

Special Article - Eating Disorders

Obesity, Culture and Stigma in the Covid-19 Context

Unsain RF^{1*}, Roca A² and Ulian MD³

¹Department of Anthropology, National University of Buenos Aires, Argentina/Federal University of Sao Paulo, Brazil

²Department of Anthropology, National University of Buenos Aires/National University of José C Paz, Argentina

³Department of Nutrition, School of Public Health, University of Sao Paulo, Brazil

*Corresponding author: Ramiro Fernandez Unsain, Department of Anthropology, National University of Buenos Aires, Argentina

Received: August 18, 2020; Accepted: August 31, 2020; Published: September 07, 2020

Abstract

One of the co-morbidities of COVID-19 appears to be obesity and overweight. Although this is highly significant in epidemiological terms, we would like to draw our attention to the social role of obesity in the new global social-health scenario. Obesity needs a multifactorial approach taking into account sociocultural variables in order to explain these phenomena. But the stigmatic construction of obesity and overweight is an obstacle to understand its complexities. Health professionals, from all disciplines, must be vigilant in this regard. Obesity and overweight are not the only co-morbidities presented by COVID-19, but they are the only ones, so far, that can increase the stigma on a population already punished by prejudice.

Keywords: Obesity; COVID-19; Stigma; Overweight

Introduction

One of the co-morbidities of COVID-19 appears to be obesity and overweight. Several studies arising from research conducted in Wuhan with cohorts of Chinese patients [1] seem to support this evidence. The discoveries made by deepening the observations made in Wuhan and broaden the case studies by bringing in examples from different places where the first wave of the epidemic seems to have passed [2]. Several other studies are underway, and new researches that link a high BMI to the transit of COVID-19 virus are developing [3].

Although this is highly significant in epidemiological terms, I would like to draw our attention to the social role of obesity in the new global social-health scenario. Indeed, if we consider obesity the result of a multifactorial food/nutrition process, it becomes necessary to place it in the COVID-19 pandemic context. Much more so as obesity (and overweight) is a problem that occurs and reproduces worldwide [4].

Context

Obesity is an excess of fat mass resulting from an energy imbalance caused for one or more reasons. In other words, there is a higher energy intake that causes an accumulation of fat mass. The energy consumed cannot be spent in equal proportion. Nevertheless, this is a simplifying and limited explanation if we want to deepen our perspective. This explanation is so simple that it is even dangerous. Because of this definition of obesity and overweight, the solution that not all but many professionals (and non-professionals) provide is as simple as its cause: reduce the food intake and produce the necessary amount of exercise to spend the excess of energy incorporated. In two words: diet and exercise.

To think of a comprehensive approach to obesity, we must know what we eat and why we eat, with whom we eat, and what socio-economic level this group or subject has, among other considerations. In short, what the causes of obesity (obesities) at a multifactor level are. Generally, we are not aware of those facts. Maybe the reason is that the approaches to obesity and overweight, in general, are more oriented to study this phenomenon from a much more quantitative

than qualitative perspective. If changing the diet is enough to “solve the problem,” we assume that people eat according to the number of calories they will be recommended to intake. Obesity studies have accumulated sufficient and abundant research data demonstrating that this is not the case [5]. In this sense, a multifactor approach considering socio-cultural variables seems to be best to explain these phenomena.

We know that people’s eating habits have to do with the socio-cultural significance of food and drink, and those meanings may have or not to do with their nutritional qualities. Still, they also have to do with the representations of satisfaction, satiety, gender, sexuality, market availability, and the subjects’ socio-economic situation. We also consume food because we learned, at some point in our lives, that those and not others are the right ones for specific events and special occasions. Moreover, we were also told that there are other foods for daily consumption.

In this sense, it is interesting to think about festivities and commensality because the first news about the COVID-19 breakout was that the virus had mutated from the bats that the people from Wuhan eat on certain festive occasions. Then the pangolins were blamed, also allegedly used to celebrate special events in the same region [6].

That is why it is crucial to reflect about obesity, overweight, and eating habits not only as physiological processes but, most importantly, in constant dialogue with socio-cultural and psychological aspects. With that view in mind, we can think in different epistemological approaches, not necessarily mutually excluding.

As an example, a first possible path is that which refers to the historical processes that model obesity through time. Vigarello et al., [7] demonstrate this by indicating how the physiognomy of bodies and their acceptance or non-acceptance does not necessarily depend on the idea of health present at a particular time. In other words, the cutting point between what is and what is not considered obesity and overweight cannot be understood without its corresponding historical framework. However, in our opinion, there is still no research project (not only practical but also theoretical) that constructs a cutting

point for obesity and overweight from a socio-cultural perspective in profound dialogue with the epidemiological frame. The question arising from this prospect is which kind of dialogues and intersections we should configure to establish a dialogical explanation in order to explain obesity and overweight (maybe thinness as well) as a complex gadget, product of both nature and culture interactions, in the universe of complex relations.

Nowadays, maintaining a supposedly ideal weight is a complex challenge for many reasons, among which we highlight food education and the personal and social-historical process that teaches us about gratification and food satiety. The idea that food is a reward and a gratification is a conventional narrative among many societies and groups. This is expressed with particular emphasis on celebrations and special occasions where significant foods and beverages are consumed. Therefore, an essential aspect of thinking about obesity and overweight now is food consumption, focusing on gratification.

