

Social Problems in Southern Europe

A Comparative Assessment

Edited by

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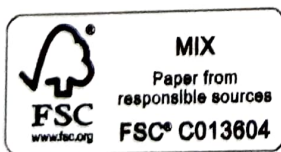
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Social Problems in Southern Europe

A Comparative Assessment

Southern European Societies series**Edited by Francisco Entrena-Durán, Rosa M. Soriano-Miras and Ricardo Duque-Calvache**

As the European Union continues to struggle to establish a common agenda on tackling social problems, this compelling book presents a set of comparative sociological studies in southern European countries from leading scholars working in the region. It widens the debate by looking at the specific social problems of southern Europe and highlights the shared trends and critical regional disparities that may improve our understanding of Mediterranean welfare states.

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Chapter 5: Childhood obesity as a social problem: prevention policies in Spain and Portugal

**Juan Miguel Valdera-Gil Francisco Entrena-Durán and Philippe Cardon****Monograph Chapter**

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Abstract

At the present time, while hunger and malnutrition affect the poorest countries on the planet, in developed societies diseases linked to overweight and obesity are threatening to become a medical pandemic. Changes in dietary habits and in lifestyles explain a lot of the problems with overweight and obesity that are now so widespread in developed societies. Particularly, with respect to Portugal and Spain, obesity affects a significant part of the child population, but it does not do so equally across all social sectors. So, the evidence indicates that in both countries the children of the most disadvantaged social sectors in terms of income and education are more likely to suffer overweight or obesity than children from families with higher education and incomes. As a reaction to this, food policies for obesity prevention and education among the child population are being carried in Spain and Portugal by educational and health care authorities.

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Childhood Obesity as a Social Problem: Prevention policies in Spain and Portugal

Juan Miguel Valdera-Gil
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University of Granada (Spain)
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1. Introduction

Childhood is the stage in life when many of an individual's characteristic behavioral traits and especially eating habits are formed. There is evidence that those who are obese in childhood are at high risk of continuing to be obese in adulthood. One study (Whitaker, Wright, Pepe, Seidel, & Dietz, 1997) has shown that 80% of those who were obese between the ages of 10 and 15 continued to be so at the age of 25. The link between overweight and obesity in the early stages of growth and the subsequent life course of individuals demands greater knowledge of the causes behind the increase in the numbers of those affected by obesity among children and of the public policies implemented to combat it. This is not just a health problem; rather, the consequences of obesity can be felt in the labor market, in educational performance, individual self-esteem, and as we will see, it most severely affects those at the bottom of the class structure. The aim of this chapter is to examine the causes of this complex social health problem and look at the solutions offered by public authorities in two southern European countries: Spain and Portugal.

Overweight and obesity are defined as abnormal or excessive fat accumulation that presents a risk to health. The Body Mass Index (BMI) is a simple indicator of the relationship between weight and size that is frequently used to identify overweight and obesity in adults. The BMI is calculated by dividing a person's weight in kilograms by their height in meters squared (kg/m^2). In the case of adults, the World Health Organization (WHO, 2018) considers a person to be overweight when his or her BMI is 25 or greater and obese if the BMI is 30 or greater.

Some authors, emphasizing that the BMI is an index developed by national and international health institutions to define obesity, have shown reservations regarding its usefulness. They have pointed out that the BMI has established a standardized measure of obesity, which, given that it is based on the same criterion for males and females and for adults of all ages, cannot be considered an adequate or reliable measure for all individuals (Poulain, 2009) (Sain Pol, 2010) (Cardon, Depecker, & Plesz, 2019). For this reason, the BMI must be considered as an indicator that provides us with an approximate value and must be interpreted with a certain flexibility, as a specific BMI does not necessarily correspond to the same degree of overweight in different individuals.

According to the World Health Organization (WHO), for children and adolescents

between the ages of 5 and 19 overweight equals one standard deviation body mass index for age and sex. Obesity equals two standard deviations body mass index for age and sex (Ortega et al, 2016, pp.27-28).

