

Cathy Banwell · Dorothy Broom
Anna Davies · Jane Dixon

Weight of Modernity

An Intergenerational Study
of the Rise of Obesity

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Shepherdson's work which introduces Chap. 10 appeared in an exhibition 'The Contested Landscapes of Western Sydney' mounted by the Australian National University School of Art, 2010. The artist explains the work as being about branching growth patterns in land use and the disappearance of productive agricultural lands under "the weight of development".

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Chapter 1

The Big Australian: Obesity in the Modern World

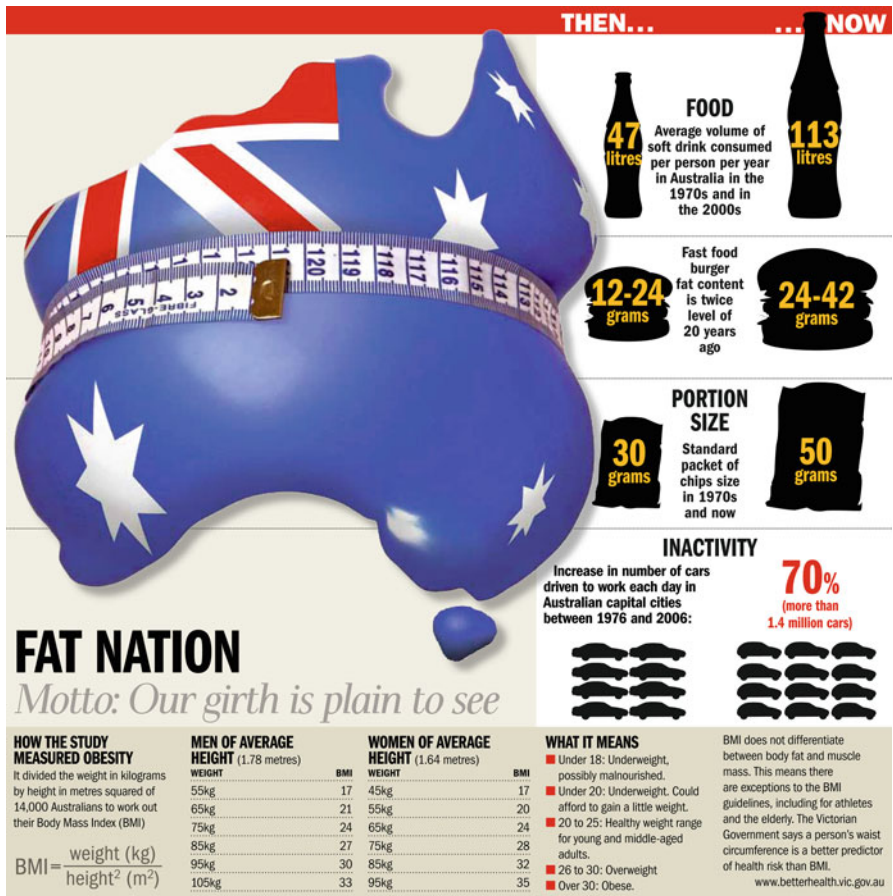


Image 1.1 The Fat Nation. Source: THE AGE 23 July 2008

1.1 Introduction

During the first decade of the twenty-first century, public health and popular publications were full of statistics about an ‘epidemic of obesity’, and predictions that this epidemic threatens to overwhelm health-care budgets and to generate premature mortality amongst ever-younger cohorts around the world. While we do not subscribe to the stigmatising and alarmist language that has characterised much obesity discourse, there is no doubt that the population prevalence of obesity has risen dramatically, with a doubling in numbers since 1980 (World Health Organization 2010). Given the close links between obesity and a range of serious illness conditions, such striking changes are significant for the health of people in Australia and in most other wealthy economies, and increasingly for people in developing countries as well. Because it has emerged so rapidly, so much heaviness cannot be understood as a product of genetics, but requires investigation using social scientific theories and methods.

