



Taking measures in times of crisis: The political economy of obesity prevention in Spain



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ARTICLE INFO

Article history:

Received 22 January 2016

Received in revised form 8 October 2016

Accepted 9 January 2017

Available online 21 January 2017

Keywords:

Obesity

Sociocultural causality

Economic crisis

Public policy

Spain

ABSTRACT

This article reports on a qualitative analysis of the measures proposed at the international level, but with a special focus on those adopted in Spain during the last decade. Analyzing biomedical definition of obesity as an epidemic and costly disease, this text aims to unpack the conceptual structure of the obesity prevention model, and to reflect on the limitations of a top-down pattern of health education and communication in health that, focusing on individual aspects of lifestyles, has involved very little citizen participation in general, and less still by those diagnosed as overweight. In the process of translating international guidelines into national action plans, the effects of historical changes and socioeconomic interests have been largely ignored, and the symbolic and material needs of the stakeholders have gone unrecognized. The discussion considers the minor role attributed in public health policy to the food and eating as social practice, to the specific structural factors that have taken on greater importance during the economic crisis – job insecurity, depressed wages, austerity measures – and to the social determinants of the differential distribution of obesity – social class, gender, ethnicity, age – and suggests that this inattention to their impact may underlie the failure of these strategies to halt the apparently growing obesity rate.

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1. Introduction

In 2004, the 57th World Health Assembly, alarmed by these rising morbidity figures and considering them to be primarily a consequence of “dramatic changes” in living environments, diets and lifestyles, called on member states to develop, implement and evaluate actions recommended to reduce the risks and incidence of non-communicable diseases, including obesity. That Assembly led to the creation of the Global Strategy on Diet, Physical Activity and Health (DPAS) (WHO, 2004), a set of integral and multi-level proposals aimed at modifying what is considered to be the main source of this problem around the world: an inappropriate diet and lack of physical activity. Since then, many countries have established strategies to address the situation and planned initiatives of a very similar nature. In Spain, the health care authorities have taken up WHO’s framing of obesity as a serious public health problem that greatly increases health care costs and responded to its call for action by developing a plan of its own, the Strategy for Nutrition, Physical Activity and the Prevention of Obesity (NAOS, 2005), through the Spanish Agency for Food Consumption, Secu-

urity, and Nutrition (AECOSAN by its Spanish acronym), which is the government organization responsible for planning, coordinating, and implementing actions to prevent the problem from escalating.

This article reports on a qualitative analysis of the measures proposed at the international level, but with a special focus on those adopted in Spain during the last decade. Analyzing biomedical definition of obesity as an epidemic and costly disease (Moffat, 2010), this text aims to unpack the conceptual structure of the Spanish obesity prevention model, and to reflect on the relative efficacy of a top-down pattern of health education and communication in health (a “monologic model” according to Martínez, 2010) that, focusing on individual aspects of lifestyles (Guthman and DuPuis, 2006), has involved very little citizen participation in general, and less still by those diagnosed as overweight and obese. In the process of translating international guidelines into national action plans, the effects of socioeconomic changes have been ignored, and the symbolic and material needs of the stakeholders have gone unrecognized and unaddressed. The discussion considers the minor role attributed in public health policy to the food and eating as social practice (Delormier et al., 2009), to the specific structural factors that have taken on greater importance during the economic crisis – job insecurity, depressed wages, austerity measures, the rising cost of living – and to the social determinants of

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the differential distribution of obesity – social class, gender, ethnicity, age – and suggests that this lack of attention to their impact may underlie the failure of these strategies to halt the growing obesity rate.

2. Materials and methods

This work was done in the frame of a broader anthropological study entitled *Eating in times of crisis: new contexts for diet and health in Spain* (ref.num. CSO2012-31321, 2012–2015). We analyzed information from a variety of sources in order to find possible answers to why, in a context where people's lives are becoming increasingly precarious, obesity has increased in Spain despite a coinciding increase in preventive measures. First, we updated an earlier review of the existing literature in order to identify the socioeconomic dimensions of obesity and also the policy measures to prevent and counter its increase (Gracia-Arnaiz, 2012). We prioritised studies preferably published during the last decade that look at environmental factors and the costs of obesity, trends in obesity prevalence and health policies to tackle it. We collated the articles by searching the PubMed/Medline databases. We mostly selected studies based on populations in Spain and Europe and the literature search was largely conducted in English and Spanish. Search terms included obesity, overweight, environment, social determinants, prevention, economic crisis, and poverty (Table 1).

