Overweight - Cultural and Educational Aspects

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Abstract

Today the natural produced food in which nutrients and calories are well-balanced is more expensive than industrial produced food. Besides the financial means, understanding the benefits of healthy nurturing and making the correct choices is a cultural issue. Also the education level is correlated with health; educated individuals report higher sense of control which is associated with better health. Before and in parallel with formal education, children acquire life habits in family. Therefore parents have an important responsibility in promoting a healthy life style in family and thereby giving a good example to their children. A sedentary life has a proven influence over the children’s body weight. The purpose of this study is to promote the idea of education for a healthy life in Romania. In support of this I surveyed a number of studies about overweight in relation with education, self image, regional culture or the influence of media over body perceptions. Landmarks that society promotes are really severe especially for girls and it puts them in a position of inferiority, repercussions on self esteem and confidence. I add my own study results about some subjective parameters of well being. The results underline a dreadful but definite conclusion: people of western culture are digging their own grave with the teeth. Is a fact that poor nutrition is leading to a range of physical health problems and some psychological effects as well.

Recommendations. Physical activity doubled with a healthy life style education since the early years could stop the aggressive spread of overweight and obesity. Because our soul and intelligence must express themselves through a physical body we must prepare the new generation to preserve it for at least 75 years of active life.

Keywords:
Overweight, physical activity, health, education, culture.

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1. Introduction

Globally, there are 1.5 billion adults who are either overweight or obese, a number expected to double by 2030 to 3 billion (www.hsph.harvard.edu/obesity...2013). The explanation consists of the balance between sedentary behaviour and physical activity and the changes in people’s nurturing habits during the second half of the Twentieth Century. Technological development led to the replacement of the human workforce with machines, gradually reducing people’s physical effort. Food habits and customs also change, and they are influenced in many different ways. Urbanization, modernization and globalization have often led to diets in which a greater percentage of intake energy comes from sugar and fats, and to the increased consumption of salt.

An overweight person is anyone who has a Body Mass Index (BMI) over 25. Even obesity is very similar to be overweight; the difference consists in the amount of fat stored in the body. A formula to approximate the body fat percentage is:

- BMI x 1.2 + age x 0.23 – 5.4 for women and
- BMI x 1.2 + age x 0.23 – 16.2 for men.

Based on this formula men who have more than 25% and women who have more than 33% body fat are considered obese. This formula takes into account the age factor, because the percentage of body fat tends to increase with age. Also women have usually a fat percentage bigger than men.

Obese is considered, also, a person with a BMI of 30.0 or greater. Obese are more susceptible than overweight persons to illnesses such diabetes, high blood pressure, arthritis, strokes or depression. The weight problems of children and young people are associated with depression, asthma, being bullied, learning difficulties and type 2 diabetes. The greater the BMI, the greater the risk to health will be.

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2. Cultural issues

Today the natural produced food in which nutrients and calories are well balanced is more expensive than industrial food products. In high income countries, being overweight and obesity are specific to individuals with a low level of education and low income. In developing countries these health-related factors are more frequent among people with a higher economic status. In these countries the education level is not relevantly linked with obesity. Nevertheless there are studies revealing that “education may help individuals maintain or improve their health, mostly by means of their enhanced knowledge of health issues, information availability and cognitive skills” (Cutler, Lleras-Muney, 2006). Educational achievement is correlated with higher earnings through access to better job opportunities and social networks, which in the long term is expected to translate into higher health expenditure and thus better health (Suhrcke, de Paz Nieves, 2011). Besides the financial means, understanding the benefits of healthy nurturing and making the correct choices is a cultural issue.

There are cultural differences between world regions regarding nutrition, with important effects on longevity, active life and the health of the population. There are also cultural differences in terms of eating from region to region and from one community to another, depending on food resources. The environment is an important factor in terms of what, how and how much a population eats. Natural conditions influence the variety of fauna and vegetable species and, as a consequence, the quality and diversity of food.

