



Governing obesity policies from England, France, Germany and Scotland



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ARTICLE INFO

Article history:

Received 4 January 2015
Received in revised form
23 September 2015
Accepted 6 November 2015
Available online 11 November 2015

Keywords:

Obesity
Policy
Problematisations
Governing technologies
England
France
Germany
Scotland

ABSTRACT

Defining a phenomenon as a political problem could be considered a crucial part of any political process. Body weight, when categorised as obesity, has been defined as a political problem since the beginning of the 21st century and has entered the political agenda in many countries. In this article, I present a study of four plans from four Western European countries: England, France, Germany and Scotland, identifying how obesity is defined as a political issue. The questions addressed are: How is the development in the obesity prevalence explained and who is considered responsible for the development? What are the suggested remedies and who is considered responsible for acting? All plans state that obesity is a political issue because it causes health problems; in fact, weight is almost equated to health. The English and Scottish plans present a bio-political argument, characterising obesity as a serious threat to the countries' economies. So does the German plan, but not with the same emphasis. The plans portray people with obesity as being economically harmful to their fellow citizens. The French plan expresses another concern by focussing on the discrimination and stigmatization of obese people. All plans define the physical and food environment as a crucial factor in the obesity development, but only the Scottish Government is prepared to use statutory means towards industry and other actors to achieve change. The policies convey an unresolved dilemma: To govern or not to govern? The Governments want individuals to choose for themselves, yet they try to govern the populations to choose as the Governments find appropriate. The plans have a legitimising function, showing that the Governments take the issue seriously. Accordingly, in this case, the actual problematisations seem to be less crucial.

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1. Introduction

Since the beginning of the 21st century, weight, when categorised as obesity and overweight, has entered the political agenda in many countries and interstate organizations (Kersh and Morone, 2005). In 2000, WHO addressed what it defined as the 'obesity epidemic' (WHO, 2000) and the following year the US Surgeon General called to action (The Surgeon General's Call To Action, 2001). Other countries and organisations have followed by issuing strategies and outlining plans to reduce the prevalence of obesity (WHO, 2004; WHO, 2006; Commission of the European Communities, 2007).

Like all political issues, obesity and overweight are problematised in different ways in various countries and organisations. In this paper, I analyse plans issued 2008 to 2011 aimed at reducing the prevalence of obesity from four countries: England

(Department of Health, (DoH) 2011), France (French obesity plan 2010–2013 (PO), 2010), Germany (IN FORM, 2008) and Scotland (The Scottish Government (SG), 2010). The aim is to identify how weight, which was previously generally considered a private matter, is defined as a political issue.

Researchers have extensively studied obesity from a policy perspective during the first decades of the 21st century. An overwhelming number of the obesity studies have been undertaken in and about the US, fewer about Europe and other parts of the world. Many of the studies on obesity are written from an explicit normative or political stance, along two lines (Patterson and Johnston, 2012; Wright, 2009; Lupton, 2012; Gard, 2011).

One line of research portrays the prevalence of excess weight as a serious or even alarming health issue and sees its task as identifying measures to reduce it (Callahan, 2013; Kersh, 2009; Sacks et al., 2008; Skipper, 2012; Novak and Brownell, 2011; Conway and Rene, 2004; Gostin, 2007; Lang and Rayner, 2005). The authors frequently use the term 'obesity epidemic' and often characterise obesity as a disease.

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In another line of research, sometimes named “fat studies” or “critical obesity research”, researchers criticise the idea that weight is a measure of health and characterise this as a medicalisation of body size. Researchers within this field also study how obese people are affected by the policies including stigmatisation of obese people (Puhl and Heuer, 2009; Puhl and Heuer, 2010) and by allegations of moral weaknesses, such as gluttony and sloth (Oliver, 2006; Rich et al., 2011; Evans et al., 2004; Monaghan, 2005; Evans, 2006; Monaghan et al., 2013).

Yet other researchers have a less political or normative approach, seeking to understand how and why obesity has been constructed as a medical and political issue (Mitchell and Mctigue, 2007). They have pointed to epidemiological measures and conventions, especially the BMI measure, as a cause of the construction of obesity as a pathological condition (Guthman, 2013) as well as the perceived neutrality of quantification (Jutel, 2006). The visibility of obesity has been described as another cause of its prominence as a political issue (Jutel, 2005; Monaghan, 2005). The rhetoric used has also been suggested as important in the construction of obesity as a political issue (Schorb, 2013). In this vein a few studies have been performed analysing how European obesity policies have been developed and implemented (Hartlev, 2014; Musingarimi, 2009; Jebb et al., 2013). Building on these strands of research, this study examines how obesity has been problematised in four Western European countries. The actual problem definitions and governing technologies are analysed using an explicit theoretical framework to both describe the problem definitions and to discuss the role of such policies or plans.