Although the headline suggests a simple, uniform picture, research points to significant diversity. A WHO-supported study (Finucane et al. 2011) combining data from 199 countries and territories shows that the prevalence of obesity increased between 1980 and 2008 worldwide, but with differences related to gender and geography. Japan and Singapore had the lowest Body Mass Indices (BMI) among high-income countries. People were heaviest in Nauru and other countries in Oceania, and lowest in some sub-Saharan countries, and in East, South and Southeast Asia.

Examining changes in prevalence, men’s average BMI rose by 0.4 kg/m² and women’s by 0.5 kg/m² per decade. Among high-income countries, the average male BMI increased most in the US followed by Australia, and it increased least in Brunei, Switzerland, Italy and France. The largest increases in female BMI in high-income countries were in the US, New Zealand and Australia while increases were lowest in Italy and Singapore. Only a minority of countries are exempt from this trend. As the authors of this study note, explanations are now needed for the differences in BMI levels and trends among high-income countries such as Asia-Pacific, Western Europe, Australasia and North America (Finucane et al. 2011). While economic development is implicated in the societal changes that accompany rising levels of obesity, it is the relatively poor countries of Oceania that have among the highest prevalence of obesity, suggesting that cultural and environmental conditions play an important role.

The contemporary preoccupation with obesity and the meanings attributed to heavy bodies are inventions of the recent past (Schwartz 1986). Fatness and thinness have varying significance in different historical and cultural settings (Stearns 1997). In the English-speaking world, at the beginning of the twentieth century, thinness usually signified disease and poverty; heaviness generally signalled health, wealth and a cheerful disposition, although discourses were also evident in which excess fatness was discredited (Monaghan and Hardey 2009). As food became cheaper and more abundant, fatness was a less consistent marker of distinction, since *anyone* (not only the wealthy) could become heavy. Both the dominant signification and epidemiological distribution changed over the century, until now heaviness has

become a symbol of personal failure and is correlated with low socio-economic status (SES). In epidemiological terms, the direct gradient (heavier people were generally better off economically) at the beginning of the century had, by the end of the century, reversed, and heavier people came to be concentrated among those who are less educated and poorer.¹ Such a negative gradient between SES and a health risk factor is typical of the relationship between class and most measures of health risk or outcome (Commission on Social Determinants of Health 2008).

Of course, international and historical comparison is challenging, because data are unavailable from some very poor nations, and incomplete or unreliable for many others. Nevertheless, broad trends are evident. Cross-sectional comparisons between poor, middle-income and economically developed nations tend to report positive (direct) associations between SES and weight in poor nations; mixed results in middle-income nations; and negative associations in developed nations (McLaren 2007). These patterns are not absolute: some societies have both under – and over-nutrition in the same population subgroups (Doak et al. 2005; Valera-Silva et al. 2009). However, the burden of obesity tends to shift toward lower SES as the country's gross national product increases (Monteiro et al. 2004).

In Australia, obesity prevalence is now distributed like most other chronic disease risks, and overall prevalence differs little between the sexes (Australian Institute of Health and Welfare 2003a, b). In addition, data reported previously (Friel and Broom 2007) show that when education is used as the indicator, the typical pattern of declining obesity prevalence with increasing levels of education is evident for both women and men. However, when income (rather than education) is the indicator, the patterns for men and women are no longer the same. The expected negative association is fairly consistent among women, but is less distinct or even absent for men. Indeed, there are suggestions of a positive relationship between obesity and income (men on higher incomes are more likely to be obese) in some surveys which is contrary to both the typically inverse association usually observed for health risk, and also to the pattern observed for women. Similar gender-differentiated patterns have been reported in several international studies (Ljungvall and Gerdtam 2010; Roskam et al. 2010; Zhang and Wang 2004), lending confidence to the conclusion that these apparently anomalous patterns for income are not errors or artefacts of particular surveys.

As with the variations in national patterns that do not necessarily follow the stage of economic development, explaining the variation in gender patterns requires greater attention to national and sub-population cultural trends and everyday practices. According to Glassner (1989), both structural and cultural explanations are needed to understand how and why social trends evolve in the way they do. In other words, a rise in population wealth can explain the population rise in obesity levels, but explaining different obesity patterns between and within countries requires cultural analysis.