Beyond the clear criticisms of the BMI, the fact is that it has allowed the WHO to define obesity as a social problem and implement effective campaigns to raise awareness and combat it. For example, in 1997, the WHO declared obesity a global epidemic (Ariza et al, 2015, p. 247). In 2010, illnesses associated with overweight and obesity caused 3.4 million deaths around the world (4% of total deaths) and were responsible for 4% of the overall "equivalent years of healthy life lost due to poor health or disability" (Ng et al, 2014, p. 767). According to the WHO, since 1980 obesity has doubled around the world, with over 1.9 billion adults over 18 being overweight in 2014 and of these, more than 600 million being obese; that is, 39% of adults over 18 are overweight and 13% are obese (Malo-Serrano, Castillo, & Pajita, 2017).

Overweight and obesity represent a major health challenge. Regarding their diverse causes, there is broad consensus among the scientific community on the impact of increased caloric intake from dietary changes in combination with the reduced energy expenditure associated with sedentary lifestyles. Other new lines of research point to other factors such as genetic make-up, the relationship between infections and obesity, the formation of couples between obese individuals, the widespread use of certain drugs, the decline in hours of sleep, delayed maternity, etc. (Borràs & Ugarriza, 2013, pp. 64-66).

Without denying the importance of all of these factors, we believe that the impact of changes in eating habits and lifestyles in recent decades on the prevalence of overweight and obesity cannot be ignored. Regarding the causes of these problems, the WHO has pointed to the transformation in eating habits and types of physical activity, which the organization attributes to environmental and social changes associated with development and the lack of policies to support and adequately regulate sectors such as health, agriculture, transport, urban planning, the environment, the processing, distribution and marketing of food and education (WHO, 2018).

2. The childhood obesity phenomenon in Spain and Portugal

It is estimated that from 1975 to 2016 the number of obese children in the world grew from 6 million to 74 million. In this period, the number of girls suffering from obesity grew from 5 to 50 million (Rito, Cruz de Sousa, Mendes, & Graça, 2017, p.3). In the face of this situation, the WHO began specific initiatives to study the phenomenon of overweight and obesity in the child population with the aim of tackling the problem in its earliest stages. In 2007, the Childhood Obesity Surveillance

Initiative (COSI) was begun, which established a homogeneous methodology for measuring overweight and obesity in the population from six to nine years of age. COSI uses two sources of information. First, anthropometric and identifying measures of participants are made: sex, name, school, course, date of birth, weight, height, waste circumference, hip circumference, time when measurements taken and clothes worn at the time of measurements. Secondly, two questionnaires are given. In one of them the parents of the participants are surveyed regarding their children's nutrition, lifestyles, health problems, etc. A block of socio-demographic questions are also included to know aspects such as parents' education levels and family income. A second questionnaire refers to the responsibility of the school regarding issues such as meals in the school lunchroom and physical exercise during the school day (Ortega et al, 2016, pp.23-24; Rito et al, 2017, pp.12-13).

Since its launch, COSI has carried out four rounds of research over the following periods: 2007-2008, 2009-2010, 2012-2013 and 2015-2016. Currently, a fifth round is being carried out that will conclude in 2019. Regarding participating countries, the initiative has grown from 13 countries in the 2007-2008 round, to forty in the current 2018-2019 phase. Portugal has been part of the COSI initiative since the first round (Rito et al, 2017, p.5) and its participation has been carried out and coordinated by professionals under the responsibility of the General Directorate of Health and the National Institute of Health "Doutor Ricardo Jorge". Spain, in turn, joined the initiative in the second round of the study during the 2009-2010 course (Ortega et al, 2013, p.10). In this case professionals of the Spanish Agency for Food Security and Nutrition (AECOSAN), under the Ministry of Health, have been responsible for supervising and implementing the COSI initiative under the reference, Estudio ALADINO¹.

Before evaluating the specific figures, we should clarify that, to calculate overweight and obesity among the child population from 6 to 9 years of age², COSI reports use the WHO methodology developed for determining BMI³. Thus, based on this methodology, Spain and Portugal, along with Greece and Italy, are part of the group of European countries with the most childhood obesity. However, Portugal reduced the number of children affected between 2008 and 2016, and Spain, for its part, also reduced the number of children suffering overweight and stabilized the figure for obesity among the childhood population over the 2011-2016 period.

