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A MATTER OF WEIGHT?

ANTI-OBESITY STRATEGIES IN SPAIN

Mabel Gracia-Arnaiz

Introduction

While there are numerous competing opinions about the rapid development of obesity (Lang & Rayner, 2007, p. 166), there is a broad consensus in the biomedical literature on classifying it as a non-transmissible disease and considering it a product of biological, behavioural, and cultural factors. Given the difficulties associated with the treatment and cure of obesity (Bray & Tartaglia, 2000) and its increasing worldwide prevalence (Dinsa, 2012; Ng et al., 2014), environmental factors have acquired a greater explanatory power, leading some epidemiologists to describe contemporary societies as 'obesogenic' or environmentally 'toxic' (Swinburn, Egger, & Razer, 1999; Brownell & Horgen, 2003). The obesity epidemic discourse dominates public health discussion (Gard & Wright, 2005). Seen as the direct result of high-calorie diets and insufficient energy expenditure (Shelley, 2012), excessive weight gain is understood as a global phenomenon caused by the rapid technological and socioeconomic transformation that has taken place in many countries, including low-income ones (Popkin & Gordon-Larsen, 2004). The phenomena identified as chiefly responsible include urbanization, the mechanization of work and transport, processed food, a reduction in the variability of ambient temperatures, eating out of home, passive leisure activities, and unsafe cities (Bezerra, Curioni, & Sichieri, 2012; Fox, Feng, & Asal, 2019).

If precisely which factors bear the greatest responsibility for the increasing prevalence of obesity remains unclear (McAllister et al., 2009), these 'universal truths' about behaviours and environmental factors support anti-obesity strategies on a worldwide scale (Nutter et al. 2016). In Spain, a set of measures aimed at reversing the upward trend has been implemented through the 2005 Strategy for Nutrition, Physical Activity and the Prevention of Obesity (NAOS Strategy, 2005). After 15 years of unprecedented implementation of anti-obesity campaigns and protocols of early diagnosis derived from the NAOS Strategy (2005), the obesity prevalence continues to rise, and it is necessary to ask why.

This chapter discusses some of the results of a broader study[i] based on the analysis of anti-obesity policies developed by Spanish health authorities at the national, state and local levels. Here we present a critical analysis of the NAOS Strategy (2005), the broad policy framework that has guided all the anti-obesity actions implemented in Spain up to date. In particular, it is argued that focusing on the responsibility individuals and their food and exercise behaviours bear for ill health – as the NAOS Strategy does – is inadequate to grasp the contextual complexity and structural factors that are involved in weight gain. An example of this complexity has been evidenced by the recent economic crisis and its effects on the daily lives of the most vulnerable people. Spanish epidemiological sources and statistics for this period indicate that obesity rates have increased most quickly among individuals of low socioeconomic status and with a low level of education, particularly women. However, paradoxically, most of the anti-obesity measures adopted have excluded, or minimized, the social determinants of health. This chapter argues that, in the process of translating international guidelines into national action plans, there has been a failure to address the effects of recent socioeconomic changes – job insecurity, reduced wages, social programs cuts – through them. This lack of attention on their impact challenges the adequacy of certain anti-obesity measures. It is suggested that Spanish policymakers should rethink diagnosis and interventions and consider the health effects of their own economic policies in the increase of poverty and social inequality.

Universal causes, local strategies

In February 2005, Spain designed the NAOS Strategy, swiftly responding to the World Health Organization (WHO) mandate to its member states to adhere to the Global Strategy on Diet, Physical Activity and Health (WHO, 2004). Thus, the NAOS follows the general guidelines of the WHO and the European Union (EU), echoing the global diagnosis and concern for its economic impact. Its aim is to overturn so-called 'unhealthy lifestyles' through multifaceted initiatives focused on environmental and policy change, proposing programmes requiring the collaboration of various social actors and interventions in different spheres (school, workplace, healthcare and community).