Next to the idea of gratification, we can think of satiety not only from a biological perspective but also from a socio-cultural one. Therefore, we are situating food consumption in terms of satiety and gratification, precisely in a society permeated by consumption and articulated by the capitalist production mode. In this system, consumption (any) is promoted and stimulated through several agents. We eat more than we need. In this sense, people challenge the logic of satiety and gratification through food consumption and commensality.

In this regard, we can focus on other ways to explore obesity and overweight in individuals and groups. We can pay attention to the occasion of food consumption and its extra nutritional motivations. In other words, that source of energy is a field of meaning; it needs to have taste, have a story, be intelligible, be varied, satisfy us, and gratify us, among other attributes.

How can we assume that an adequate diet (in the sense of “slimming down”) can rest on taking away certain foods that carry socio-cultural meanings of satisfaction, fullness, and satiety? It is not easy to think that such an operation be “successful”. A “successful” diet seems to require replacing foods and quantities, if that is the case but also looking for ways to satiate and gratify based on new proposals and perspectives. What we want to emphasize is that thinking about particular food consumption and, in any case, trying to correct it, is not only a metabolic problem but also a socio-cultural and even a philosophical and psychological one.

Both the sociology and anthropology of food shows that we choose foods, mainly, for four reasons: Convenience, in the sense of whether it is easy to acquire and prepare that food by articulating the time available and the energy involved; by price, generally seeking to obtain the best quality; by taste, in the sense that the most considerable number of subjects like the food that they are going to eat; and by nutritional attributes, in the sense of whether or not they are reputedly healthy and associated with the desired and currently hegemonic body image [8]. At each moment, the four reasons can alternate, acquiring importance and relevance in a contextual sense. Therefore, if food is a complex phenomenon, its approach must be interdisciplinary and multifactor because diet and food consumption interventions go beyond weight or a socially acceptable and admired body figure. Perhaps, before asking what one eats, it would be

interesting to ask what one does not eat and think about diets and food interventions that respect the subjects’ sociability. These multifactor perspectives would result in thinking of an obese or overweight person (or population) more as a product of metabolic and socio-cultural variables in dialogue than as a careless and irresponsible individual (or population) who does not properly care for his or her (their) body (bodies) and despises “healthy living” and “healthy bodies.” So this leads us directly to the current COVID-19 pandemic and the beginning of this paper.

Starting this article, we mentioned that the presence of a high BMI is associated with the worsening of symptoms caused by the COVID-19. This fact makes this population spend more time in hospitals and occupy intensive care units in a higher proportion. Different media, and even health professionals, indirectly blame the obese or overweight population because of the pre-existence of these conditions, hypothetically due to personal choices, such as neglect, lack of will and self-care. Consequently, it could lead to a larger population finding difficulties in accessing health services. From this biased perspective, fat and overweight people who never knew how to take care of themselves now take space away from “healthy” people who need health services.

Conclusion

This stigmatic construction is a new way of discriminating and stigmatizing this population. Health professionals, from all disciplines, must be vigilant in this regard. Obesity and overweight are not the only co-morbidities for COVID-19, but they have been the only ones, so far, that can increase the stigma on a population already targeted by prejudice. Finally, we all need to further research how the BMI/COVID-19 relationship with obesity and overweight develops in the short, medium, and long term. Only in this way will we be able to draw non-speculative, objective, and unprejudiced conclusions.

References

1. Shi Y, Xia Y, Hong Z, Hao W, Zhao R, Sheng J. Host susceptibility to severe COVID-19 and establishment of a host risk score: Findings of 487 cases outside Wuhan. *Crit Care*. 2020; 24: 108.
2. Lighter J, Phillips M, Hochman S, Sterling S, Johnson D, Fritz F, et al. Obesity in patients younger than 60 years is a risk factor for COVID-19 hospital admission. *Clin Infect Dis*. 2020; 71: 896-897.
3. Caussy C, Pattou F, Wallet F, Simon C, Chalopin S, Telliam C, et al. Prevalence of obesity among adult in patients with COVID-19 in France. *Lancet Diabetes Endocrinol*. 2020; 8: 562-564.
4. Simonnet A, Chetboun M, Poissy J, Raverdy V, Noulette J, Duhamel A, et al. High prevalence of obesity in Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2) requiring invasive mechanical ventilation. *Obesity (Silver Spring)*. 2020; 28:1195-1199.
5. Unsain RF, Ulian DM, de Moraes Sato P, Sabatini F, da Silva Oliveira MS, Scagliusi FB. “Macho food”: Masculinities, food preferences, eating practices history and commensality among gay bears in Sao Paulo, Brazil. *Appetite*. 2020; 144: 104453.
6. Volpato G, Fontefrancesco MF, Grupusso P, Zocchi DM, Pieroni A. Baby pangolins on my plate: possible lessons to learn from the COVID-19 pandemic. *Journal of Ethnobiology and Ethnomedicine*. 2020; 16: 19.
7. Vigarello G. Historia de la obesidad desde la Edad Media hasta el siglo XX. *Metamorfosis de la gordura*. Buenos Aires. Nueva Visión. 2012.
8. Poulain JP. *Sociologia da Alimentação. Os comedores e o espaço alimentar*. Florianópolis: Editorial da UFSC. 2004.