

# Current situation in the uk health and social care essay



**ASSIGN  
BUSTER**

## **Introduction**

According to the World Health Organisation (WHO) obesity is defined as abnormal or excessive fat accumulation that presents a risk to an individual's health. There are a number of ways a person's weight can be assessed, however in the UK the BMI (Body Mass Index) tool is used as a measurement for human body shape based on an individual's weight and height (NHS Choices, 2012). If a person's BMI is 25 or greater they are considered to be overweight and if it is 30 or higher they are classified as obese. BMI provides the most useful population-level measure of obesity as it is the same for both sexes and for all ages of adults (Doak et al, 2002). Obesity as a medical condition increases the risk of developing numerous potentially life threatening diseases as well as damaging an individual's quality of life. Obesity is a leading preventable cause of death with its prevalence increasing in adults but more noticeably in recent decades in children. Obesity, previously a sign of wealth has now become a leading public health crisis in the 21st century (Barness, Opitz & Gilbert-Barness, 2007) as we have seen a rise in prevalence since the 1980s in the UK due to changes in lifestyle and many other contributing social factors (ASO, 2011). In this essay I will examine the current phenomena of childhood obesity of how and why its prevalence has increased so dramatically in the UK in recent years. Following on from this, I will analyse different contributing factors to childhood obesity based on the principle that this public health crisis is an outcome of social class in the UK. I will consider factors such as socioeconomic status, diet, neighbourhood, all in relation to social class and how these affect a child's likelihood to become obese as a child or later in

life. I will then investigate whether these factors are a consequence of social class or if they are independent factors which influence an individual. I will base my findings and analysis on a variety of publications and journals which have all explored the concept of obesity and childhood obesity in the UK and the social and economic factors which contribute to their prevalence.

## **Background to obesity**

In previous centuries, being overweight and being considered fat was always seen as a sign of wealth and a higher social class. Women were especially seen as the ideal if they were fat, being obese was an overt sign of wealth, fertility and prosperity (Rudofsky, 1972). This was due to the accessibility of a variety of foods and the lavish lifestyle many lived during the previous centuries. In contrast the poorer individuals of society, those of a lower social class, did not always eat and so were always much slimmer and showed signs of living a tougher life involving manual labour jobs which kept this group of people to a much lower weight. As previously mentioned, in previous centuries obesity and fatness was often seen as a positive image in society as it was an indication of wealth, however in the late 20th century and into the 21st century a significant change in our perception and judgement of obesity has been noted. This change however began in the late 19th century when the association between being obese and a form of deviant behaviour was made. Soon after this connection was established obesity was seen to be linked to moral failings. Individuals were perceived to be failing in public duties and making erroneous personal choices. Therefore, the body and individual started to become a negative symbol in society and was seen as a weakness in character and personal willpower. As a result of

this transition in our perceptions of body types our understanding of obesity has been somewhat distorted and the underlying social factors have been ignored.

## **Current situation in the UK**

Childhood obesity is a serious health problem and concern that can have damaging health consequences later in life as well. The UK government is therefore facing a significant challenge on a serious social problem but is trying to tackle it head on (Bourn, 2006). In 2004 the World Health Organisation declared obesity a global epidemic not only affecting children in the UK. In the UK in 2011, it was recorded that an average of 16.3% of children in England were classified as being obese and increase from 16% the previous year from figures provided by the Health Survey for England, 2011. Recent figures from the National Child Measurement Programme, which measure the height and weight of reception and year six pupils in primary schools, suggest that over 33% of 11 year olds are now overweight or obese and among 4 and 5 year olds its 22%. The figures for England are similar across the rest of the UK (NCMP, 2012). The World Health Organisation in 2010 reported that there were approximately 40 million children worldwide classed as obese and in the UK that corresponded to three out of every 10 children aged between 2 and 15 as obese (Heaton, 2013). They also predicted that if without effective intervention, six out of every 10 children will be obese by 2050 and an astonishing nine out of 10 adults by then too. In 2011 it was suggested that each year the obesity epidemic costs the NHS a staggering £4 billion a year and in four years' time we will see an increase to £6.3 billion. The UK government has been feeling

the rising pressures of this public health concern for many years already now and there isn't an indication of this problem reducing, this public health challenge is getting bigger and bigger (David Cameron, 2011). Although many schools have set up initiatives to encourage children to choose a healthier lifestyle and become more involved in what they are eating, many believe that the government should be more accountable for this crisis given that it provides the healthy eating guidelines. In contrast to this, the promotion of healthy eating needs to extend further than just in school, a healthy diet needs to exist at home too in order for the improvement of children's health. However obesity experts say parents are struggling with a multitude of problems when it comes to their child's weight. These problems range from a lack of education about food and appropriate diet to limited money to buy healthier food options.

