The Healthcare Burden of Obesity in South Africa: A reflection on the role of government

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Dedication

Chett, this work is a result of your quiet and unwavering support. Thank you.

Abstract

Rising levels of obesity pose a major threat to the public health system in South Africa and in many other parts of the world. Yet the question of whether or not the prevention of obesity should become a matter for public health remains contentious. In this research report, I explore the issues that surround a high burden of obesity in South Africa, including some contributing factors and arguments for and against public health intervention. I will show how globalization, a consumerist culture and the media's representation of "the good life" have contributed to the obesity epidemic. In this context, I will argue that the South African government has a responsibility to curb increases in obesity levels.

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Introduction

In the 21st Century, a time when strong paternalism is unpopular and the idea of individual autonomy gains momentum, the role of the South African government in interfering in an individual's life is increasingly interrogated. Therefore, the agenda for Public Health is approached conservatively. In the past few decades, issues such as drug abuse, HIV and smoking have negotiated their positions on our Public Health agenda – somewhere between being ignored as a threat to the population's health and, in a more political perspective, acting as the trigger for the evolution of a "nanny state".[1] While threats to the public's health are many, the issue of obesity, though recognised as a problem, has largely been viewed only as a 'medical' issue. This is because as the prevalence of overweight and obesity rise, concurrently a massive increase in cases of type 2 diabetes, heart disease and various other related lifestyle diseases are reported (WHO 2000: 4). Because of this, there are recommendations for government action concerning the problem of obesity (ibid).

For the most part, obesity results from an individual consuming more calories than they can burn off. However, obesity may be influenced by many other factors such as family history / genetic predisposition, occupation, race, and environment. Because of the extent of obesity, many plans to curb its rising levels are aimed at minimising situations which

[1] According to the MacMillan Dictionary, a Nanny State is: *"a government that tries to protect its people and control their lives in a way that stops them being independent."*

cause individuals to eat more and exercise less. Some examples are: taxing unhealthy foods, controlling advertising which markets unhealthy foods and developing community exercise programmes.

In this report, I will explore broader reasons for the global trend of increasing obesity levels such as globalisation and the promotion of consumption to large audiences via mass media's representation of "the good life".

I will review the burden of obesity in South Africa and the specific causes of a high prevalence of obesity in the general population, as well as in the black female population who suffer from the highest prevalence. After discussing why I believe obesity is a matter of public health / governmental concern I will propose interventions which target the broader causes of the epidemic, rather than focusing on combating the direct causes.

Chapter 1

1.1 The burden of obesity in South Africa

The South African Demographic and Health Survey reports that over twenty nine percent (29%) of men and fifty six percent (56%) of women in South Africa are overweight or obese (Puoane et al., 2002: 1041). This high prevalence of overweight and obesity has an impact on Public Health services as all such persons have increased risk for the development of type 2 diabetes, coronary heart disease, hypertension, certain forms of cancer, psychological issues, and osteoarthritis (Goedecke et al., 2005: 67-70). According to Bradshaw, et al. (2003: 684, 687), obesity and its associated conditions negatively affect South African individuals with regard to their quality of life and their wellness. In addition, the burden of disease related to obesity increases the cost of health care, both in private and public health sectors.

1.2 Contributors towards obesity in South Africa

There are a number of studies which discuss the causes of a high rate of obesity in South Africa. Kruger, et al., (2005: 493) identify that cultural factors play a role in the problem of obesity. Overweight or obese black women generally do not view themselves as overweight. Supporting this finding, Puaone et al. (2002: 1041) noted that there was a significant difference between study participant's perceived weight and actual weight, with many participants underestimating their weight. Moreover, moderately

overweight women are seen as attractive by the community and being overweight is associated with affluence, respect and dignity (Mvo, et al, 1999: 27-31; Goedecke, et al., 2005: 65-79). It should be noted that the image of a fat person as a “happy” person crosses all cultures.

A recent factor which contributes to the perception that overweight or obese is "healthy" is the HIV epidemic. Women, as well as others, see thinness as being associated with the disease, hence overweight is "healthier" (Clark et al., 1999: 735-737). In a recent study conducted in Kayelitsha, 80 percent of the sample of black women were overweight or obese and considered overweight or obesity to be a positive sign of being ‘healthy’. To them, a large body size is associated with dignity, attractiveness and with having enough money to feed their family. Those that were aware of their increased risk of non-communicable diseases due to their excess weight, did not want to lose weight as they did not want to risk being associated with ‘thinness’ and it's association with HIV/AIDS (Matoti-Mvalo and Puoane, 2008).