Although the NAOS Strategy (2005, p. 12) subscribes to the view that "comprehensive knowledge of the causes and of their multiple and complex interrelations is essential to changing public habits and intervening in the causes of obesity", the preventive programs included under this strategy have been developed from the evidence that suggest that obesity results from: a) the sustained increase in

sedentary behaviours, and b) the shift in eating patterns over the past 40 years from a healthy to a less healthy diet. In this same sense, a group of nutrition researchers have reported that 61 percent of the calories currently ingested by Spaniards come from highly processed foods, and 71 percent of the population can be classified as sedentary (FESNAD-SEEDO Consensus, 2011). In the NAOS Strategy (2005, p. 11) it has been highlighted that "obesogenic" factors such as mechanization, industrialization, or urbanization have to be considered responsible for this tendency and therefore it is proposed to tackle sedentary lifestyles and poor diets by "promoting a decisive and sustained change towards a healthy diet and regular physical activity" (NAOS Strategy, 2005, p. 19). To that end, diverse programs derived from the NAOS Strategy have been released to reformulate food packaging, ban 'unhealthy' food from schools, reduce portion sizes in restaurants and to train more health professionals for obesity prevention and treatment. Food reformulation, however, has been left to the goodwill of food and drink corporations, and so far, the government has opted not to tax foods high in sugar or salt.

The kind of actions linked to the NAOS Strategy are wide-ranging. However, most of these actions are focused on promoting a standardized model of diet and physical exercise, indicating what, when, where and how much to eat or move. Food is reduced to a set of repetitive habits, where it is more important to know the nutritional and caloric composition of food than to find out why people eat, what they eat, and for what purpose.

The NAOS Strategy actions are directed, above all, to children and young people. Schools have been the sector of choice for nutrition and physical activity interventions. For instance, Spanish schools have joined the European 'School Fruit, Vegetable and Milk Scheme' that aims to fund the free distribution of those items to school children from nursery to secondary school age. Also, multiple information and education campaigns have been run, mainly involving the distribution of 'food pyramids', eating guides and nutrition workshops with audio-visual activities and games. In campaigns with slogans like *Come Sano y Muévete* [Eat Healthy and Get Moving], the target groups are usually depicted as mere receptors of the recommendations made by the expert system on what to do during meal, work and leisure times. One example of these messages is the campaign, "10 tips for being more active at work", run by the Health Department in the state if Catalonia. Its aim is to transform people's habits by providing standing or walking time during meetings, taking a stroll instead of having a coffee break or going to talk to colleagues face-to-face rather than calling them on the phone.

Following the new policy directions resulting from the European Food and Nutrition Action Plan 2015–2020 (WHO-EU, 2014), some programmes have targeted people in lower social socioeconomic strata, but adopting similar approaches, mainly directed at changing behaviour. One example is the POIBA project (2010-2014) devised by the Barcelona Public Health Agency for children aged 11–12, half of whom live in the poorest *barrios* of the city (Ariza et al., 2014). The aims of this programme are to promote physical activity and healthy eating through educational workshops and recreational activities involving teachers, children, and their families. An initial evaluation of the programme's efficacy revealed positive changes in a decrease in the obesity rate over the short term. However, these were greater and longer-lasting among children from better-off areas (Sánchez-Martínez et al., 2016).

While it is true that the NAOS strategy is very similar to the anti-obesity strategies deployed by other countries, what determines its implementation is ultimately the particular context. For instance, in the broader study that informs that chapter, the Spanish, Argentine and Brazilian strategies were compared. While the three countries designed their strategies following WHO and PAHO recommendations, in practice significant differences are observed. Unlike Spain and Argentina, for instance, Brazil gives priority to facilitating physical access to food and traditional recipes. The aim is to encourage smaller-scale marketing, taxes on food and inputs, and the institutional purchase of food produced by family farms through public appeals to philanthropic institutions.

Obesity in a context of increasing precarisation

In Spain, since the beginning of the global economic crisis in 2008, living conditions have significantly changed, especially among socially disadvantaged groups. The government responded to the initial effects of the economic recession by focusing its efforts on bank bailouts, liberalizing labour regulations, reducing health spending and increasing direct and indirect taxes (Navarro, 2015). At the same time, it took regressive actions that affected social rights, restricting family allowances, emancipation benefits and support for dependents, while also decreasing salaries, freezing pensions and cutting school-lunch subsidies (Mateos & Penadés, 2013). Austerity measures affected the whole population, but the poor lost more than the rich, making Spain the European country where inequality has grown most in the last decade (Martín, 2019).