Tradition and religion are other cultural issues with impact on nutritional habits. For example, in the Hindu and Buddhist religions the consumption of both pork and beef is frowned upon. Also ancient Hindu scriptures prohibit the eating of these meats. As a result a large majority of Hindus and Buddhists (roughly 90%) are strict vegetarians, despite being allowed to eat chicken and lamb. Conversely only the consumption of pork and not beef is prohibited for the same reasons in the Islamic religion and Judaism (Dindyal, 2004). Generally the religious prescriptions are promoting a healthy diet, suited to certain geographical and historical conditions.

An important component of contemporary culture is mass media. It provides great potential to communicate, support people health
issues and influence social norms that encourage responsible health behaviour choices. Facilitated by media, with the same high impact on people behaviour is advertising. Often young people and children are the targets of advertising for high-calorie, high-fat snacks and sugary drinks. The goal of these advertisings is to persuade people to buy these high-calorie foods, and often they do. Children are easily tempted by instantaneous sources of pleasure such as sweets, candies or chocolate bars, and they are not necessarily in a position to balance their short-term satisfaction with the long-term consequences. Companies are exploiting this lack of self-control and discernment in the way they provide information to consumers.

Research shows that exposure to food advertisements produces significant increases in calorie intake in all children, with the increase being largest among obese children (Halford, 2007, p 1-8). The role of parents is to watch and balance the children's diet, and therefore their personal example can be decisive.

On the other hand, slimness is seen as a desirable standard and as a beauty pattern, especially for young women. The norms that society promotes are very severe for most girls, and can put them in a position of inferiority, with repercussions for self-esteem and confidence. Self-esteem is a psychological component of self-image and there is a strong, positive correlation between them (Abell, Richards, 1996, pp 691-703; Oktan, Sahin, 2010). Self-esteem is how we feel about ourselves, and our behaviour clearly reflects those feelings. A poor opinion of our body can cause low self-esteem and a lack of self-confidence. Constantly watching ‘perfect’ bodies can feed teenage insecurities in terms of attractiveness and weight. Studies show that idealized body image contributes to eating disorders, steroid use, and plastic surgery.

In a study I made of students' needs and expectations relating to physical activity, I interviewed 120 young females mostly between 19 and 20 years of age. Interesting and disturbing at the same time, in this study, was that a significant number of subjects had problems to accept their own image. 63% of the young female surveyed are dissatisfied with the way they look, even their average BMI was less than 20 kg/cm² (19.28). The objective data don't match with the body image perception, but there are studies showing that when speaking about the quality of life.
“objective and subjective indicators are weakly correlated” (Cummings, 2000, p 68).

The most common problem they face is weight, many believing that they weigh too much and just only a few considering that they weigh too little. The biggest dissatisfaction is linked with the region between waist and knees: thighs must be thinned, abs must be defined, and muscles must be free of cellulite, or toned, or increased in volume. Girls’ desire to improve their appearance is a point in favor of physical activity, in order to motivate them to participate periodically and consistently in physical education classes, as well as in independent activities.

3. Educational issues

Before, and in parallel with formal education, children acquire life habits within the family, tending to adopt the example of their parents. Therefore parents have an important responsibility in terms of promoting a healthy lifestyle in the family, and thereby giving a good example to their children. Childhood health conditions have a lasting impact on health and socioeconomic status in middle adulthood (Suhrcke, de Paz Nieves, 2011); the effect of family lifestyle can track through more than one generation. Features of being overweight and obesity tend to run in families. There are 50% chances for a child of being overweight if one parent is overweight or obese, and if both of parents have weight problems the chances will increase to 80%.

A child who has overweight parents, who eat high-calorie foods and are inactive, will likely become overweight too. However, if the family adopts healthy eating and physical activity habits, the child's chance of being overweight or obese is reduced.

The education level is correlated with health; educated individuals report higher sense of control which is associated with better health.

The digital generation is the young generation born after the PC and Internet was largely introduced. From the early years of life they grow up with computer games, having accounts on social online communities, and searching for information on the Internet. They use new patterns of learning; communicating and behaving that are more and more related to onscreen activities. Onscreen activities include...
watching television, surfing online or playing video games, and all are associated with sedentary behaviour.