Puoane et al. (2002: 1044) also discover that there is a difference in obesity prevalence between urban and non-urban communities. The association between an urban environment and a high Body Mass Index (BMI), as well as poor diet, has also been reported by other studies (Steyn et al., 1990: 68-72, Jooste et al, 1988: 101-104, Steyn et al., 1998: 35-40, Bourne and Steyn, 2000: S23-8).

Bourne, et al., (2002: 157-162) reviewed the nutrition transition of the black South African population.[2] Their findings identified that from 1940 to 1990 there was a 10.9% reduction in carbohydrate intake and a 59.7% increase in fat consumption. In 1940, the fat intake for the black population was 16 percent of the total calories consumed (Fox, 1940, cited by Puoane et al., 2002: 1045). In 1990, in black urban populations, diet was made up of 26 percent fat (Mollentze, 1993: 50-1). One study implicates the urban environment for this change. This study showed that those who had lived in a city-environment for most of their lives consumed 30 percent fat as part of their total calorie intake, and those who had lived in a city for less than 20 percent of their lives, had a fat intake which made up 22.5 percent of their diet (Bourne, 1996, cited by Puoane et al., 2002: 1045).

Thus, urbanisation is a large contributor towards rising obesity prevalence. Puoane et al. (ibid) reason that the availability and low cost of unhealthy foods and the presence of mechanised devices which prevent the need for labour contribute to an increased energy intake and decreased energy expenditure, leading to overweight and obesity. Similar research in the USA supports this line of reasoning (Jeffery 1998: 277-280).

South Africa, as a developing country, sees many of its citizens living in poverty. The relationship between socio-economic status and obesity appears to be a major contributor to high levels of obesity. A sample of

[2] "Nutrition transition" is a term which describes a global shift in dietary patterns attributed to better availability of some types of food at lower cost, as well as reduced energy demands at work and at home (Caballero, 2006:)

economically active South Africans representing four ethnic groups was able to show that lower education level is associated with a higher BMI (Senekal et al., 2003: 109-116). Many poor families have had to settle in townships where food transport, preparation and hygiene is difficult and local cafes only stock fatty, sugary foods (Kruger et al., 2005: 492-4/ 93).

In this chapter, I have discussed the burden of obesity in South Africa. I have also briefly explored some of the main causes of obesity in the South African population, namely, cultural contributors, urban lifestyles and low socio-economic status. However, while the high prevalence of overweight and obesity in South Africa is reason enough to warrant a response, more is required to show that this response should come from the state.

Chapter 2

2.1 Obesity in South Africa - a public health issue?

The field of Public Health has traditionally been a part of government structure. This is because of the general obligation that all governments have to protect their citizens from harm.

Balko (2006) asserts that public health is a "perfectly legitimate function of government". He cites examples like communicable diseases and bioterrorism as legitimate public health concerns because of the risk they pose to the collective. Importantly, Balko argues that today governments have gone beyond what we can consider as "public goods" (addressing issues that threaten the health of their populations). Rather, they have shifted into the realm of "regulating personal behaviour" (ibid). The argument of whether obesity is a matter falling under the domain of Public Health is complex. However, with governments around the world already implementing programmes to curb obesity, the "interference" of Public Health in matters related to obesity is likely.

Analysing the wording used in obesity discussions across the media and in academic realms is interesting. The "obesity epidemic", inciting imagery of a contagious disease tends to strengthen the case for government involvement and it weakens the responsibility of the individual. "Public Health Crisis" is another phrase used to define the growing numbers of

obese persons (particularly in the USA). The use of this phrase clearly puts the responsibility of curbing obesity levels in the state's hands.

Generally, obesity is an individual problem in the sense that an individual is responsible for putting more food (or the wrong kind of food) in their mouths than they physically / physiologically need. Aside from the proportionately small numbers of individuals who have disease processes that interfere with metabolism, losing weight or maintaining weight requires individual effort. The difficulty Public Health personnel have is that while obesity is, at least overall individual in cause, the numbers of obese persons has reached a level in which a large percentage of the population is obese. Since obesity is related to certain accompanying medical and psychological problems then there is a proportionate increase in governmental spending on healthcare and social concerns.

Nestle and Jacobson (2000: 12) discuss obesity prevention strategies focusing on the individual and on society. They motivate why prevention efforts are important, beginning with obesity's effects on morbidity and mortality. As has been previously mentioned, obesity results in increased risk factors for the development of type 2 diabetes, coronary heart disease, hypertension, certain forms of cancer, psychological issues, and osteoarthritis (Goedecke et al., 2005: 67-70).

