

literary prize - obesity prevention

by Sarah Craig

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Health and Physical Activity

“Prevention is better than cure”

Health, The Individual and Society

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“Prevention is better than cure”. Discuss this statement in relation to obesity, considering a particular age group in Ireland and using physical activity as a possible solution.

From a broad health perspective, prevention is better than cure for a multitude of reasons. The approach is one which is applicable to numerous chronic illnesses, but particularly obesity, as it is a largely preventable condition, contingent upon modifiable personal and environmental factors. Adolescent girls are a demographic particularly vulnerable to developing this chronic illness, and are therefore prime candidates for a preventative health campaign. According to the Department of Health (2016), just 12% of post-primary school children currently meet global targets for daily physical activity; a trend which has existed for the past decade. Furthermore, an inverse relationship exists between increasing age and physical activity levels (Delaney 2013). Participation in physical activity among adolescent girls in particular could potentially ameliorate worldwide health problems – chiefly obesity and overweight - (Eime et al. 2013), while also offering protection against the development of obesity-associated diseases, such as type 2 diabetes and osteoarthritis (International Council of Sport Science and Physical Education n.d.). Its promotion, therefore, is not only beneficial, but vital to maintain future good health among today's young people.

The WHO (2015) defines obesity as a level of fat exceeding a healthy amount, and which is therefore detrimental to health and wellbeing. People generally develop obesity when their calorie consumption outstrips their daily physical activity levels, which results in excess weight gain. It is deemed a “lifestyle” disease as it is both preventable and the result of poor lifestyle choices. The illness has risen at an exponential rate globally, with an estimated 2.8 million deaths each year attributed to either overweight or obesity. In 2014, 39% of the world's adults were overweight, while 13% were obese (WHO 2016). Our increasingly sedentary routines, coupled with an abundance of cheap, processed, calorie-dense foods have doubtlessly augmented the acceleration of the problem worldwide (Adler and Stewart 2009).

The danger of obesity is evidenced by its contribution to other chronic illnesses – it contributes to 44% of diabetes and 23% of ischaemic heart disease (WHO 2014).

And Ireland is no exception to such alarming statistics; 60% of the adult population here is not classified as either overweight or obese (Department of Health 2015). The problem is not limited to adults either; one in four of the nation's 3-year-olds are deemed either overweight or obese, and a similar percentage of 9-year-olds have an unhealthy BMI (Department of Youth and Children 2011, James et. al 2009). This is not only concerning on a social level, but also results in economic implications, with a Safefood-sponsored study estimating the island-wide cost of obesity and its related illnesses at approximately €1.13 billion per annum. (Perry and Dee 2012).

Indeed, this strategy reflects the overarching purpose of health promotion; defined by the World Health Organisation as "the process of enabling people to increase control over and to improve their health" (2016), health promotion gives the individual control of the management of their own health, while supplying the resources and support for them to effectively do so. Unlike the traditional western medical model, which considers health as merely an absence of illness (a negative perspective) (NCI 2016), health promotion does not seek to simply solve a problem. Instead, it endeavours to identify and amend the conditions which contribute to that problem occurring. Preventative healthcare – specifically health promotion – recognises the aforementioned idea of health as a multifaceted concept, encompassing physical, mental and emotional wellbeing. This form of healthcare also protects the autonomous nature of health by placing both power and responsibility with the patient. Autonomy is an individual's capacity to make an educated, independent decision – a patient choosing their preferred method of treatment, for instance (Dooley and McCarthy 2005).

In order to discuss the possible solutions to chronic illnesses such as obesity, it is first necessary to examine what is meant by "health" in a contemporary context. Connotations about health typically vary due to factors such as age, ethnicity, cultural or societal values and family upbringing, and thus several health theories exist, some of which are more relevant to modern health issues than others. Naidoo and Wills (2000) regard health as a holistic entity, with several layers which much be considered both individually and collectively when attempting to quantify health and wellbeing. Several facets comprise the "inner circle" of health, including physical, mental, spiritual and emotional wellness. The outer circle necessitates evaluation

(and where appropriate, change) on a wider scale – it includes one's society and physical environment, and how both impact upon their health.