1 A study monitoring growth, diet, physical activity, childhood development and obesity.

2 Portugal studies the population from 6 through 8 years of age, while Spain includes children of nine years of age.

3 Other methodologies for measuring overweight and obesity exist. Studies carried out in this field by the International Obesity Task Force (IOTF) and in the Spanish case, by the Fundación Obergozo should be noted.

Table 1. -Childhood population that suffers overweight and obesity in percentages

	2008		2011		2016	
	Portugal	Spain	Portugal	Spain	Portugal	Spain
Overweight	37,9	****	****	26,2	30,7	23,2
Obesity	15,3	****	****	18,3	11,7	18,1

Source: By authors based on COSI figures: (Rito et al, 2017, p. IV; Ortega et al, 2013, p.12; Ortega et al, 2016, p.17; p.19).

The 2015 ALADINO report clearly indicates a series of habits among children that increase the likelihood of being overweight: Not eating breakfast everyday, having a television, computer or video game console in the bedroom, spending more than two hours in front of the television and not sleeping enough hours (Ortega et al., 2016, p. 18). While these habits may not appear to be sufficiently important as factors that can explain being overweight versus having a normal weight, they are good predictors of childhood obesity. This is illustrated by the following two examples: 1) While 22.1% of schoolchildren with normal weight spend more than two hours during the week playing with a computer or console, this percentage increases to 29% among children suffering obesity; 2) 22.1% of children of normal weight have a television or DVD player in their bedroom, while 37.3% of obese schoolchildren do (Ortega et al., 2016, pp.70-71).

In the case of Portugal, the reports presented by the National Institute of Health “Doutor Ricardo Jorge” do not provide information that permits us to compare the habits of schoolchildren with higher or lower levels of overweight and obesity. Thus, while it is possible to know the number of hours that Portuguese schoolchildren spend playing electronic games and computer games (Rito et al., 2017, p. 57), we do not know the proportion of children with normal weight, overweight and obesity based on these playing habits.

The WHO has also linked socioeconomic inequality with overweight and obesity (Loring & Robertson, 2014); that is, weight problems are more common among persons of lower social class than among those of higher social class (Cardon et al., 2019). Devaux and Sassi (2011), in a study on socioeconomic inequality and overweight in 11 OECD countries⁴, found significant evidence that linked both.

⁴ France, Austria, Spain, Italy, Sweden, Hungary, England, Australia, United States, Canada and South Korea.

Education level, family income and employment status are, in this order, predictive factors for a greater prevalence of overweight and obesity. In other words, persons with less formal education, low wages and low socio-professional occupational status are more likely to suffer being overweight and obesity (Devaux & Sassi, 2011, p.468). In the case of Spain, the 2015 ALADINO Report shows the link between childhood overweight/obesity and certain indicators of parents' social position, such as education level and income.

Table 2.- Percentage of child population with normal weight and obesity in relation to mother's education and family income

	Mother's education level			Family income		
	Primary	Secondary	Higher	<18,000 €	18,000-30,000 €	>30,000€
Normal weight	11,6	40,3	48,1	40,4	24,1	35,5
Obesity	15,3	47,2	37,5	54,8	22,7	20,6

Source: By authors based on the 2015 ALADINO Report (Ortega et al, 2016, p.75; p.78).

Regarding Portugal, the 2016 COSI Report, the latest available, does not provide data on the association between parents' social position and the prevalence of childhood overweight and obesity among their progeny (Rito et al., 2017). However, a recent study by Lissner et al (2016) used the raw data from the first round of the COSI study in 2008 to examine the relationship between socioeconomic inequalities and weight problems in five countries: Sweden, Lithuania, Bulgaria, the Czech Republic and Portugal. To establish this relationship, they looked at *Parental Socioeconomic Position* (SEP), which they based on the highest education level and occupation of both parents, as well as the following country indicators: GINI coefficient, human development index and the gender inequality index of the country.