2. Theory

Problematisation (Foucault, 1988) or problem definition (Rocheft and Cobb, 1993), is considered a crucial part of any political process. Through this activity a phenomenon is constructed in a way that makes it accessible to political action. As Rocheft and Cobb write, the aim of problem definition is ‘to explain, to describe, to recommend, and above all, to persuade. It is a distinctive form of public rhetoric’ (Rocheft and Cobb, 1993 p. 15). To identify the problem definitions, one has to analyse ‘the language, arguments and discourse through which policy is constructed and enacted’ (Russel et al., 2008, p. 40). Identifying the rhetorical means is thus also a way of analysing the problematisations. Defining causes is part of the problem definition process. Roughly, causes can be divided into individual choices and structural or systemic factors where individuals are influenced by their physical, economic, cultural and social environments in a way that causes the problems (Lawrence, 2004).

As Rocheft and Cobb describe it, problematisations usually vary depending on who is defining the problem; obesity will be seen as a different problem with different causes depending on whether those defining it are governments, obese individuals, the food and drink industry, medical doctors etc.

An important element in the problematisation is the suggestion of solutions, which may include devising specific governing technologies. The governing takes place by making people choose to act as those governing them want them to. As Michel Foucault writes, ‘it incites, it induces, it seduces, it makes easier or more difficult; in the extreme it constrains or forbids absolutely; it is nevertheless always a way of acting upon an acting subject or acting subjects by virtue of their acting or being capable of action’ (Foucault, 1982, p. 220); he also describes it as a ‘conduct of conduct’, where he uses the double meaning of conduct as both guiding or directing and as behaviour. It is thus about guiding the behaviour of others (Foucault, 1982). Mitchell Dean defines government as ‘working through our desires, aspirations, interests and beliefs’ (Dean, 1999,

p. 11). This exercise of power may also be carried out through responsabilisation (Rose, 1999), and through empowerment and motivation (Vallgård, 2011).

The paper is organised around the concept of problematisation. It examines how body weight is defined and explained as a political problem and which governing technologies are suggested.

3. Methods and material

The purpose of the comparison of the four countries’ obesity policies is to create a richer and more nuanced picture of each country’s policy. A comparison establishes a position from which one can observe from the ‘outside’ what may seem obvious and self-evident when only one country is studied. Comparisons also help to highlight what is not addressed and what is taken for granted and therefore not mentioned. Whereas a study of radically different countries helps to identify fundamental traits of a policy, a comparison of similar countries makes nuances more visible. England, France and Germany were chosen, as they constitute the biggest Western EU countries with highly developed welfare states, albeit also significantly different. Scotland was included in the study because it has the highest obesity prevalence of all EU countries. England and Scotland are treated as separate nations as they have their own health policies.

The German plan differs from the other plans as it does not focus specifically on weight but rather on physical activity and nutrition and thus also on health issues other than those related to weight. However, according to the wording of the plan itself, its success is to be measured also in terms of the prevalence of overweight in the population. Both the English and the Scottish Governments used the British Foresight report on obesity (Foresight, 2007), which was written to provide an evidence base for the policies. Previous plans on nutrition from France are also included in the analysis.

The respective Governments have published the documents and in that sense the documents have similar status. Political statements such as obesity plans play a decisive role ‘in promoting (or not) public acceptance’ (Schmidt, 2010, p. 12). The plans indicate that the Governments take the problem seriously. The audiences addressed are healthcare professionals and others working in the public-health field; politicians and civil servants at different levels; and most likely also, directly or indirectly, the general public, who shall be persuaded to endorse the policy or at least endorse the Government for making a policy.

Ethical approval was not required as there were no human subjects involved in this research.

4. Problem definition: weight, health and visibility

How is weight defined as a problem? Both the current prevalence and the increase in the number of people with high weight are causing Governments concern. In all plans, overweight and obesity are described as unhealthy. The medical discourse, where weight is defined as a health problem, thus dominates the problem definition. The concept ‘healthy weight’, which is used in the English and Scottish plans, shows that weight is seen as a health indicator in and of itself (Monaghan, 2005; Schorb, 2013). Nevertheless, only the French plan describes obesity as a disease: ‘Obesity is a chronic illness that tends to worsen over time.’ (PO, 2010, p. 5).

All plans define overweight and obesity using body mass index (BMI). As the Canadian philosopher Ian Hacking writes: ‘Sometimes science creates kinds of people that in a certain sense did not exist before.’ (2007, p. 293). One might argue that people who are characterised as overweight or obese, as measured by BMI, have been created as a special, unhealthy kind, as a well-defined category, which causes concern and calls for interventions.

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