¹ Similar shifts appeared in the distribution of cigarette smoking over the twentieth century. Adopted first by men and later by women, smoking was initially a habit for elites which was gradually democratised when mass production and rising demand lowered tobacco prices. As the health hazards became more widely documented, better educated people quit first, and the gradient—initially direct—reversed and now the majority of smokers, like people who are obese, are of lower SES.

1.2 Explaining Rising Obesity

A wide range of explanations has been proposed to account for rising obesity. Most relate to a specific aspect of modern daily life (the nutrition transition, the physical activity transition), but one unique explanation is the ‘thrifty gene’ theory which has been applied to formerly nomadic indigenous populations. It is hypothesised that during the millennia before European colonisation, such people experienced periodic food shortage, resulting in genetic selection for those members who were genetically predisposed to accumulate somatic fat stores during times of plenty, weight which was gradually depleted when food was short. The logic is that this predisposition was an adaptive advantage in times of alternating abundance and shortage, but that it has become a disadvantage with the end of the nomadic way of life, the advent of settlement and the industrial supply of energy-dense processed food. While the thrifty gene hypothesis is proposed as a partial explanation for higher obesity prevalence amongst indigenous people, most explanations are more generic than genetic.

Generally, rising obesity has provoked a search for single-cause explanations (such as consumption of fast food or the popularity of screen-based leisure), and readers interested in such accounts will have no difficulty finding them. Although we think it unlikely that there will ever be unanimous agreement on one ‘main culprit’, even if a specific factor is eventually shown to be especially important, its deleterious effects will not be reduced much by simple or singular interventions. A 2006 summary of the evidence on obesity prevention and intervention shows that very little works (Baker and Young 2006). More potentially fruitful in our view is an approach to both analysis and interventions that considers how socio-economic, physical and cultural environments have become ‘obesogenic’ (Egger and Swinburn 1997), that is, have come—subtly but relentlessly—to foster ways of life and individual behaviours that lead to excess weight, and to make it increasingly challenging to live in ways that promote healthy weight. We fill a research gap by characterising the obesogenic environment and its antecedents (Kirk et al. 2009).

Our previous volume (Dixon and Broom 2007) began to canvass a range of explanations for rising obesity. Since that time, some of the most strident ‘moral panic’ surrounding obesity may have abated slightly, and there are suggestions that the rate of increase in Australia has begun to level off, at least among some groups of children (Hardy 2010). Nevertheless, popular and public health interest remains intense, with a continuing proliferation of weight loss products, programs and services. Popular culture in the form of commercial television programs and human interest stories in the print media maintain the spotlight on excess weight and its management. Voices of resistance are raised by ‘obesity sceptics’ (Gard and Wright 2005) alongside a growing obesity rights discourse objecting to the stigmatising of heavy people (Broom and Dixon 2008; Julier 2008), and exposing the ineffectiveness of diets and most other interventions (Aphramor 2005; Kwan 2009). Rising above the cacophony (Lang and Rayner 2007), the overwhelming themes are however that excessive weight is harmful to health, and that the high rates of heaviness bode ill for personal wellbeing, family resources and the national health-care budget.

1.3 Our Emphasis

Obesity is often referred to as a ‘lifestyle disease’ because it is conceived to be a condition which individuals can consciously act upon through their dietary practices and physical activities. However, for social scientists like Weber, Mills, and Giddens, instead of lifestyles being the realm of unfettered agency, whim or choice, they are constrained or mediated by historically embedded life chances relating to structures such as gender, social and economic position, ethnicity and the physical environment. In contrast to the typical portrayal of obesity as the outcome of individual failure to manage diet and activities, we argue that obesity is a site of struggle for the majority of the population: a struggle between social structure and agency, or between chance and choice.