Although some macroeconomic indicators such as GDP have improved since 2015 and, according to the Active Population Survey (EPA, 2019), the unemployment rate went down to 13.78 percent in 2019, there are still 3.1 million people out of work. What is more, the quality of employment has worsened, with more temporary contracts and lower salaries preventing many workers from escaping the poverty trap (Fernández, 2017) – 16 percent of working people are in a situation of social exclusion, two percentage points more than in 2018 (FOESSA-Cáritas, 2019). As Llanos Ortiz (2019) shows, the proportion of population at risk of social exclusion grew from 23.3 percent in 2007 to 29.2 percent in 2014, reaching more than 13 million people, many of whom now depend on social assistance to cover their basic necessities. The European authorities have warned Spain that it must improve on fairness, and are calling for urgent economic, fiscal, and social policies to reduce the high inequality in income and opportunities.

Although the increase in inequality and social exclusion has been widely confirmed by Spanish surveys and third-sector reports, the effects of the economic crisis on health are still hotly disputed. Some researchers have linked Spain's economic difficulties to an increase in type 2 diabetes, depression, or alcoholism (Gili et al., 2014), and others have established a relationship between the increase in poverty and the rise in obesity (Radwan & Gil, 2014). Research has indicated that the volume of food bought, and the quality of meals consumed have decreased during this period, with the incidence of specific nutritional deficiencies rising (Antentas & Vivas, 2014). However, the real socioeconomic and health consequences of precarisation are not well known because, as in other European countries, research on people's access to food has for many years been sporadic and fragmented, based on a variety of definitions and methodologies.

Ethnographic studies have revealed, however, substantial changes in eating itineraries. These include changes in locations for purchase, in the frequency and types of product purchased and brand chosen, with the cheapest sought out in order to reduce spending; fewer meals consumed in restaurants and bars; and changes in the ways meals are prepared, with dishes requiring elaborate preparation avoided and care taken to minimize waste and recycle leftovers for future meals. One of the most important consequences of recession is the decreased ability to regularly and autonomously obtain food among people in financially precarious situations, which has led to terms such as 'shortage', 'eating what you can and what you get', or 'skipping meals' reappearing in their everyday language (Gracia-Arnaiz, 2019).

Most of the preventive actions have failed not only to take into account these possible effects of the crisis, but also to adjust to the available epidemiological data (Panetta & López-Valcárcel, 2016), particularly as it relates to social class and gender. According to the 2017 Spanish National Health Survey (ENSE, 2017), the rate of obesity in the adult population reached 17.5 percent, more than 2 percent higher than the figure recorded in 2006.

ENSE (2017) shows that obesity affects all groups, but that it looms larger among people with lower levels of education, especially women, and also among the unemployed, the disabled and domestic workers. According to this survey, obesity and overweight increase in line with the socioeconomic condition of the head of the family (Group I includes the highest income level and Group VI the lowest). Although obesity affects 9.29 percent in Group I, the rate of obesity and overweight is more than double for Group VI, affecting 22.37 percent of the population. If we look at gender differences, obesity in the case of Group VI women (23.98 percent) is more than three times the 7.26 percent of those in Group I. Moreover, an analysis of the course of obesity between 2006 and 2017 reveals a faster increase among disadvantaged classes. Whereas Group I decreased by -0.99 percent, Groups V and VI saw a 3 percent increase over the same period (ENSE, 2017).

According to the ENSE (2017), the same has occurred with physical activity. Almost half (46.7 percent) of those on the lowest incomes have a sedentary lifestyle, while only 24.3 percent among those earning the most appear under this category. Unemployed people with a low educational level also do less sport.