The risk for each of these conditions varies between obese individuals due to other risk factors which may or may not be present, but there are other factors which contribute to the morbidity of obesity which are not explored

as formally. These factors are better explained as those which affect quality of life, something that a firsthand account of obesity may give us a glimpse of:

> *My feet swell up sometimes so bad that they resemble balloons, completely shapeless and unattractive. I cannot remember the last time I actually saw that I had ankles. In the winter, I cannot leave the house because I cannot walk. I cannot stand up for more than five minutes without my back hurting me. I am tired all the time. I am unable to keep a job outside the house because of it. Being overweight is neither healthy nor socially acceptable. Some people look at me with disgust. This is something I have had to face all my life. Most people cannot understand how anyone can be obese* (Roach, 2008).

However, there are critics who express doubt about the science behind obesity leading to adverse health conditions and increased mortality. For example, these views are expressed in a book in which the authors dispute the fact that overweight and obesity are causing a massive public health crisis (Gard and Wright, 2005,). They allege that claims of the poor consequences of overweight and obesity are inflated and based on distorted statistics. Others, such as Gibbs, in a 2005 article in *Scientific*

American magazine, explore the reality that genetic differences between individuals account for 50 to 80 percent of the variation of fatness in the population. He suggests that insistence that individuals should strive to fall within the 'healthy weight' category (as defined by Body Mass Index[3]) is unrealistic for many – especially when we acknowledge that there is no effective and safe measure for individuals to lose weight. In fact, the article goes on to accuse authorities like the Center for Disease Control (CDC) and The World Health Organization (WHO) of exaggerating the risks of fat, perpetuating stigma and encouraging unbalanced diets which may even result in more weight gain in the long term (ibid).

Although a great deal of the emphasis, when it comes to the cause of conditions like high blood pressure, high cholesterol, heart disease and some types of cancer, is on obesity alone, there are many other factors that are believed to play a causal role. In fact, as research in these areas progresses, it may be that other associated factors like amount of physical exercise, income, family history / genetic predisposition, stress management, diet and location of fat on the body play a larger causal role than the easily seen and measured marker of obesity - a grossly fat body.

To this end, the emphasis on obesity as the largest reason for dwindling health in populations may be as arbitrary as historical studies which grouped research participants by their skin colour when there was no reason for it. So it is important that we look at the government's role in

[3] Body Mass Index (BMI) is a simple equation (weight in kilograms divided by height squared) which is used to define the different classes of weight in individuals.

curbing obesity from a broader perspective which takes lifestyle factors such as physical activity, diet and stress management into account. Aiming for an entire population that falls within the 'healthy weight' category (as defined by BMI) is not as important as working for an environment that encourages a healthy lifestyle.

Despite the continued rise in obesity levels, prevention of obesity is not a new addition to the public health agenda in America; it has been a goal of their National Public Health Policy since 1980 (Nestle and Jacobson, 2000: 15). However, past initiatives on the American government's part have been to encourage and publicise the individual's responsibility for prevention of obesity, but not implement any programmes to reduce obesity in the general population.

Nestle and Jacobson (2000: 12), add further support for the case of a public health response to obesity - the paucity of successful treatment options. In an article by Katan (2009: 923-925) a discussion concerning the large number of diets which are promoted as the solution to obesity, but which have no convincing data on their efficacy is noted. Katan (ibid: 924) also comments that: "…the only effective alternative that we have at present for halting the obesity epidemic is large-scale gastric surgery."

According to Slentz, et al. (2007: 432-442) obese women are found to be 50 percent more likely to have postnatal bleeding, twice as likely to deliver prematurely and more likely to need an emergency Caesarean Section. Additional evidence that women who are overweight or obese prior to

pregnancy are at an increased risk of having a child with birth defects adds a new dimension to the 'vulnerable groups' debate (Johnson, 2006: 1-23).

Mello (2008) also discusses the issue of solidarity. She contends that society (viz. governments as representative) has a moral duty to prevent suffering and the suffering that obese children face - likened to the suffering of children with cancer - is an example of that which we have a duty to prevent (Schwimmer et al, 2003: 1816; cited in Mello 2008: 2). The majority of moral philosophers believe that humans have an obligation to humanity to recognise and prevent suffering, although the contested issue is agreement on how far this obligation should be extended and, by whom e.g. an individual, community, society (Habermas, 1990, Rorty, 1989, Gadamer, 1989).

