



Obesity, Culture and Stigma in the Covid-19 Context

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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; Sociocultural; 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 (Shi 2020) seem to support this evidence. The discoveries made by deepen 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. Several other studies are underway, and new researches that link a high BMI to the transit of COVID-19 virus are developing.

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 [1-4].

Context

Obesity is an excess of fat mass resulting from an energy imbalance 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. But 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 intake of and produce the necessary amount of exercise to spend the excess energy incorporated. In two words: Diet and Exercise.

To think of a comprehensive approach to obesity, we must know not only what we eat, but also why we eat, with whom we eat, and what socio-economic level this group or subject has, among other considerations. In short, what are the causes of obesity at a multifactorial level? Generally, we are not aware of those facts. Maybe the reason is because of 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 are assuming that people eat according to the number of calories they are going to intake. Or that they calculate intake in terms of energy and, in that sense, they have made a mistake that they can solve through a new calculation. Obesity studies have accumulated sufficient and abundant research data demonstrating that this is not the case [5]. In this sense, a multifactorial approach taking into account sociocultural variables seems to be best adequate to explain these phenomena.

We know that people's eating habits have to do with the sociocultural significance they attribute to food and drink, and those meanings may have to do with their nutritional qualities. Still, they

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also have to do with satisfaction, satiety, gender, sexuality, the ability to give pleasure to the family, market availability, and the socio-economic situation of the subjects. 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. And we were also told that there are other foods for daily consumption.

It is interesting to think about festivities and commensality because, in fact, the first news about COVID-19, in the sense of its genesis, was that the virus had mutated from the habit in Wuhan of eating bats on certain festive occasions (see material). Then the pangolins were blamed, also allegedly used to celebrate special events in the Wuhan region.

That is why it is crucial to think about obesity, overweight, and eating in general not only as a physiological process but also related and in constant dialogue with diverse processes and sociocultural aspects. With that view in mind, we can think in different epistemological approaches, not necessarily mutually exclusive.

A first possible path is that which refers to the historical processes that model obesity through time. Vigarello et al. [6] demonstrates 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 is not considered obesity and overweight cannot be understood without its corresponding historical framework. However, there is still no research project that constructs a cutting point for obesity and overweight from a sociocultural perspective. The question that arises from this prospect is which body representation locates obese or overweight bodies without considering BMI from a sociocultural view.

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

Next to the idea of gratification, we can think of the notion of satiety. Not only from a biological perspective: A homeostatic response of the body aimed at restoring the balance in terms of demand for nutrients only). But also as a sociocultural fact. We are, therefore, situating food consumption, in terms of satiety and gratification, precisely in a society permeated by consumption. A type of consumption articulated by a specific mode of production: The capitalist one. In this system, consumption (any) is promoted and stimulated through several agents. We eat more than we need. People challenge the logic of satiety and gratification through food consumption and commensality.

In this sense, 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.

How can we assume that an adequate diet (in the sense of "slimming down") can rest on taking away certain foods, which carry sociocultural meanings of satisfaction, fullness, and satiety? It isn't easy to think that such an operation be successful. A successful diet seems to require substituting foods and quantities if that is the case but also looking for ways to satiate and gratify based on new proposals. What I 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 sociocultural and even a philosophical 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 [7]. 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 multifactorial because interventions in diet and food consumption go beyond weight or a socially acceptable and admired figure. Perhaps, before asking what one eats, it would be interesting to ask what one does not eat and to think about diets and food interventions that respect the sociability of the subjects. These multifactorial perspectives would result in thinking of an obese or overweight person more as a product of metabolic and sociocultural variables than as a careless and irresponsible individual who does not properly care for his or her body and despises "healthy living" and "healthy body." So this leads us directly to the current COVID-19 pandemic and the beginning of this paper.

Beginning this article, I mentioned that the presence of a high BMI is associated with the worsening of symptoms caused by 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 as a result of personal choices - such as neglect, lack of will and self-care - make it difficult for a larger population to access health services. From this perspective, fat and overweight people who never knew how to take care of themselves now take space away from "healthy" people who need these 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 presented by COVID-19, but they are the only ones, so far, that can increase the stigma on a population already punished by prejudice. Finally, we all need to further research on how the BMI/COVID-19 relationship with obesity develops in the short, medium, and long term. Only in this way will we be able to draw non-speculative, objective, and unprejudiced conclusions.

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