### **Contributing factors**

According to Youssef (2012), the analysis of obesity includes both genetic and environmental factors. It is thought that most cases of obesity results from an excessive calorie intake combined with a decrease in energy expenditure. That is not to say that some cases of obesity in children as well as adults is caused by medical reasons or at least a contributing factor. However, in this essay I am going to focus on the environmental and socioeconomic factors related to lifestyle and social conditions which impact on a child's risk of obesity. There are many factors which have been found to influence the prevalence and chance of a child becoming obese in their early years or later on in adolescence. It has been found in many studies that obesity is strongly influenced by environmental factors such as poverty,

housing condition and work-life situation, some of which will be discussed in this essay. There are a few key associations which have been made especially between social class and prevalence of obesity. This essay aims to argue that social class is a highly influential contributing factor when childhood obesity is analysed, lower social classes present a higher risk of obesity amongst children than higher social classes. In the following sections the factors affecting childhood obesity will be discussed in order to answer the question; To what extent is childhood obesity an outcome of social class?

### **Social class and socioeconomic status**

Socioeconomic inequality in obesity is defined as differences in the prevalence of obesity between people of higher and lower socioeconomic status (Mackenbach and Kunst 1997). The risk of obesity was significantly higher in people from social classes IV and V than from social classes I-III. The Office for National Statistics (ONS, 2012) has published figures to indicate that the average annual earnings in the UK has risen by 1.4% however there are still many families of low social classes that are feeling the burden of the financial recession and lack of employment. In the UK there are almost seven million working adults who are living in extreme financial stress and close to or below the poverty line despite being in employment and independent from state support (Hill, 2012). However there is an increasing amount of households which struggle at the end of each month to feed themselves and their children adequately, this has a severe knock-on effect for children and their risk of obesity (Institute for Fiscal Studies, 2012). These households are said to be unable to cope on current incomes which leaves them in a vulnerable position when it comes to

providing for the family, especially children. A significantly higher prevalence of overweight and obesity was observed in those households with annual income of less than £20, 000 compared with those with greater than £20, 000 (Jebb et al, 2003). As most families from a low social class are increasingly struggling to make income and benefits stretch, they are forced to do the best they can with what they have. This often means that children in these families will more often than not have limited opportunities and live by a make-do attitude. Ellaway et al (1997) argue that people with low socioeconomic status focus on the basic issues of survival, whether these are financial including purchasing food at all, let alone healthy sources or social including battling the stigma of poverty and/or overweight and all that is related to it. Growing up in a low income family affects a child's socioeconomic status as income can have a knock-on effect on a range of other factors such as diet, neighbourhood in which you live and recreational opportunities, all of which will be discussed in this analysis. Therefore, with a limited income which lowers socioeconomic status, a child's risk to obesity increases and income can be categorised as a contributing factor to this as living healthily isn't a priority in these types of situations.

### **Social class and neighbourhood**

The potential influence of area of residence as a possible contribution to the development of obesity has rarely been addressed (Ellaway, Anderson & Macintyre, 1997); however following their study we have seen an increase of focus on this factor. As a result of a low income and type of job held by an individual, this determines the social class of the family. The income of a family controls where they are able to live with retrospect to what they can

afford. In most cases this will result in a low income family living in a low-income area which is often more run down and deprived than most other areas. Furthermore, if families live in these types of communities they are more likely to be unsafe meaning parents will be less likely to allow children to play out in the area resulting in less physical activity. It has been shown that opportunities for physical recreation and eating according to current healthy diet guidelines vary between different types of areas. Although linked closely to children's diets community food environments refer to the number, type, location, and accessibility of food outlets such as grocery stores, convenience stores, fast-food restaurants, and full-service restaurants (Glanz & Sallis, 2009) all which affect the diet of children. In neighbourhoods in which low income families live, fast food restaurants are far more widespread which encourages children and families to eat this type of food as it is what is available to them. In connection to the food environment, the concept of food deserts exist prominently in deprived areas in the UK. A food desert is a community or neighbourhood in which there is little or no access to large supermarkets or grocery shops that offer fresh and affordable produce needed to maintain a healthy lifestyle (Smith, 2011). Often instead of offering these large supermarkets, the communities are filled with fast food restaurants and small convenience stores which offer a limited variety of fat and sugar dense foods. This argument suggests that therefore social class does have an effect on child obesity as the social class and income influences where a family lives and the resources available to them in the community. If they were in a higher social class then the situation would be different and children would have greater access to larger supermarkets supplying healthier foods thus decreasing the risk of obesity.

