

Obesity and its Social Determinants

Maria Mercedes Esteban y Peña*

Researcher-Family Doctor (Public Health), Unidad de Formación e Investigación, Madrid Salud, Spain

***Corresponding Author:** Maria Mercedes Esteban y Peña, Researcher-Family Doctor (Public Health), Unidad de Formación e Investigación, Madrid Salud, Spain.

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What affects people to fat? What are the causes of obesity ? What factors determine it ?: enzymatic mechanisms, genetic predispositions, biological factors ultimately. There is a clear biological component, biological obesity, in which these endocrine and hormonal components come into play. We will deal in this article however of that, in which the balance between intake and expenditure, is not adequate, the consumption of food for different reasons is not the appropriate, qualitative or quantitative; is what we might call social obesity, and that is determined in 70% by causes of this nature (Mazza 2001). It is overweight and obese, by eating improperly, - by scarce resources, or by excessive means-, or - by poor dietary education-. This is the one that especially affects the most disadvantaged social classes, causing a clear malnutrition in the developed societies, not hypocaloric, not by deficit, but on the contrary, and that clearly affects the mortality, and the quality of life of people [1].

Obesity is therefore in the environment of developed countries: EU, North America, Japan, emerging China, a nutritional problem of clear social component, both in its causes, as in the approach or treatment. We talk about obesity, which, as we say in 70% of its mechanisms, has to do with these factors.

In childhood and as a key to the future of society, we are even more concerned about this component. That child obesity affects the most disadvantaged social classes, are news and headlines of our country, since 2006. This was stated in a study conducted in the community of Catalonia and presented at the World Congress of Nutrition and Public Health that year, said among other things, that lower-class kids get less exercise, because sports activities cost them money, and because they can use less the mediterranean diet [2].

A recent work by the city of Madrid in 2017, carried out in a school population, associates social class with high obesity rates, in addition to clearly linking it to what is called food precariousness and concludes that these rates have to do with the social level, and poverty . It seems clear that the economic crisis, with the inequality generated and the difficulty of access to food, has led to generate obese and malnourished among the children of our city.

In the same line of work, studies carried out in the different districts of the city of Madrid, with adult population, are shown as among the extreme, maximum and minimum incomes, whose range is 11.000 euros, diabetes rates increase from 4.6% to 9.7%, that is, they double, a clear consequence of malnutrition and poor physical activity [3].

There are many jobs in the last years that link the lower social class and the lower educational level, reaching the same point: they generate obesity, either in times of opulence, not using the healthiest recommendations, with consumption of prepared food, generally hypercaloric or being involved in bad recommendations of the community; well in times of scarcity using only foods available, where they do not predominate those recommended for a healthy diet, with mediterranean model: rich in fruits, vegetables, blue fish, olive oil, added to exercise, or recommended physical activity.

In Spain, a country where the evolution of the last years was an improvement, processes such as the recent economic crisis have associated poverty, raising it to a public health problem. It therefore seems to have to be taken first hand by the "community" and "society" through its mediators, those who guarantee both adequate provisioning and recommendations, that focus on food distributions and

where products more heterogeneous, with the presence of fresh goods, vegetables and vegetables; that allow a balanced diet also in times of crisis, those who do not have resources and in good times are guarantors of a model of balanced diet to the entire population [4].

Paradigm of what can happen in times of economic progress is being China, as a fast-growing society of change, has doubled from 1991 to 2004 obesity, because of this economic boom.

Other models in the world have repeated these same patterns. In U.S.A. obesity, is now a real epidemic, and although it has been stabilizing, since 2014 only regresses in the high classes. The poorest are the most obese. The cofactor class, is clearly determined and the obese are half rich than the non-obese, say the US studies. Sweets and fast food, as promotional factors at a particular time, 70s and consumer societies with a start in the 80s, have played as determinants of this situation by different mechanisms.

Thus, establishing the 30 - 70% relationship, between the biological and the social, and that mediates by excess or by default of supply. It ends and ends in the individual himself, with his knowledge and his ability to choose. The society, the community, behind all this makes available, both physically and intellectually those products and foods recommended. So, the socioeconomic factor is one of the key determinants of obesity, whether by bonanza or economic scarcity. This is of special relevance in the child population, as the future of a generation.

Can we find solution keys? An exemplary model is located in Japan. It seems to be a path, a point to look at. With only 3.5% of obesity and one of the longest life expectancies in the world. The Shuku Iku law of 2005 on health education for children, and the Metabo law for adults, which makes them aware of what is involved in overweight and obesity; have been key as community measures. The individual approach is complex and not exclusive to address; obesity, not only the individual, are the collective and policies that must ensure production and adequate supply, as well as the dissemination of knowledge. In a process such as food, complex, this becomes especially relevant in large cities, where access to food and exercise is more complex. To take as reference societies such as that cited, where the cooking and care of the menus implies a large part of the family, encouraging the development of healthy menus and being framed in a legal environment, a society that hardly has this problem and enjoys great longevity; are objectified as reviews to be taken as part of other community models [5].

Bibliography

1. Isabel Goñi. "Modulate the Gut Microbiota by Mediterranean Diet is a Good Strategy to Combat the Overweight and Obesity". *EC Nutrition* 7.4 (2017): 141-142.
2. Margarita Posso., et al. "Prevalencia y condicionantes de la obesidad en la población infantojuvenil de Cataluña, 2006-2012". *Medicina Clinica (Barc)* 143.11 (2014): 475-483.
3. María Mercedes Esteban y Peña., et al. "Factores determinantes de salud distrito Chamberí" (2016). Available in: https://www.researchgate.net/publication/313676744_Factores_Determinantes_de_Salud_Distrito_Chamberi. Accessed April 2017.
4. Rocio Ortiz-Moncada., et al. "Determinantes sociales de sobrepeso y obesidad en España 2006". *Medicina Clinica (Barc)* 137.15 (2011): 678-684.
5. Inma Gil Rosendo. Cómo logró Japón tener uno de los índices de obesidad más bajos del mundo (2017). Available in :<http://www.laprensa.com.ni/2017/03/06/salud/2193783-como-logro-japon-tener-uno-de-los-indices-de-obesidad-mas-bajos-del-mundo>. Accessed April 2017.

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