In order to understand the rising prevalence and changing pattern of obesity and provide input for strategies which take account of the social dynamics propelling the obesogenic environment, we use and build upon research approaches adopted in health sociology. Our basic building blocks involve deploying concepts of ‘lifestyle’ and social practice (Cockerham et al. 1997; Frohlick and Potvin 2002; Williams 2003, 1995) to explain changes and patterned variations in health behaviours. However, as Cockerham notes, public health research has too often focused on lifestyle choices (such as diet and activity) made by individuals, without regard for the significance of what he calls the ‘structural conditions’ influencing these choices (1997). Discussion of lifestyle tends to attribute health outcomes to personal choice and behaviour, as if people were solitary individuals rather than socially and culturally situated actors engaging in meaningful social practices. It can neglect how personal behaviours are structured, constrained or encouraged. Our interest is in how structures ‘get under the skin’ to affect human health.

We conceive of social structure and individual agency in ways generally accepted in sociology. Social structure is observed through the institutions and processes of the polity, economy and culture, which constitute the period or context in which particular populations (cohorts) live their lives. An important element of the social structure is to organise populations in terms of socio-economic status, sex, ethnicity and religion (attributes that may be referred to as social position). Another element is the generation of socio-cultural trends, or more sedimented meaning-action systems. Both aspects of social structure provide populations with differing life chances, or resources and capacities to use resources. Similarly, agency has several dimensions: it is a “temporally embedded process of social engagement, informed by the past (in its habitual aspect), but also oriented toward the future (as a capacity to imagine alternative possibilities) and toward the present (as a capacity to contextualise past habits and future projects) within the contingencies of the moment” (Emirbayer and Mische 1998, p. 963). Agency is exercised by individuals when they consider strategically the choices they have in a context of their life chances. Agency guides behaviours and lifestyles, which can be considered a routinised set of meaningful behaviours.

The research presented here responds to the call from Williams (2003) to investigate “... the complex intersection of structure and agency within the material world of everyday life”, and to develop a “robust historical perspective on both agency and

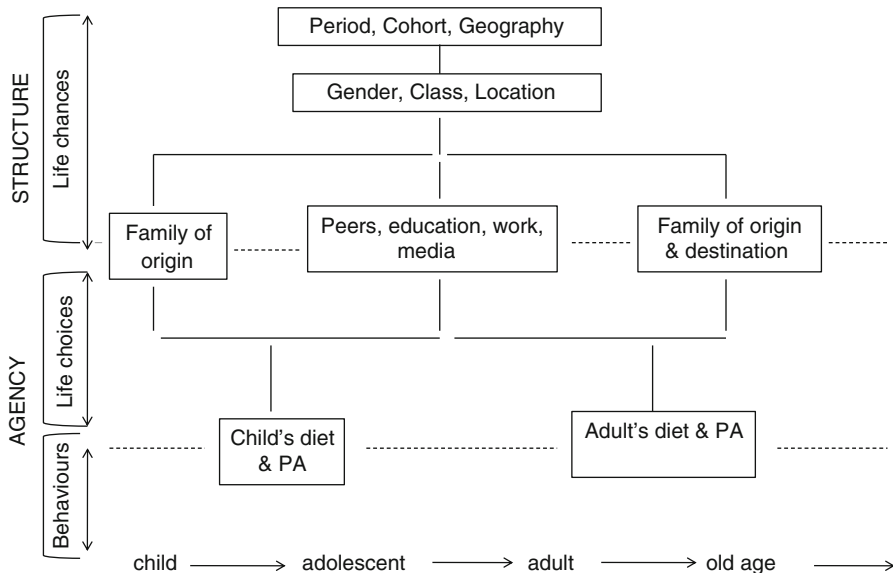


Fig. 1.1 Social structure, agency and weight related behaviours over time and the lifecourse

structure” (p. 139). Such a perspective requires more than cross-sectional snapshots of contextually embedded behaviours. Thus, we also present data on what Williams calls generative mechanisms: the social forces that imbue historically specific socio-cultural trends with currency and appeal. Cassell and Giddens say “the most deeply ingrained practices gain their identity and structuring potential only through their endurance in the *longue duree*, the ‘long haul’ of time” (1993, p. 17).