Thus, in the case of Portugal, the low education level of both the father and mother⁵ is associated with a greater prevalence of overweight and obesity. In contrast, occupational category⁶ does not appear to be associated with excess weight (Lissner

5 The researchers grouped the different education levels into two categories: lower education level (primary or secondary education) and higher education level (university degree or higher).

6 The employment status of the father and the mother was grouped into three categories: unemployed but able to work, employed and various (unemployed but not able to work, persons that dedicate themselves to domestic work, students and retired). We think that the reduction into three such heterogeneous categories affects the capacity to predict the greater prevalence of overweight and obesity. For example, the employed category includes both those that have low-wage and low-skilled

et al., 2016, p.800). The most important conclusion the authors make is the following:

At the time of the first COSI round, Sweden and, to a lesser extent, Portugal and the Czech Republic displayed the commonly observed excess rates of overweight and obesity in association with lower SEP. In contrast, surveys in Bulgaria, and to some extent Lithuania yielded evidence of less overweight and obesity in less advantaged children (Lissner et al, 2016, p. 801)

3. Policies for the prevention of childhood obesity

Intervention through social health policies in problems of overweight and obesity is relatively recent. In fact, during the authoritarian regimes in Spain (1939-1975) and Portugal (1933-1974), the priority was to limit the effects that poverty had on broad layers of the child population, as well as to supplement the insufficient caloric intake of disadvantaged groups. The *Social Auxiliary*, a charitable institution in Francoist Spain dependent on the regime's single existing party, the Falange, consisted in various organizations with the purpose of assisting the poor and persons at risk of exclusion, such as the *Obra de protección a la madre y al niño* [Work for the protection of mother and child], *Departamento central de aprendizaje de hogares* [Central Department of Home Learning] and the *Rectorado central de enseñanzas medias y universitarias* [Central Rectorate of Secondary and University Education]. Providing basic foods to children and families that lacked it was emphasized among their many tasks (Sánchez, 2008).

There were two institutions that were responsible for child nutrition in school lunchrooms during the dictatorship of Oliveira Salazar in Portugal; in 1936 the Ministry of National Education created the *National Organization of Portuguese Youth* and *The Work of Mothers for National Education* (Truninger, Teixeira, Horta, da Silva, & Alexandre, 2013, pp. 120-121).

Both Spanish and Portuguese authorities used these organizations/institutions as means for the political socialization and indoctrination of the child population, transmitting the importance of religion, family and the nation, and all in accordance with the authoritarian ideology of the political regimes then in power in those countries (Sánchez, 2008) (Truninger et al, 2013).

Nutritional problems among the child population in Spain and Portugal in this century are different: from widespread malnutrition due to a lack of basic foodstuffs that provoked insufficient weight and stunted growth in the worst cases, the problems are now due to poor nutrition rooted in excess based on diets in which too many processed foods with high sugar, fat and salt content are consumed (WHO, 2018).

employment as well as those in management positions with higher education and high salaries.

In this context, concern and awareness are increasing among citizens and national and international health authorities regarding the need to address the problems of overweight and obesity resulting from the present sedentary conditions of life and current dietary practices of many children. Specifically, in Spain the so-called NAOS Strategy (it's Spanish acronym standing for Nutrition, Physical activity, Obesity prevention and Health) was launched in 2005, an attempt to develop mechanisms for evaluating and intervening in these problems. The strategy sought to educate families to promote a healthy diet and physical exercise. Following this the PERSEO program was launched in 2006 (pilot school program of reference for health and exercise against obesity) by the then Spanish Agency for Food Safety (under the Ministry of Health), in collaboration with the Ministry of Education and the regional governments of Andalusia, the Canary Islands, Castille and Leon, Extremadura, Galicia, Murcia and Ceuta and Melilla. The program included the participation of 13,000 students in 64 schools. It was established in two phases, one in the 2007-2008 academic year and the other in 2008-2009. PERSEO not only involved schools but also the parents, teachers, monitors and school management, and different nutritional guides related to nutrition, lunchrooms and physical habits were produced to promote healthy habits. In addition, other educational materials were produced specifically for each one of the following groups: families, schools and teachers. PERSEO carried out various tasks: providing anthropometric evaluations of children and specific educational sessions for teachers, children and families.

