The constructionist perspective of obesity

Abstract In this paper I will explore the social construction ofobesityand how it formed into a social problem. Recent and growing media attention surrounding obesity in the United States, the so-called obesity epidemic remains a highly debated scientific and social fact. This paper examines the contemporary obesity debate through systematic examination of the claims and claim-makers involved in the controversy.

I will not take sides, but merely show and clearly explain each side's views on the obesity epidemic. Social Construction ofGlobal Warming. Social Construction Process: Creating a social problem using the social constructionist approach requires an audience who believes that there is in fact a problem before that topic is considered a social problem. There is a process to creating a social problem starting with " claims, claims-making, audiences and claims competitions.

Regardless of whether claims are verbal, visual, or behavioral, they are the social problems work of claims- makers who want to convince audiences how to think about social problems and how to feel about these problems. " (Lose, 2009) In this paper I will discuss the process n which obesity is viewed as an epidemic so therefore is a social problem. We have to ask ourselves, who are the people making this claim, who are they trying to target, and are they being successful? In other words is the targeted audience being persuaded in the belief: obesity is an epidemic?

In this process I will compare and contrast two arguments dealing with obesity. One set of views is obesity is a problem of individuals making bad choices and on the other hand there is a belief thefoodindustry has increased

portion sizes and markets unhealthy food options with high fat, calories etc. So that obesity is understood as more than Just an individual issue. The sub argument is how should treatment is administered. Do healthcare professionals target individuals and teach them a healthy lifestyle or do you target the food industry to make changes in their products? II.

Claim-maker of Obesity: The healthcare industry finds the obesity epidemic of great interest due to the strong connection between obesity and obesity relatedhealthside effects. Many studies have been done to monitor the increase of obesity with in United States. " Adult obesity rates increased in 16 states in the past year and did not decline in any state, according to F as in Fat: How Obesity Threatens America's Future 2011, a report from the Trust for America's Health (TFH) and the Robert Wood Johnson Foundation (ROWS). Twelve states now have obesity rates above 30 percent.

Four years ago, only one state was above 30 percent. " (" F as in," 2011) As a result of these findings augments among health care professionals were establish focusing on the cause of obesity. One group of healthcare professionals believes the problem is an individual person's poor decision making which leads to obesity. If a person is making bad hoicks in their eating habits and does not exercise then that person will eventually become obese. The other set of professionals would argue it is not in individual choice, but theirenvironmentin which they live in.

Food companies are targeting their consumers with ads and their increased potion sizes so therefore more and more people are becoming obese. Both sides of the argument believe there is connection between obesity and

obesity related health side effects. Each side has different beliefs on how to combat the obesity epidemic. One side of the house is focused on curing obesity while the other side focuses on prevention. A. Individual Problem: Claim-makers who feel obesity is an individual problem use individualism as their targeted moralities.

There is a belief system that people embrace individualism, autonomy, andresponsibilityfor their actions. The belief in the importance of individual's freedom to choose the types of food they consume and to have a more active lifestyle is embraced by most people. It is estimated that the leading cause of death in the United States is caused by " lifestyle" such assmoking, diet, exercise and sexual practices. (Adler & Stewart, 2009) Since studies have shown lifestyle is a cause f obesity, medical professionals using the medical model focus on the individual patient for a cure.

They not only focus on lifestyles but genetics andfamilyhistory. To them behavioral choices and therapy is the main target for intervention. Obesity is more than calories in verses calories out. There are other factors that go into this problem. More and more research is indicating that America's obesity crisis cannot be blamed entirely on too muchfast foodand too little exercise. Genetics plays a factor into which people are becoming obese. There are " natural and synthetic chemicals known as endocrine-disrupting chemicals (Deeds), or as searchers have begun to call them, obsesses.

Obsesses are chemicals that disrupt the function of hormonal systems; many researchers believe they lead to weight gain and, in turn, numerous diseases that curse the American populace. " (Perrine & Warlock, 2010) Other

hormone disorders come into effect such at thyroid, adrenal glands, pituitary glands, ovaries which can also contribute to obesity. In many cases of weight loss management requires a balance of behavioral and medical intervention. This balance is created through the guidance of a physician.

Another factor in the rise of obesity is parents of young children who have poor dating habits raise children who are obese. " Today's children are the first generation of Americans projected to have a shorter life p than their parents -? with one out of three at risk of developing Type Twodiabetes, a crippling disease once seen only in adults. " (Stone, 2006) Parents instill healthy lifestyles in their children. They do this through family democracies, and beliefs and attitudes in eating and physical activity.

The significant associations between household, parent, and child variables offer a glimpse into the potential processes at work prior to a child's status as obese. For instance, measuring of general parenting and parent attitudes to-ward child eating and nutrition were meaningfully related to the kinds of foods available in the home and to children's activities, both potential risk factors forchildhoodoverweight, Gable & Lutz, (2000) Children's roles in their own physical health and well-being cannot be discounted however, it is the parent who instill these values into their children.