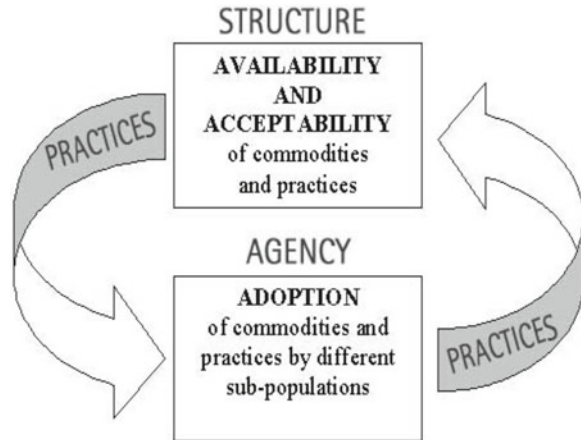
To provide social structure with an historical dimension we focus on socio-cultural trends. Agency will be ‘given a history’ by adopting a lifecourse perspective on people’s action reflections towards the trends.

Figure 1.1 shows the relationships between the major foci of our research. That is, the interactions between social structure, individual agency and the two health behaviours we are most interested in. We will examine the behavioural responses to life chances over the lifecourse of individuals from three different generations.

Australia is close behind the US in having the greatest increase in BMI since 1980 among high-income countries. Thus, it is pertinent to explore what has happened in the lives of everyday Australians that has fostered such dramatic changes to Australian bodies.

Our research aims to yield a comprehensive description of the social and cultural environment as it is embodied and multiply determined. In particular this book addresses three questions: How have key socio-cultural trends generated what has come to be defined as an obesogenic environment in Australia over the last 50 years? How have generations of Australians embodied and experienced those trends? What are the social forces which provide the socio-cultural trends with their potency?

Fig. 1.2 Cultural economy framework



This research builds on findings from a Delphi study in which we consulted 50 Australian experts from a wide range of relevant backgrounds to obtain their views on which trends have driven the transformation of physical activity and food consumption practices in Australia over the last half century. The experts identified five key trends as the most important. Although all are intricately interconnected, three of the trends are linked particularly strongly with declining levels of physical activity: (a) car reliance (b) busyness and (c) changing forms of leisure; while two are more obviously related to food consumption: (d) aggressive marketing of food and (e) rising use of convenience foods, legitimated by busyness (Banwell et al. 2005). To systematise the study of the trends, we developed a framework drawing on the cultural economy literature and its methodology.

Cultural economy studies embrace the centrality of culture to the production, distribution and accumulation of resources (Amin and Thrift 2004; Dixon and Banwell 2004; du Gay and Pryke 2002). The approach calls into question dominant economic explanations of supply and demand by highlighting the processes that make commodities and practices ‘good to think’. These processes are particularly pertinent to obesity, which as public health ecologists have noted can be partly attributed to transitions in culture (Lang and Rayner 2007). In examinations of changes to Australia’s culinary culture and car culture since 1950, we previously (Dixon 2002; Hinde and Dixon 2007) concluded that a cultural economy perspective builds upon and improves both political economy and sociology of consumption approaches with their respective emphases on producer and consumer power.²

Figure 1.2 illustrates the approach which centres on two major processes that give order and structure to everyday life: the *availability* of goods and services and their *acceptability*. The third element in the framework concerns agency, or the *adoption* (and resistance to adoption) of goods, services and their associated routines and meanings.

² We have also successfully applied the approach to cigarette smoking (Dixon et al. 2009).

Using this framework, we developed the cultural economy audit method, which involves a synthesis of material related to availability, acceptability and adoption by actors. The key concepts pertinent to *availability* are used routinely in economics and include production, pricing, distribution and choice. The key concepts related to *acceptability* are deployed regularly in cultural studies: values and meanings, everyday practices, commodification and resistance. *Adoption* is captured in the interviews with people who reflect in detail on the trends.

For each trend we used existing documentary sources including historical, business, government and academic works, and relevant national surveys (e.g. Australian Bureau of Statistics Time Use Survey, Australian National Health Survey). The cultural economy approach pays particular attention to the cultural and economic processes that contribute to the social hierarchies, rules and resources that constitute structure.

