Fat used to be celebrated in Guatemala, now unhelpful obesity advice is causing weight anxiety

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In a recent study published by the Lancet, doctors advised or actively helped patients to lose weight, even though they had not sought weight loss advice. The scientists who conducted the study worried that doctors are too hesitant to talk with patients about weight.

Based on their findings, they suggested that doctors, internationally, “should be less concerned. If physicians act in accordance with the guidelines, patients are likely to welcome the intervention and lose a significant amount of weight.”

This led to breathless headlines in major media publications. The Telegraph declared “GPs should put overweight patients on diets regardless of their reason for visiting”, while The Guardian proclaimed “GPs should not worry about offending obese patients, finds study”.

The research made its way from the BBC into social media as The 30 second chat can trigger weight loss. The message that quick weight loss education is necessary and effective quickly spread through Canada, New Zealand the United States and beyond.

But the idea that doctors should necessarily put patients on diets is harmful, as is the accompanying message that fat people need more information about their weight.

I say this as an anthropologist who has studied obesity prevention programmes in highland Guatemala over the past decade. As obesity has become a health concern globally, weight loss information has proliferated throughout the country – with questionable effect on the prevalence of obesity.

Information overload

Fatness in Guatemala has long been a marker of health, beauty and prestige. In recent years, body weight scales have appeared in rural marketplaces, on street corners, and in central parks. For a few cents, people can step on them to learn how much they weigh. Sometimes they do so just for the novelty.

But very often people weigh themselves because they have been taught that weight is unhealthy. They have learned that one can be over a recommended weight, that weight is something to be watched.

That message is stressed by the advertising that surrounds them, which promotes diet foods through images of health and happiness. Health campaigns underscore the point as well. Women who once added their handwoven dresses to make them look plumper are now taught in both clinics and community-run classes to lose weight.

Educators in Guatemala are quick to attribute obesity to a lack of information, saying, “People don’t even know they are overweight”. I’ve heard this from health workers in rural and urban settings on numerous occasions. But it’s often incorrect. Word about the dangers of being fat has travelled quickly and spread widely.

My findings are not isolated. Anthropologists working in India, Samoa, and numerous other countries where fatness was recently desirable have all found that people now know they are supposed to be thinner.

And yet obesity rates still continue to rise both worldwide and in Guatemala.

**Hidden dangers**

What didn’t make the headlines about the recent Lancet study is that the doctors involved in the intervention didn’t simply talk to patients about weight loss. They supported patients to find effective, group-oriented weight management programmes that were free of cost, thanks to socialised health care in the United Kingdom where the study took place. They also provided free follow-up care.

That a brief, sensitive discussion about weight can be broadly acceptable to patients may be true in the UK. But the social context that enables this truth doesn’t spread nearly as easily as the message that doctors should put patients on diets or quick chats about weight are effective.

The underlying assumption that patients can have free access to weekly group support meetings and physician follow-up does not hold in Guatemala – nor in numerous other countries.

Two additional complexities don’t typically make it into public discussions about obesity.

First, fat, in general, is **not unhealthy**. **Countless studies** show that having an above average amount of body fat can confer some health advantages throughout one’s life.

Second, there’s typically little that individuals can do **on their own** to change their weight, and attempts at weight loss often have **negative consequences**. The stigma that too-often accompanies the push to lose weight is not only **destructive to the psyche**; it causes **physical harm** as well.
During my research in Guatemala’s Indigenous highlands, I regularly met men and women who starved themselves throughout the day to lose weight. I have accumulated many tragic stories of efforts to lose weight. One encounter stands out: an indigenous woman raised in famine and poverty who ate toilet paper to fill her stomach without calories, in order to be thin.

The overwhelming conclusion to anthropological research on obesity care is that too much clinical and policy attention focuses on weight.

**The right approach**

There’s scientific consensus among anthropologists who have studied the effects of obesity education on everyday life: obesity can neither be treated quickly nor through information alone.

Indeed, with obesity, the adage that “knowledge is power” does not seem to hold. A difficult lesson for health-care systems organised around patient-provider consultations is that attending to weight loss requires social and systemic change.

To be clear, I am not suggesting that health providers in Guatemala, or anywhere, should spend their time lecturing patients about the structural inequalities shaping access to healthy food or safe outdoor spaces, or to the possibility of humane work schedules that leave time and energy for physical activity.

Rather, I am suggesting that we need to be careful about believing what we read in obesity headlines.

As my research in Guatemala shows, expectations of simple fixes routinely do more harm than good. That is the case when it comes to losing weight; it is also the case when it comes to designing international weight-loss guidelines. News coverage of obesity has a wide impact, and sensationalist headlines can be very bad for health.

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