There are various interpretations as to why the current preventive model has proved ineffectual in reversing the rise in obesity. Some sources attribute the poor results specifically to the economic recession (OECD, 2014). Some studies hold that the prevalence has increased more slowly in recent years (Sánchez-Cruz et al., 2013) or even that it has flattened out among children (Garrido-Miguel et al., 2019), while others insist that Spain is one of the European countries where obesity has grown the most (García-Goñi & Hernández Quevedo, 2012). Some also attribute the limited impact of anti-obesity actions to not having taxed sugar-sweetened beverages and ultra-processed foods, or to the lack of better food marketing and labelling regulations (Royo-Bordonada et al., 2019).

In reality, the texts analysed here contain few references to the cost-effectiveness of community-level interventions that go beyond short-term results and very specific age bands, so it remains hard

to fathom whether such measures are having the expected effect. Likewise, few programmes have been directed towards the most vulnerable or focused on gender, which would indicate that addressing social inequalities in health has not been a policy priority to date.

Discussion and conclusion

Spanish public policies have been paradoxical. While the recognition of obesity as a 'costly disease' led to identification of multiple environmental causes and to the proposal of myriad state-developed solutions, in practice, most of the adopted measures have not addressed the broad causes and have instead energetically focused on exhorting people to adopt 'healthier lifestyles'. 'Eating better and moving more' represents the ideological driving force behind health interventions, which has meant prioritizing dietary and exercise activities and deflecting attention away from other relevant questions. In our view, the chief limitations of these actions lie in having reproduced a diagnosis without first having a comprehensive knowledge of the complex factors that shape social practice and without determining how inequalities in overweight and obesity are produced.

Although certain phenomena related to mechanization, industrialization, or urbanization are global in scope, their socioeconomic and political dimensions are local. In Spain all these factors are present, but it is not well known to what extent they have influenced health and whether this influence has necessarily been negative. According to Varela-Moreiras et al. (2013, p. 5), there is not enough evidence to properly understand the causes of obesity and that there is a tendency to 'believe' rather than to 'find out'. Health experts are still debating whether the increase in body weight is more influenced by a lack of physical activity than diet (Serra-Majem, 2014) or if overweight necessarily entails a higher risk of dying (Flegal, Kit, Orpana, & Graubard, 2013).

In this context, it seems fair to question whether it is true that the Spanish have worsened their diet in recent decades and become more sedentary. Studies provide contradictory evidence. Assuming that their nutritional status has deteriorated due to a weaker adherence to the Mediterranean diet (Blas, Garrido, Unver, & Willaarts, 2019) conflicts with the epidemiological data that today places this society as the healthiest on the planet due, in part, to its eating habits (Bloomberg, 2019).[ii] It is also surprising that, whereas the accepted opinion is that Spaniards are increasingly sedentary (Varela-Moreiras et al. 2013), studies analysing health trends, like the Survey of Sporting Habits in Spain (EHDE, 2015), indicate that sedentarism has fallen by 15 points in the last 20 years (EHDE, 2015). Likewise, according to the EHDE (2015), levels of sporting activity increased by nine points during

the period 2010–2015. Given the discrepancies in findings about the nature and consequences of excess body weight, political measures should be applied once the health problem and who it affects have been identified, which means that causality must be examined critically before starting to put specific programmes into practice.

The data on the rising prevalence of obesity cast doubt on the reach of campaigns based on socially uniform messages proposing easy solutions that appeal to the responsibility of homogenous and rational citizens (Lupton, 1995), while at the same time obliging them to learn more. Fatness is an ambiguous concept and experience. From the point of view of body size, some conceive of it as a continuum of natural body diversity which need not be corrected (Casadó-Marín & Gracia-Arnaiz, 2020), arguing that what does require correction are the effects of lipophobia, which by incorporating many negative value judgments involves the discriminatory treatment of fat people (Gracia-Arnaiz, 2013). Not all fat people are unwell and they do not all eat badly. What is more, not even all those who eat badly, from a nutritional point of view, become fat. Conversely, diagnosis presents fat people as 'big eaters' (Stearns, 2002), laying more emphasis on the food consumed and calories spent than on the economic and social factors conditioning consumption and practice. Food should not be reduced to its nutritional value, however important that is. Food is also culture, and both need to be considered as complex spaces of social relations in which people think and act from their particular and various social positions, resources, and opportunities. There is a lack of references in the literature to lived experiences, to how and why people eat what they do, and how they understand risk, health and bodies in cross-cultural settings. Most campaigns have involved very little participation in their design by citizens in general, and less still by those diagnosed as overweight or obese.