The time period selected for the study is 50–80 years. While obesity prevalence has gathered momentum in the last 30 years, it is a cumulative process based on the *longue duree* (Australian Institute of Health and Welfare 2003a, b; Ferraro and Kelley-Moore 2003). We frame our material within a public health understanding of time. Hertzman et al. (1994) refer to a range of concepts of time used by epidemiologists, including:

biological time, referring to the point in the lifecycle when exposure takes place, otherwise known as an “age-related window of opportunity or expression”;

cumulative time, referring to the time over which exposure takes place; and

historical time, referring to cohort effects or “the point in history of the society, as well as the organism”. In this aspect of time, “the unfolding through time of the individual’s response to particular circumstances can be influenced by when, in the course of evolution of the population, ... events occurred” (Hertzman et al. 1994, p. 86).

In a quantitative analysis of how these three aspects of time—ageing (biological time), year of surveys (cumulative time), and birth cohort (historical time) relate to BMI and the prevalence of overweight and obesity in Australia, the NSW Centre for Overweight and Obesity (Allman-Farinelli et al. 2008) reported that:

1. weight increased for men and women with age in all birth cohorts except people born in 1925 or earlier;
2. men and women in each age group were heavier in 2000 than men and women in the same age group were in the previous two surveys (1990 and 1995); and
3. BMI is rising fastest among Generation X women and men (those born in the 1966–1970 period).

The researchers concluded that weight increases are not simply a result of growing older or ageing. Their main findings are that younger people are gaining weight faster than previous generations, and weight gain is accelerating as modern life influences weight patterns. The overall conclusions were that the times Australians live in are changing their weight, and that because people born most recently inhabit a more obesogenic environment than earlier cohorts, they are at greater risk of weight gain at younger ages. The findings highlight the interaction between biological,

cumulative and historical time, including the circulation of socio-cultural and economic trends. We investigate these matters by interviewing three generations of Australians who are characterised as the Lucky Generation, born during the Depression; the Baby Boomers, who are children of the Lucky Generation; and the Baby Boomer children, Generation Y. The accounts from these three generations cover changes that have occurred in Australia over most of the twentieth century and the first decade of the 21st.

1.4 Structure of the Book

We provide more detail about our overall methodological approach in Chap. 2, as well as specifying the data collection and analysis techniques used. While we set out to explore the five socio-cultural trends mentioned above, we combined the aggressive marketing of food and the rise of convenience foods in conducting the interviews because their shared cultural economy histories made it difficult to disentangle them.

Changes in family dining are explored in Chap. 3, focusing in particular on the meal that Australians have most consistently eaten together: the evening meal. The plain and predictable food that older Australians remember consuming has given way to meals that are full of variety and the influences of European and Asian culinary cultures. While family meals are still held in high regard, modern Australian families struggle to maintain the family meal in the face of individualised food preferences and schedules that make it increasingly difficult to achieve commensality.

Chapter 4 deals more directly with a socio-cultural trend that is repeatedly implicated in rising levels of obesity, namely the rise of convenience foods and the production and marketing of industrial foods. It takes as a case study the dessert, once a fundamental part of the family meal, and examines the social, economic and technological changes that have contributed to its disappearance from the family menu. Now a plethora of mass-produced convenience foods is available and affordable, including after-meal confections. Increasingly frequently, Baby Boomer and Gen Y Australians eat commercially produced food products at home and in the form of takeaway, and at restaurants and cafés.

Chapter 5 weaves together cultural economy accounts of leisure (focusing specifically on non-obligatory physical exertion) and sporting activity (both organised and more spontaneous forms of play) across the twentieth century with how each of our three generations has interacted with their distinctive ‘activity environments’. In addition to exerting themselves through play, sport and leisure pursuits, physical exertion is a by-product of other aspects of daily living including food provisioning, transportation and domestic and workplace technologies. Thus, this chapter needs to be read in conjunction with Chaps. 3, 7 and 8. The patterns reported there call attention to the way a wide variety of practices and environments both alter practical opportunities for physical activity and change how different forms of physical activity are culturally constructed and personally assessed.