The level and extent of one's (or a community's / government's) obligation to prevent suffering has relevance to the social cost of obesity that others must bear. This is due to the fact that individuals alone do not pay the full costs of their excessive consumption – it has ramifications on others (Mello, 2008:2). The World Health Organization has stated that obesity accounts for two to six percent of total healthcare costs in several developed countries. According to the CDC, obesity costs the USA 9.1 percent of their spending on healthcare. If similar costs were to become the burden of the South African public health system, funding for other healthcare issues may suffer. In fact, currently only 3.5 percent of the South African

healthcare budget is spent on HIV/AIDS – a healthcare issue which is well accepted as a matter of public health concern (Bradshaw, 2003:686).

Philipson and Posner warn against arguments that justify the involvement of public health in curbing obesity levels because of increased costs on public health insurance as many of these arguments do not factor in the higher mortality rates of obese persons, which reduces a government's spending in the long term (2008: 5). One study which factors in the cost reduction of a higher mortality rate for obese persons concludes that the cost of obesity on society as a whole does not balance the cost-benefit scale in favour of a public health response (McCormick and Stone, 2007).

In this section I have provided some reasons why obesity should be should be considered a public health issue in South Africa and many other countries. I have also provided some counter-arguments. This section has also identified that in developing countries such as South Africa, the problem of obesity is often neglected as there are many other healthcare needs which assume priority.

Often, it is assumed that individuals are completely responsible for their obesity. In keeping, a DSTV advertisement for up-coming programmes shows a doctor reflecting on a morbidly obese person despairingly remarking, “They just can’t help themselves ...” In the next section I will consider the social and cultural environment of many South Africans and suggest that the idea of an ‘autonomous choice’ is, in fact, a misconception.

2.2 Autonomy, choice and obesity

Nestle and Jacobson discuss the difficulty of changing bad food consumption habits when the social environment doesn't support it as another reason for public health involvement (2000:12). Katan (2009: 925) defends this position noting, "Evidently, individual treatment is powerless against an environment that offers so many high-calorie foods and labour-saving devices"

Another important point is raised by Mello (2008) who provides an argument that obesity is a societal problem that needs interventions at a society-level. She (ibid: 2) states:

> *... the choice of what we eat or whether we exercise isn't free, those who defend "free choice" overlook the influence of communications and the general environment on what we buy or do ...*

Mello's observation that the decision of what we eat or whether we exercise is not free raises the issue of autonomy and choice. Autonomy, from the Greek words *auto* (self) and *nomous* (choice) was first used in a political context when the early democratic Greek provinces came to fruition under “self-rule”.

The idea that adult competent humans, because of their intrinsic dignity and value are worthy of having their free, voluntary, or autonomous decisions respected is a basic tenet in moral philosophy. Autonomy is a

complex and contested concept, particularly in Africa and other developing societies which tend adopt a more communitarian than individualistic view on social relationships. In a general perspective though, an individual acts autonomously when she chooses an action on the basis of her values as she sees fit. Respecting autonomy entails such important considerations as providing sufficient information in an understandable way for the agent to decide whether she should endorse the action because it is in keeping with her personal values (Brock 1999: 35; Shiffrin, 2000).

The question of whether or not individuals autonomously choose their lifestyle is also important in the context of Mill's (1859) Harm Principle:

> *... The only purpose for which power can be rightly exercised over any member of a civilized community against his will, is to prevent harm to others ...*

John Stuart Mill, writing in the socio-political environment of his time, argued against government intervention in people's lives; in other words, he was against paternalism. Briefly, paternalism means that decisions are made for individuals without consultation as if their safety was more essential than was their liberty. Mill differs, arguing that limiting liberty can only be justified to prevent harm to other people, not to prevent self-harm. Succinctly, coercion can only be justified to prevent harm to non-consenting others, not to prevent harm to which the agents competently consent (make an autonomous decision).

The only limiting factor on liberty in Mill's view should be harm, although not just any harm, but specifically physical harm. This is because if an individual is harmed then their sovereignty over self no longer exists because authority is the foundational position of power.

Illingworth (1990: 24-25) distinguishes between the *'strong harm principle'* and the *'weak harm principle'*. A strong harm principle awards an unjustifiable label to any interference in an act that harms only the individual. The weak harm principle factors in autonomy – as long as someone harms themselves autonomously, interference is unjustified. Viewed in either perspective, Mill's two "riders" placed on his Harm Principle still have relevance. The Harm Principle does not prohibit all paternalistic activities. Paternalism is permitted over 1) incompetent individuals such as children (as determined by the 'legal age of a child '), and 2) those individuals whose ability to make decisions is compromised by 'ignorance, trickery, coercion, or clouded faculties'.