<https://assignbuster.com/current-situation-in-the-uk-health-and-social-care-essay/>



## **Social class and diet**

Closely linked to the previously mentioned factors, a child's diet is a direct consequence of the parents' income as well as the neighbourhood in which they live as this indicates what types of food are available. Mulvihill (2003) supports this claim by stating that population groups' dietary choices are often related to socioeconomic considerations. The provision of food for children is viewed differently between social groups; McKee and Raine (2005) suggest that major factors influencing food choices include affordability, accessibility, availability, attractiveness, appropriateness and practicality. This suggests that those of a lower social class do not eat what they would want to eat but what they can afford and are able to cook in the house. Healthy foods are frequently more expensive than unhealthy foods and often take more effort to prepare, additionally it is known that most fast foods are unhealthy and full of calories (Costley & Leggett, 2010). Food insecurity refers to the unavailability of food and the ability to access it. A household is considered food-insecure when its occupants live in hunger or fear of starvation (FAO, 2006). Many families live in households where often there is no food available to them and are unsure when the next meal may be, this is food insecurity. In a recent study carried out by Coventry University in 2013, rising food prices mean that 19% of UK households are regularly going without food to feed their children. With a limited income, children are therefore eating whatever they can afford, always the foods containing high fat and sugar as these are cheapest (Kneafsey, 2013). Kneafsey highlighted in her study that food insecurity is a real issue in low income households in the UK and adds to obesity risk as it means children aren't getting regular, healthy and nutritious meals and are instead eating <https://assignbuster.com/current-situation-in-the-uk-health-and-social-care-essay/>

foods where possible which are full of fat and sugar. Taking into consideration the previous points it can be argued that as a result of a poor diet initiated by low income and socioeconomic status, a child's risk to obesity is heightened as a result of lack of availability of healthy foods from large shops as well as inconsistent meals resulting from low income and financial stability all a result of low social class.

### **Social class and physical activity**

The time of children playing outside all day and being extremely active has been taken over by hours of television and computer games (Costley & Leggett, 2010). The amount of physical activity a child does is heavily dependent on the previous factors which have been investigated. Obesity is caused by a high calorie intake combined with inadequate amounts of physical activity, relating to dietary habits. The amount of physical activity a child does is dependent on a range of factors varying from, the opportunities in and outside of school, the amenities in the area in which they live to if parents are financially able to pay for extra clubs. With connection to the neighbourhood a child lives in, physical activity can be severely affected. If a community is deemed too dangerous to play outside in, then children will not have the chance to burn off calories playing in the outdoors, thus this will encourage children to stay indoors and live a sedentary lifestyle. As previously noted, these types of neighbourhoods are typically where children of a low social class live and so for that reason social class can be described as the origin of childhood obesity. Moreover, a lifestyle characterised by lack of physical activity and excessive inactivity in particular television viewing, which increases energy intake, may be a primary cause in childhood obesity

(Ebbeling et al, 2002). This said, it is easier to see how a lack of physical activity for children increases energy intake and inactivity which all contribute towards the likelihood of a child becoming obese. This lack of physical recreation is seen to be a consequence of limited opportunities (either monetary or locally) caused by low social class which dominoes onto other factors.

## **Conclusion**

According to Youssef (2012), child obesity is not a disease, it is a public health problem including many risk factors for several chronic diseases. Understanding environmental factors can contribute to a better understanding of the nature of obesity as well as contribute to tackling it. In this essay, social factors associated with childhood obesity have been highlighted as well as been examined to see their prevalence and impact. I emphasized the significance of how social class has a subsequent effect on diet, neighbourhood of residence and quantity of physical recreation carried out by children. The results from the evidence provided were clear, if a child were to come from a lower social class they were more likely to have a poorer diet and do less exercise as a result of family income and neighbourhood of residence, increasing the risk dramatically of obesity. Therefore, it can be concluded that from the evidence presented in this essay that obesity is an outcome of social class; however there are always exceptions to this. Further research would be able to look into this and see what affects the prevalence of child obesity in higher social classes.