The number of articles found before applying relevance criteria was 19,705; after applying inclusion criteria (language, geography, publication dates, subjects, type of publication, species and journal categories) a total of 231 journal articles were regarded as relevant. From these 231 articles, 224 were finally selected on the basis of their relevance to our study objectives (Table 2).

Second, we analyzed the policies on obesity based on a compilation of a selection of global action plans, integral strategies, specific programs and actions and recommendations about diet and physical activity produced during the last decade. The focus was on documents published between 2004 and 2014 by authorities whose primary role is to direct and coordinate international/national health and to promote policies that can improve health and the economic and social well-being of people. Although the content analysis included reports published by various supranational organizations, it was centered above all on programs based in Spain. At the international level, we searched in the health, nutrition and/or obesity sections of the websites of the WHO, WHO-EU, Public Health-European Commission (EC) and OECD. At the national level, we compiled action plans on obesity from health

Table 3
Inclusion and exclusion criteria.

Inclusion criteria	Exclusion criteria
Texts: <ul style="list-style-type: none"> • Global Action Plan for prevention and control NCDS • Package of Recommendations about Diet and Physical Activity • Global and Local Strategies on Diet, Physical Activity and Health • Food and Nutrition Action Plans • Consensus papers on obesity • Declarations to action on obesity • Spanish normative dispositions related to obesity prevention • Indicators and data on obesity • Obesity and inequities • Monitoring and evaluation reports • Population and community-based programs 	Texts: <ul style="list-style-type: none"> • Health Care Plan (general) • Recommendations only referred to specific food/beverages intake • Specific programs physical activities or diet (summer camp, sportive camp, old people's homes, etc.) • Research projects • Programs or actions aimed only at health professionals or other specific stakeholders • General strategies of health promotion and prevention • Promotional or informational materials • Conventions and Awards

departments and agencies. The initiatives of the AECOSAN were recorded, in particular those programs and normative associated with the *NAOS Strategy (2005)*, and at regional level we focus on activities linked to the Plan for Promoting Physical Activity and Healthy Eating (*PAAS, 2008*) in Catalonia. Out of the 85 texts originally selected, a total of 57 documents meet the requirements for inclusion (20 international, 22 national and 15 regional primary documents) (Table 3).

These documentary sources were analyzed as cultural texts themselves (Geertz, 1986). These documents are important in their own right because they are key pieces in the implementation of health policies (Campbell, 2011), are guides that set out how the problem of obesity is to be tackled and allow longitudinal and comparative analysis from international and national actions. We approached them not to do an evaluation of public policy as such but also to examine hegemonic discourses (Kleinman, 1988), that is as authoritative and influential narratives that construct what we take to be “reality”. In short, they diagnose the causes of the problem and propose solutions.

In order to organize the considerable number of texts and pages we digitalized them using the Maxqda 10 program and conducted thematic analysis (Guest, 2012), a process of data analysis consisting of reading transcripts, identifying possible topics, comparing and contrasting themes. During the first phase, the documents were initially classified on the basis of authorship, the organizations that had published them and the year of publication. Coding protocol was created through a shared agreement among the researchers. We generated a list of items from the data set (words, paragraphs, images, tables, etc.) that had a reoccurring pattern, which we continually revised and updated throughout the coding process (Carey et al., 1996). We compared those concepts that were present in all documents and those which we not, we discussed which ones pointed to important phenomena relating to obesity, which provided examples of preventative programs and which were the most useful for analyzing the differences/similarities between actions. One hundred and fifty-five different concepts or labels were recorded and grouped into families or networks of codes on the basis of related meanings among them. This grouping allowed us to establish the final eight categories on which that analysis is based, namely obesity as disease, sociocultural/environmental causality, the socioeconomic costs, the evidence for taking

Table 1
Word coding and search: Obesity and specific relations.

Code 1	Obesity
	AND <ul style="list-style-type: none"> a. Poverty b. Economic crisis c. Prevention d. Social determinants e. Environment

Table 2
Search flow.

Database search results (n = 19,705)
Revised database search after relevance criteria applied (broad 'suitability' and 'economics') (n = 268)
Records screened (n = 231)
Full text articles assessed (224)
Studies included in synthesis (224)

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