Relevance to this paper's topic may be identified in recognising that there are links between childhood and adult obesity. According to Nestle and Jacobson (2000: 12), public health prevention efforts should be initiated because of obesity's persistence from childhood to adulthood. In a review of literature, Serdula et al. (1993) explain that the risk of an obese child becoming an obese adult is as high as 50%. Moreover, Mello (2008:2) argues that when a health problem affects vulnerable groups (for instance,

children as victims of aggressive advertising campaigns), paternalism is permissible.

The idea of mounting a public health response to the issue of childhood obesity is not as contested as initiating public health interventions against rising adult obesity levels and several programmes have already been initiated in some countries. This is because it is easier to understand that children do not choose to become obese and they are more easily influenced to choose the wrong types of foods. Studies on the influence of TV advertisements on a child's food choices confirm this (Galst et al., 1976: 1089-1096[4], Taras et al., 1989: 176-180[5] cited by Kaiser Family Foundation, 2004).

Concerning some other environmental influences, in South Africa, poverty and township living contribute to the idea that the choice to live an unhealthy lifestyle is not fully autonomous.[6]. Studies have shown the co-existence of under-nutrition and obesity in certain South African locales which suggest that public health intervention programmes should not only

[4] According to Galst et al., the amount of time children had spent watching TV was a significant predictor of how often they requested products at the grocery store, and that as many as three out of four requests were for products seen in TV adverts.

[5] Taras et al. note that in children as young as three, the amount of weekly TV viewing was significantly related to calorie intake.

[6] This is a complex problem and to cover all the issues is beyond the scope of this paper. Suffice to say that some local food suppliers often 'fix' the price of goods, do not properly or are unable to refrigerate foodstuffs and tend to stock items which are simply the most commonly consumed e.g. mealie meal, bread, sunflower oil, chips and sweets. Unless individuals living in such communities grow their own supplementary vegetables, fresh produce is not a commonly occurring item in their diets.

focus on adequacy of diets, but also on the correct nutritional choices (Vorster et al., 1997).

Regarding the lack of physical activity as a contributor to obesity, the risk of becoming a victim of violent crime whilst exercising outdoors, the high costs of gym memberships and lack of time during the day – especially for those who spend much of their day travelling to and from their workplaces – point to the fact that the choice of whether or not to exercise is not as reliant on an individual's 'free choice' as it might appear at first glance.

A factor which influences the autonomy of healthy decisions that is not unique to South Africa is the use of advertising to sell food products. The advertising industry employs various techniques to sell products, with little understanding of the long-term consequences. Particularly in South Africa, the advertising industry capitalises on stereotypes to portray what is the ideal , "the good life".

From these examples, we can see that the problem of obesity is not new, nor has it escaped Public Health notice. Mello's observation concerning "the influence of communications and general environment on what we buy or do" has relevance to our perception of "the good life".

Chapter 3

3.1 What is ‘the good life’?

Aristotle said that "the good life" refers to a life to which we all aspire. Another way of putting it is that “People long for something deeper – happy, dignified, and meaningful lives – in a word, well-being" (Worldwatch Institute, 2004). The idea of well-being can be equated with a feeling of inner contentment concerning an understanding of our personal value system.

In a value system, the placement of our values are not stagnant, they can change. What we consider as values – our value system – was (and still is) influenced by many factors including religion, societal mores, parental control, time, and place. Before the advent of global communication networks backed by powerful industries with the capacity to influence choice, search for ‘the good life’ was either less complex or early childhood influences were such that the values taught could withstand the onslaught.

In contemporary times, the way in which the "good life" is pictured has been engineered by marketers hoping to sell their products. The desire for material acquisitions is not a new phenomenon. Neither is it necessarily unethical. But without an understanding of the ways and means in which our wants or desires are influenced by powerful media images, society runs the risk of being duped into believing that “the good life” is equal only to consumption and material possessions. Wanting better things is a

mindset that has been engineered to encourage mass consumption for the good of the economy. In the context of obesity in the next section, I will explore some of the literature that discusses how this mindset came about.

