Obesity in Industrialized Nations

According to the article *Diet, Exercise, and the Challenge of Combating Obesity in Primary Care* (McInnis 2003: 93), “The escalating epidemic of obesity represents one of the most serious and widespread public health challenges for economically advantaged nations in the new millennium” (McInnis, 2003). Industrialized nations have some of the highest percentages of overweight and obesity worldwide (Wang and Lobstein, 2006), and here in the United States we see examples of this every day. Some of the main causes of obesity are well known yet remain un-avoided by consumers. These causes are dietary and physical lifestyles. Wang and Lobstein (2006: 11) state, “in the United States, obesity is the second leading cause of preventable disease and death, surpassed only by smoking.” The rates for both overweight and obesity in the US, in 2002, were 61% in adults, and 14% in children (Wellman and Friedberg 2002: 705). These percentages have been consistently growing every year. In the study conducted by Wang and Lobstein, sixty countries were observed and researched to calculate the yearly increase in overweight and obesity; there was a steady percentage increase found in all sixty countries (2006). That is a sad statistic when thinking about all of the various agricultural forms and economic statuses of those countries, yet they all are being similarly affected by this growing disease. The article *Changes in the Household Calorie Supply during the 1994 Economic Crisis in Mexico and Its Implications on the Obesity Epidemic* (2004) states, “Recent analysis of the 2000 National Health Survey show that the prevalence of obesity in the Mexican population, including children, maintained a steady increase during the 1992-2000 period” (Arroya, Loria, and Mendez 2004:167). Arroyo, Loria, and Mendez state their surprise at this increase because it contradicts with their observations of Mexico having a “fairly steady availability of calories”, but obviously there was a sufficient amount of calories being provided in order to support the overweight epidemic (Arroya, Loria, and Mendez 2004: 167).

As mentioned above, dietary habits play a major role in the spread of global obesity. The rapid globalization of fast food restaurants adds to the massive increase in calorie intake per day; combined with a sedentary lifestyle adopted by many persons, this is a direct aid to obesity (Bawa 2005). Bawa also states that much of the blame for the obesity epidemic falls on the amount of sugar and high fructose corn syrup found in soft drinks (Bawa 2005). There is a positive correlation between the rise of the fast food industries and the rise in obesity.

Not only is obesity a major health concern for all nations, but it also taxes economic systems. According to Wellman and Friedberg, “The total cost of overweight and obesity in 2000 [in the United States] by some estimates was $117 billion” (2002: 706). These costs were a combination of numerous consequences of overweight and obesity, such as doctor visits, treatment, disability payments, as well as future earnings that were lost due to premature death (Wellman and Friedberg 2002: 706). Americans alone spend over $50 billion a year on diet products (McInnis 2003: 94). Obesity is physically taxing, economically taxing, and, perhaps a less known consequence, emotionally taxing. Wellman and Friedberg state that, “Emotional suffering may be among the most painful aspects of obesity,” and further that “A 1991 study found that 100% of formerly severely obese patients preferred to be deaf, dyslexic, diabetic, have heart disease or bad acne than to be obese again, that 91.5% preferred leg amputation, and 89.4% blindness. All (100%) preferred to be a normal weight person than a severely obese multi-millionaire” (Wellman 2002:706). Those numbers are tremendous and truly speak to the difficulties faced by obese persons on a day to day basis.

So what is being done to help treat and prevent obesity? There are many programs now to help obese persons lose weight and keep it off, as well as prevent future obesity. Some such programs, or strategies, being: *Dietary Guidelines for Americans 2000*, *The Practical Guide: Identification, Evaluation, and Treatment of Overweight & Obesity in Adults*, *Weight-control Information Network (WIN)*, and the *HealthierUS* Initiative (Wellman and Friedberg, 2002). However these programs alone are not enough; personal lifestyle changes must be made in order to achieve and maintain a long-term healthier body weight (McInnis, 2003).