In light of these reasons, it can be argued that a strategy of prevention is the most logical response to the current youth obesity epidemic. Obesity has become increasingly prevalent among adolescents in recent decades, with almost one-third of American adolescents now classed as overweight or obese (Whittemore, Jeon and Grey 2013). An unhealthy weight can pose major health consequences to the adolescent, both physically (asthma, hypertension, and type 2 diabetes) and psychologically (low self-esteem and depression) (Department of Health 2016, Reilly and Kelly 2011). In addition, a review of global longitudinal studies undertaken by Singh et. al (2008) definitively revealed that obesity issues in childhood and adolescence were likely to carry into adulthood, with overweight children twice as prone to becoming overweight in the future than their normal-weight peers.

Adolescent females are a demographic which has been especially prone to an upsurge in obesity levels. As children transition from primary to secondary education, physical activity levels decrease significantly among both genders but particularly girls, with a Waterford-based study conducted by Delaney (2013) concluding that boys were more active than girls across the spectrum of sport and physical activity, including in their use of recreational facilities such as gyms (55% versus 43%). In working with teenage girls in England, Wetton et. al (2013) identified some overarching causes of the decline in physical activity among young women. The majority of the study's participants cited low confidence and poor self-esteem, a distinct lack of female figures to identify with, preference for other activities, and a prevailing perception of sports as traditionally male-centric. The increasing role of technology in daily life, as well as environmental barriers such as inadequate facilities also contribute to the participation decline (Todd et. al 2015). The escalation in obesity arising from these factors has led to the creation of a negative feedback cycle, wherein young people who are already overweight or obese are discouraged from participation by fears of bullying, mockery and unwanted attention (Emilio 2014). The psychological stress which results can cause the adolescent to seek comfort in food and binge eating, exacerbating the problem even more (Neumark-Sztainer et. al 2002).

Promoting physical activity among young girls demonstrates a positive response to weight management; rather than “cutting out” or “cutting back” on food intake, girls are encouraged to “add in” activities that will strengthen their physical and mental wellbeing. Physical activity is also believed to reduce instances of anxiety and depression among adolescents, while strengthening their social skills and allowing them to express themselves in a positive format. Indeed, according to Alberga et. al (2012), the development of an adolescent’s lifestyle habits is influenced substantially by their peers, and those with whom they share a common interest. Furthermore, participation in regular physical activity is thought to have an influence on other elements of health and wellbeing – peoples’ attitudes change according to their actions, and healthy choices tend to lead to an avoidance of unhealthy substances and behaviours, and better decisions regarding nutrition. (WHO 2016, Moreno-Murcia et. al 2011).

Examples of non-specific prevention strategies already in place to advocate physical activity include the Get Ireland Active campaign, instigated by the Department of Health in January 2016 as a key component of its National Plan for Physical Activity. The Department of Health (2015) has acknowledged the impact of both personal attitudes and wider circumstance on one’s quality of health, and has committed to fostering a culture of education and support to reduce the instances of poor health caused by poor choices. Their two-pronged approach would entail individual and collective education on ways to improve health and wellbeing, while changing the physical and cultural landscape to facilitate these improvements.

Groups not politically affiliated but with weighty public influence are also playing an integral role in promoting physical activity among high-risk demographics. RTE’s popular weight loss series Operation Transformation has partnered with the Physical Education Association of Ireland to develop and launch a dance campaign specifically targeting teenage girls (PEAI 2016). Thanks to this partnership between the PEAi and the programme’s producers, as well as public support from Irish female role models, the campaign is steadily gaining nationwide momentum.

Obesity is increasing at such an exponential rate globally that it is neither sufficient nor sustainable to simply cure the sick; one must ensure that future generations don’t follow in their footsteps. The adolescent years sees young people begin to take

responsibility and control of their lifestyle and the choices associated with this. It is therefore a crucial stage in which to educate them on the development of healthy habits which they can maintain into adulthood. Health is diverse in nature, and the forces which determine it are equally as varied; our environment, society and culture all contribute significantly to our health and wellbeing. It carries, therefore, that an effective approach to health should be multidisciplinary, involving not just traditional medical practitioners but counsellors, teachers, government agencies and charities.

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GENERAL COMMENTS

Instructor

PAGE 1

PAGE 2

PAGE 3

PAGE 4

PAGE 5

PAGE 6

PAGE 7

PAGE 8

PAGE 9

PAGE 10