The implementation of PERSEO, and the already mentioned participation of Spain in the second round of the COSI initiative in 2009-2010, constitute two significant milestones in the efforts to prevent and combat childhood overweight and obesity by the Spanish government. Additional efforts were established in 2011 with the Law for Food Safety and Nutrition which created the Spanish Agency for Food Safety, Consumption and Nutrition (AECOSAN) as the highest body in charge of ensuring food safety. The law regulates many aspects, ranging from safety in the production and distribution of foods, to external trade in animal feed and mechanisms for responding to health alerts. But what most interests us here is its seventh section, which addresses healthy foods, physical activity and obesity prevention. In addition, the law includes another new aspect, which is the establishment of the Observatory for Nutrition and the Study of Obesity, responsible for, among other things, coordinating the production of the previously mentioned ALADINO reports. It also refers to the need to prevent discrimination for reasons of weight. To fight childhood overweight and obesity it suggests three major spheres for action a) prevention in primary health care; b) prevention in schools (education in healthy habits, prohibition of the sale of foods high in fats, sugar and salt, and the prohibition of food advertising in schools, etc.), and c) prevention by public administration, requiring that public administration ensure that lunchroom menus meet minimum nutritional standards. Lastly, the seventh chapter of the law is dedicated to a section on food advertising and stipulates the need to reach

agreements to achieve a framework for self-regulation by producers.

In addition, Spain is a decentralized country, whose regions or “autonomous communities” have a great deal of decision-making power and can take action on matters of health and education. As a result, preventative measures and the fight against overweight and obesity always require, as in the case of the PERSEO Program, collaboration with regional governments. In fact, AECOSAN has a coordinating commission with regional authorities to address issues of common concern. What is more, the autonomous regions have their own plans to fight against overweight and obesity.

Regarding Portugal, its health authorities have also adopted measures to combat childhood overweight and obesity. In 2006, the Ministry of Health, in collaboration with the Ministry of Education, published a book entitled “Nutritional Education in the Schools: Reference for a Healthy Diet [*Educação Alimentar em Meio Escolar Referencial para uma Oferta Alimentar Saudável*]. This publication included a series of recommendations on the most adequate type of diet within the program on Food Education in Schools: Benchmark of Healthy Food Provisioning. In addition, the National Program for Healthy Schools, also begun in 2006, tasked schools with the role of educating their students regarding dietary habits both inside and outside the classroom (Truninger et al., 2013, p.123). In 2009, Portugal took another step, granting the guidelines in the European School Food Scheme legal standing. Within this new framework a National Strategy for the School Fruit Scheme was put into effect between the years 2010 and 2013. This program involved the distribution of fruit and the spread of healthy eating values in primary schools and was subsequently extended to 2014-2017 (Truninger et al., 2013, p.124; DGS, 2019a).

The public policies outlined above in relation to Portugal, as well as those implemented in the case of Spain, must be framed in the context of the implementation of a series of government measures aimed at combating overweight and obesity. During 2011, the competencies of the General Directorate of Health were strengthened. In 2012, this body, dependent on the Ministry of Health, launched the following 8 basic programs for prevention, health improvement and the fight against disease: diabetes, AIDS, tobacco addiction, healthy diet, mental health, oncology, respiratory afflictions and cerebro-cardiovascular illnesses (DGS, 2019b). Two provisions of the Ministry of Health in 2016 and 2018 have extended these priority programs to other areas, such as prevention and control of infections and anti-microbial resistance, although the fight against overweight and obesity continues. In addition, it could be suggested that the authorities have increased their efforts in this area by creating an independent program to promote physical exercise (SNS, 2019). The objectives of the National Program for the Promotion of Healthy Eating (Programa Nacional para a Promoção da Alimentação Saudável) are aimed at the school-age population. For example, the second objective of the program seeks to improve accessibility to specific foodstuffs in

schools, public places and workplaces; while the fifth objective aims to improve the qualifications of professionals that have influence on dietary habits (for example, teacher and doctors) (DGS, 2019c). In addition, preventative educational efforts through the publishing of new guides for promoting healthy eating continue (DGS, 2019d).