A sedentary life has a proven influence over a child's bodyweight. In a Canadian study is sustained with data that children and teenagers (8-18) spend an average of 42 hours a week with media, versus 8.75 hours with physical activities. The preschooler's risk of obesity jumps 6% for every hour of TV watched per day, 31% if the TV is in their bedroom (Epstein, 2008, p 239-245).

The authors of other Canadian extensive survey and a meta analysis of the topic conclude that relationships between sedentary behavior and health are unlikely to be explained using single markers of inactivity such as TV viewing or video/computer game use. Nevertheless they agree that “the total amount of time per day engaged in sedentary behavior is inevitably prohibitive of physical activity and the cumulative effect of multiple sedentary behaviors reduces total daily energy expenditure” (Marshal, Biddle, Gorely, Cameron, Murdey, 2004).

Schools have tended to have a slow response to this aggressive epidemic which affects the younger generation. It offers only a weak counter-attack to the consumption culture, which pushes us into a greedy lethargy. Healthy lifestyle programs, an increased number of physical activities, or cutting out junk foods as part of schools meals, are examples of remedial measures that can be taken in schools.

4. Discussion

Fortunately Romania has the sveltest population in the European Union. According to a Eurostat report on obesity in EU member states (Eurostat, 2011), for both women and men aged 18 years and over, the lowest incidence of obesity in 2008/9 were observed in Romania (8.0% for women and 7.6% for men). However, I have some doubt about the correctness of these figures because they are self-reported data. However, the European Union average is 16.6% in terms of adult obese people, and Romania appears to have only half of this percentage.

According to a Romanian Public Health Institute report published in 2008, in the last 8 years the number of obese children starting primary school has doubled (from 1.8% to 3.6%). Such overweight children have low odds in terms of having a normal BMI in future, in that 80% of them will become overweight and end up as obese

teenagers and adults. Romania seems to be catching up with other European countries in terms of being overweight and obese. It is interesting to have a view of other countries’ evolution in this matter, just to have an idea from the perspective of our younger generation.

It is striking that in the United Kingdom between about 1942 and 1947, when very strict rationing was imposed as a result of the Second World War, the British people were probably better nourished than ever before or after. Severe restrictions were put on each family, particularly regarding the amount of meat, butter, eggs, edible fat and other foods of animal origin in their diets. Fruits and vegetables were not rationed. The population benefited nutritionally and mortality rates from diabetes and heart disease were significantly lowered.

Today the British specialists in public health are warning about the danger that the current generation of children may have shorter life expectancies than their parents. The unhealthy lifestyles of today’s children could see them die younger than their parents because of heart disease, diabetes and other medical conditions (www.independent.co.uk .../12.08.2013).

Rationing of foods is not suggested as a strategy in present times, but the British experience suggests that more rational consumption of certain foods may be nutritionally beneficial to our contemporaries too. The entire discussion underlines a dreadful but definite conclusion: people living in western cultures are digging their own graves with their teeth.

5. Conclusions

Being overweight and obese is reaching global proportions, and requires urgent and coordinated preventative measures. The government is formally responsible for the well-being of the younger generation, but at the same time it is the school’s responsibility, and that of all those involved in the educational process. Each teacher is the first in the system in terms of student interface, and recruiting educated and valuable teachers is a condition for evolving and creating valuable workforce for society.

Finally in this paper I present a few concluding recommendations that could lead to an increase in the vigor and health of children and teenagers.
- To implement a daily one hour program of organized physical activities in pre-school institutions because it is never too early to develop the physical skills of children and create a positive attitude towards exercising;
- To encourage outdoor physical activities, during which air, sunlight and water can act to harden and strengthen the body and the health of the child;
- To recommend a maximum of 2 hours of onscreen activity for primary school aged children;
- To involve parents in adopting a healthier lifestyle, making them aware of the personal example they should provide their sons and daughters;
- To develop critical thinking which enables young people to choose exercises and practice methods suited to their age and personal goals;
- To reinforce the scholar competition system and encourage team work by collective sports and games;
- To encourage the youngsters to set realistic goals and motivate them to lose weight by combining diet and physical activities.

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