be put on food industries. Some already proposed regulation systems are front-of-pack labelling and traffic light labelling. A study by Emrich et al. (2017) showed that traffic light labelling may effectively cause a reduction in calorie, sodium, and fat consumption. Marketing unhealthy food to children is also an area where regulations could be put down. As discussed earlier, Vandenbrink et al. (2020) urge people to be aware of the methods the food industry uses to influence policies concerning the food environment. If the

food industry's influence is reduced, regulation systems with the aim of reducing obesity may be more easily passed.

By studying the causes of obesity and targeting them, we can make advances in ending the obesity crisis. Individuals can prevent obesity through diet changes and exercise, and to make a difference on a bigger level as well, we can focus on educating people on nutrition, putting policies encouraging exercise in place, changing the food environment, and implementing regulations on the food industries. Just as there are many causes of obesity, there are many things that we can do to fight obesity, and if these and similar strategies are successfully implemented, we may see a remission of the obesity crisis.

References

- Askari, M., Heshmati, J., Shahinfar, H., Tripathi, N., & Daneshzad, E. (2020). Ultra-processed food and the risk of overweight and obesity: A systematic review and meta-analysis of observational studies. *International Journal of Obesity*, *44*(10), 2080–2091.
<https://doi.org/10.1038/s41366-020-00650-z>
- Baskin, E., Gorlin, M., Chance, Z., Novemsky, N., Dhar, R., Huskey, K., & Hatzis, M. (2016). Proximity of snacks to beverages increases food consumption in the workplace: A field study. *Appetite*, *103*, 244–248. <https://doi.org/10.1016/j.appet.2016.04.025>
- Central Intelligence Agency. (2016a). Japan. In *The world factbook*. <https://www.cia.gov/the-world-factbook/countries/japan/#people-and-society>
- Central Intelligence Agency. (2016b). United States. In *The world factbook*.
<https://www.cia.gov/the-world-factbook/countries/united-states/#people-and-society>
- Cordova, R., Kliemann, N., Huybrechts, I., Rauber, F., Vamos, E. P., Levy, R. B., Wagner, K.-H., Viallon, V., Casagrande, C., Nicolas, G., Dahm, C. C., Zhang, J., Halkjær, J., Tjønneland, A., Boutron-Ruault, M.-C., Mancini, F. R., Laouali, N., Katzke, V., Srour, B., ... Freisling, H. (2021). Consumption of ultra-processed foods associated with weight gain and obesity in adults: A multi-national cohort study. *Clinical Nutrition* (Edinburgh, Scotland), *40*(9), 5079–5088. <https://doi.org/10.1016/j.clnu.2021.08.009>
- Dunn, C. G., Gao, K. J., Soto, M. J., & Bleich, S. N. (2021). Disparities in adult fast-food consumption in the U.S. by race and ethnicity, national health and nutrition examination survey 2017–2018. *American Journal of Preventive Medicine*, *61*(4), e197–e201.
<https://doi.org/10.1016/j.amepre.2021.01.043>
- Emrich, T. E., Qi, Y., Lou, W. Y., & L'Abbe, M. R. (2017). Traffic-light labels could reduce population intakes of calories, total fat, saturated fat, and sodium. *PLoS One*, *12*(2).
<https://doi.org/10.1371/journal.pone.0171188>

- Medina, F. X., Solé-Sedeno, J. M., Bach-Faig, A., & Aguilar-Martínez, A. (2021). Obesity, Mediterranean diet, and public health: A vision of obesity in the Mediterranean context from a sociocultural perspective. *International Journal of Environmental Research and Public Health*, 18(7), 3715. <https://doi.org/10.3390/ijerph18073715>
- McCrary, M. A., Harbaugh, A. G., Appeadu, S., & Roberts, S. B. (2019). Fast-food offerings in the United States in 1986, 1991, and 2016 show large increases in food variety, portion size, dietary energy, and selected micronutrients. *Journal of the Academy of Nutrition and Dietetics*, 119(6), 923–933. <https://doi.org/10.1016/j.jand.2018.12.004>
- Monteiro, C. A., Cannon, G., Levy, R. B., Moubarac, J.-C., Louzada, M. L., Rauber, F., Khandpur, N., Cediel, G., Neri, D., Martinez-Steele, E., Baraldi, L. G., & Jaime, P. C. (2019). Ultra-processed foods: What they are and how to identify them. *Public Health Nutrition*, 22(5), 936–941. <https://doi.org/10.1017/S1368980018003762>
- Mori, N., Armada, F., & Craig Willcox, D. (2012). Walking to school in Japan and childhood obesity prevention: New lessons from an old policy. *American Journal of Public Health*, 102(11), 2068–2073. <https://doi.org/10.2105/AJPH.2012.300913>
- National Institutes of Health. (2013, Feb 13). *Larger portion sizes contribute to U.S. obesity problem*. <https://www.nhlbi.nih.gov/health/educational/wecan/news-events/matte1.htm>
- Open Food Facts (2022) *List of NOVA groups – World*. <https://world.openfoodfacts.org/nova-groups>
- Saghaian, S. & Mohammadi, H. (2018). Factors affecting frequency of fast food consumption. *Journal of Food Distribution Research*, 49(1), 22-29.
- Tanaka, N. & Kinoshita, Y. (2009). The importance of nutritional education in preventing obesity and malnutrition. *Forum on Public Policy*.
- Tomiyama, A., Carr, D., Granberg, E. M., Major, B., Robinson, E., Sutin, A. R., & Brewis, A. (2018). How and why weight stigma drives the obesity ‘epidemic’ and harms health. *BMC Medicine*, 16, 123 <https://doi.org/10.1186/s12916-018-1116-5>

Vandenbrink, D., Pauzé, E., & Potvin Kent, M. (2020). Strategies used by the Canadian food and beverage industry to influence food and nutrition policies. *The International Journal of Behavioral Nutrition and Physical Activity*, 17(1) <https://doi.org/10.1186/s12966-019-0900-8>

World Health Organization. (2021, June 9). *Obesity and overweight*. <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>