B. Public Health " The public health model differs from the medical model not only in its emphasis on prevention but also in its consideration of a wider range of causative factors. " (Adler Stewart, 2009) These factors focus is mainly on the food industry. Their believe system is the food industry exploits people by targeting lower income families and their environment.

They do this through marketing, advertisements. Public health approaches in solving obesity does include healtheducation, they approach the problem through legislative and regulatory means.

Examples are nutrition standards for school lunch programs; bans on sugar-sweetened beverages in school's vending machines; requirements for developers of residential subdivisions to include bicycle paths, sidewalks, and parks; and zoning regulations for fast-food outlets. This group is using the moralities ofequalityof opportunity and equality under the law. Although obesity affects all demographics in the United States, some healthcare professional would argue obesity is target. Racial and ethnic minority adults, and those with less education or who make lessmoneycontinue to have the highest overall obesity rates" (" F as in," 2011) Published finding have reveal companies who produce products such as sodas, candies and alcoholic beverages target minorities verses the general audience. These advertisements are found on billboards in communities in predominantly African American and Hipic. The advertisements are also seen in commercials and magazines that target African American and Hipic audiences.

The environment in which people live directly affects people food choices. Lewis and colleagues (2005) also identified substantially more point-of-sale advertising and promotion of unhealthful foods in restaurants in low-income African American and Latino communities than in more affluent white communities in Los Angels County. (Yankee, Cole, Brown, Williams, Hillier,

Kline, Ashes & Beckman, 2009) Opportunities for physical activity, in low income neighborhoods are very low.

Parks and walk able areas are scarce. Perceptions of resource quality, safety, and cultural relevance also affect physical activity levels. Research as concluded safety and quality factors in traffic fatalities, crime rates and park size effect obesity rates because counter to predictions, subpopulations generally considered vulnerable to obesity (and environmental injustices more generally) are more likely to live in willable neighborhoods and have better walking access to neighborhood parks than other groups.

However, crime is highest in willable neighborhoods with large Latino and African-American populations and parks are smaller in areas populated by Latino/as. Given the higher prevalence of obesity and related diseases in lower income and minority populations the results suggest that benefits of built environments may be offset by social characteristics Ill. Audiences: The target audience for awareness of the obesity as a social problem targets every U. S. Citizen. Obesity is becoming a worldwide problem however the United States in the lead globally ranking the highest rates of obesity.

Mainly the focuses is on physicians, nurses, dieticians/Dart's, nutritionists, fitness professionals, health educators, public health professionals, social workers, psychologists, physical harpists, occupational therapists, teachers, administrators and school counselors. The other side tries to appeal to lawyers, food companies, and political representatives. These groups of people have the tools to promote change. IV. Power Relationships: As the

obesity epidemic continues to intensify, it's becoming clear that there's more to obesity than lifestyle choices.

Therefore, endocrinologists carefully examine the genetic and physiological causes and effects of obesity and develop treatment options that can produce concrete results. Endocrinologists are doctors that are facially trained to diagnose and treat diseases related to the body endocrine system - which regulates appetite, metabolism (food burning and waste elimination), and growth through chemicals known as hormones (" Combating obesity," 2012) The same lawyers who battle the cigarette makers are now fighting the food companies.

Dry, William Jacobs says " From the days of " reefer madness," that old anti-drug movie, the word " addiction" has conjured images of out-of-control behavior. But today, cutting edgescienceis shedding new light on addiction and its connection to chemical changes in the brain. If those changes can lead to compulsive behavior, mom scientists wonder if fatty foods and drugs Just might have more in common" (Stone, 2006) While most consumers would say what you eat is your choice. It's a matter of personal responsibility what you eat, but several academics and lawyers are arguing you're far less free to choose what's on your plate than you realize.

While each group is made up of professionals who are notable, it is matter of persuading the audience to which solution is correct. V. Conclusion: Targeting obesity has support across the political spectrum. In the US, discussions of the supposed obesity epidemic usually take place within the context of a larger concussion, which assumes that the increasing weight of

the population is a sign of increasing moral laxity and that overweight and obesity are playing a significant role in driving up health care costs.

This linkage is attractive for those who are ideologically committed to a focus on 'individual responsibility, rather than on structural factors that continue to drive health care costs ever upward, and leave one out of every seven Americans without health insurance of any kind. Anxieties about increasing weight resonate with those on the left of the political spectrum as well, ho tend to interpret the 'obesity epidemic' as both a by-product and a symbol of rampant consumer overcompensation and greedy corporations. Camps, Sashay, Reemerges, Oliver, Greaser, 2005) In this paper I have shown the construction of obesity as a social problem has been made through a series of steps used in the social construction of a social problem. Claims were made by those who feel obesity is problem of individual making bad lifestyle choices and those who feel is the food industry plays a huge role in why more people are obese today. Both groups validate obesity is an epidemic and therefore a social problem however these groups battle the way we are to combat this problem.