Lastly, we must mention how, in 2017, the Portuguese government introduced modifications to food legislation to reduce the consumption of carbonated beverages with high sugar content that are popular among both the adult and child populations. In addition, all public schools, including school lunchrooms, were obligated to offer a vegetarian menu (Martín del Barrio, 2017).

4. In conclusion

Changes in dietary habits and in lifestyles explain a lot of the problems with overweight and obesity that are now so widespread in much of the world. This has had particular effect on the child population in Portugal and Spain. The strategies adopted to reduce the number of persons who suffer from overweight and obesity have changed. From a perspective predominantly focused on the impact on the health of individuals (“salutogenic” strategies), the orientation has now become multicausal, considering economic, psychological, cultural and environmental factors that impact on eating behavior, as well as the interaction between these factors and the underlying biological causes of overweight and obesity (Truninger et al., 2013, p.124).

These multicausal orientations are in response to the reality that the figures for overweight and obesity have grown and represent a complex problem, the solution to which requires implementation of multidimensional public policies, ranging from the regulation of the production of foods, to the setting of adequate nutritional standards in establishments under public authority, to limiting food advertising and promoting physical exercise. In this regard, of particular importance would be the plans for prevention and education among the child population that educational and health care authorities are carrying out in Spain and Portugal.

In addition, although obesity affects the general population, it does not do so equally across all social sectors. As we have seen, the evidence indicates that in both Spain and Portugal, the children of the most disadvantaged social sectors in terms of income and education are more likely to suffer overweight or obesity than children from families with higher education and incomes. These class differences also result in unequal access to the ideal of the “legitimate” and healthy body, now predominantly associated with being thin (Moreno-Pestaña & Bruquetas-Callejo, 2016, p.7). The norms related to caring for the body and the strategies to achieve a “legitimate body” tend to be more difficult to adopt for more disadvantaged groups and children, due to their lifestyles and their lower purchasing power being an obstacle to accessing certain healthy and quality foods. As a result, these social groups are destined to become overweight due to their life and work conditions. Thus, “social exclusion can be

transferred to one self's impoverishment, hand in hand with health poverty” (Valdera-Gil & Valdera-Gil, 2015, p.98). Hence, the WHO recommends specific policies aimed at the most disadvantaged groups, and which take into account the particular circumstances linked to their socioeconomic position (Loring & Robertson, 2014). For example, we mention here a specific community based intervention plan: the Program Obesity Zero (POZ), which was implemented in Portugal in 2009 (Rito, Carvalho, Ramos & Breda, 2013).

POZ was a multi-component, community-, family- and school-based childhood obesity intervention. A total of 266 overweight children aged 6–10 years from low-income families in five Portuguese municipalities were assigned to the intervention. Parents and children attended four individual nutrition and physical activity counselling sessions, a one-day healthy cooking workshop and two extracurricular sessions in school, providing nutrition education. After six months, children showed reductions in waist circumference and body mass index (BMI), higher fibre consumption, and decreased intake of sugary soft drinks. Improvements in physical activity levels and (reduced) screen time were also observed. The findings suggested that POZ is a promising intervention programme at municipality level, to tackle childhood overweight and obesity in low-income families (Loring & Robertson, 2014, p. 19).

Lastly, a warning should be made regarding the effectiveness of the policies implemented by Spanish and Portuguese authorities to prevent and reduce childhood overweight and obesity. It is still too early to measure the medium and long term impact of what has been done until now. Clearly, the reduction in the child population affected by overweight and obesity in Portugal, as well as the reduction in the figures for overweight and the stasis in figures for obesity in Spain are positive indicators despite the initial figures being very high. However, given that the problems of overweight and obesity have a clear component related to social inequality, it remains to be seen if the figures can be reduced without directly addressing the source of this inequality through redistributive policies aimed at improving the capacity of the economically disadvantaged to purchase healthy foods (which are generally more expensive), or without measures that provide more strict controls over the market for food products that would “penalize” less healthy foods, for example, with the introduction of a sugar tax, as put into effect in Portugal in 2017.

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