The NAOS Strategy was not able to draw on an established understanding of how factors such as employment, wages, housing, foodstuff prices, and food supply influence food consumption and shape Spaniards' way of life, explaining why the obesity prevalence is greater in the lower-classes. Although on paper the recognition of social distribution of obesity is mentioned in The Food Safety and Nutrition Law of 2011, and a specific tool for evaluating all the actions was applied using, among other things, gender and social class indicators (Ballesteros et al., 2011), in practice few programmes have been focused on gender or universal access to healthy foods, especially for the most vulnerable groups.

Given that poverty has a more than slight effect on health (Deaton, 2013), it should be ascertained whether the progressive increase in financial inequality in Spain has influenced obesity rates and if this can be related to social and economic deprivation as in other countries (Bambra, Hillier, Moore, Cairns-Nagi, & Summerbell, 2013). The pressures exerted on people's lives (tax increases, co-payment for health services, salary decreases, etc.) through the current demands of neo-capitalist governments in order to decrease public expenses, raise serious obstacles that prevent individuals from adopting the officially sanctioned dietary recommendations and lifestyles (Riches & Silvasti, 2014).

As we noted previously (Gracia-Arnaiz, 2017; Gracia-Arnaiz, Kraemer and Demonte, 2020), the preventive proposals for combating obesity put forward since the end of the last decade overlap with one of the deepest crises that Spain has experienced since the transition to democracy. Today, we are witnessing yet another crisis, both in terms of health and of economy, leading to a social emergency affecting the most vulnerable. In fact, since the state of emergency was declared in March 2020 in response to the COVID-19 pandemic, requests for social assistance to Caritas have tripled, mostly to cover basic needs, while large cities are registering increases of up to 50 percent in requests for food aid. In Madrid, four out of every five calls to 010 (the citizens' assistance number) refer to requests for food or living allowances. Barcelona has increased its food-aid services by 30 percent, and in one single month 5,100 lunch-aid cash cards have been distributed among disadvantaged families for students who cannot attend school. We will have to wait to see the social, and health-related, impact that government economic policies, and in particular the management of aid from the European recovery fund, will have on this group of people. Efforts to get people to live more healthily have been accompanied by a deterioration rather than an improvement in living conditions. This is demonstrated by the fact that, according to data taken from the survey on living standards, plus the active population and third-sector reports, during the last decade, factors that generate inequality and poverty (unemployment, low wages, evictions, declining social aids) have progressively increased.

It is known that while there may be a certain element of choice in occupation and lifestyle, poor people lead heavily constrained lives in terms of money, time, emotions, and choices, and some of their choices, even with the poor health consequences they entail, cannot easily be avoided under the circumstances (Deaton, 2013). The daily demands placed on many people do not allow for a healthier and more balanced diet, at least not to the extent that health authorities would like to see, because changing diet means changing lifestyles – which, as socio-anthropological works have

shown in Spain (Egbe, 2015), can be very difficult, if not impossible, for those living in the most precarious situations. Consequently, an appeal to change food practices or physical activity when these do not depend on the individual – or do so only relatively – makes little sense, and it is of little use for health authorities to recognize that overweight and obesity are closely related to social inequality if, on the other hand, those same authorities endorse economic and social policies that have left so many in a state of poverty.

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Endnotes

[i] The research project entitled, 'The precariousness of daily life in Spain: Food (in)security, gender and health' (grant number CSO2016 74941-P, 2016-2019) was funded by the Ministry of Education in Spain. The findings of this project have been presented in Gracia-Arnaiz (2013, 2017, 2019).

[ii] Based on data provided by the WHO/UN, the Bloomberg 2019 Healthiest Country Index ranks Spain as the healthiest country, having gone up six points in the last two years. The reasons have to do with the health system, life expectancy, eating habits and other factors.