Chapter 4

4.1 The relationship between the good life and obesity

In the late 19th century, a culture of thrift prevailed in Britain and excess was seen as wasteful except for in elite circles where ostentation was the norm (Shah 2003). New technologies that arose with the Industrial Revolution enabled the production of goods in quantities that had never before been possible. This resulted in a production crisis of sorts, where there was a great deal of goods to sell with nobody to buy them. To change this, a mass culture of consumerism was encouraged. As Robbins puts it:

> *… society quickly adapted to the crisis by convincing people to buy things, by altering basic institutions and even generating a new ideology of pleasure.* (Robbins 1999: 210; cited in Shah 2003).

In the 1800's, included in the sudden ability to produce many goods, was the creation of mass media (Thompson 1990: 164). And it was the media, through the use of symbolic language (e.g. pictures, words, & sounds) that became the major tool to convince consumers to buy products from early on.[7]

[7] The advertising media in the USA continues to grow. For example, according to Robbins, in 1880, $30 million was invested in advertising in the USA today that figure has climbed to over $120 billion.

This process of convincing the public to consume required changes in many areas, including advertising, politics, economics and social concepts (McKendrik, et al., 1983: 2; cited in: Shah 2003). Moreover, as Robbins (1999: 15-16) states;

> *The goal of advertising was to aggressively shape consumer* ***desires to create value in commodities by imbuing them with the power to transform the consumer into a more desirable person*** (my emphasis added).

An 'ideology of pleasure' swept the population as commodities were marketed as tools that challenged the idea of the conception of a good life based on abstract values. The idea that everyone not only could be desirable (valuable) in his or her person, but was deserving of pleasure as well based only on product consumption was born. Thus, the acquisition of things became entrenched as an ideal and the ability to consume was entwined in our view of the good life.

At the same time, the change from an agriculturally driven economy to a manufacturing one resulted in a massive decrease in food cost, or as Philipson and Posner say, these advances "…greatly reduced the cost of consuming calories" (2008:1). Developments which lead to labour-saving devices in the workplace decreased the amount of calories being expended in day-to-day activities, shifting physical activity from something

that was associated with work, to something which needed to be done during leisure time, at the individual's cost (financial and time).

From exploring how today's understanding of the good life came to be, I will return to some of the reasons that have been proposed for the high levels of obesity that we see in South Africa today and I will discuss these in context of the good life.

4.2 The good life and obesity in South Africa

Kruger, et al. (2005: 492-494) list various reasons for the "obesity epidemic" in South Africa. They begin with globalisation, a phenomenon that is viewed as a primary driving force for nutritional transition – a global shift in dietary patterns attributed to better availability of some types of food at lower cost, as well as reduced energy demands at work and at home (also see Caballero 2006).

The Food and Agriculture Organisation (FAO) of the United Nations (2006) explains globalisation's effect on obesity in these terms: "As poor countries become more prosperous, they acquire some of the benefits along with some of the problems of industrialised nations." This quotation frames the concept of industrialised nations setting the good life standard, one which developing nations follow despite their problems.

Nutritional transition is seen in many developing countries, including Mexico and Brazil, but South Africa has its own story to tell. After apartheid ended and the black population had more freedom to move, the appeal of

better jobs, more money, and an easier lifestyle associated with urban life lured many families into the city. This easier lifestyle – with more and cheaper food to choose from, as well as fewer physically demanding tasks – has lead to nutritional transition. In other words, dietary shifts (Kruger et al., 2005: 492-493).

Shifts in populations from rural to urban areas are not unique to South Africa. This is a global trend. The hope of job opportunities, better education and healthcare, are universal desires in the search for the good life. However, such shifts also carry great burdens. Some of these include lack of sufficient Public Health and other governmental infrastructures to carry the weight of excess populations. Moreover, shifts from rural to urban areas bring with them greater "information" access by way of e.g. television and the print media. Under some circumstances, this is a positive thing. However, because advertisements aim to sell their products, those with little knowledge of the ways in which the media influences choice may be unduly influenced to make wrong nutritional choices e.g. from an excess in consumption of a "good" product or a nutritionally "bad" one.

The second reason provided by Kruger, et al. (ibid: 493) for the obesity epidemic in South Africa encompasses Socio-economic factors. There is an interesting relationship between level of education and Body Mass Index (BMI), and as fatty and refined foods become cheaper, there is also a relationship between wealth and risk of obesity. Interestingly, according

to the FAO (2006) in Brazil, obesity used to be associated with affluence, but today it is increasingly linked with poverty.

Thus far general contributing factors to the obesity epidemic in South Africa as we have seen include population shifts and thus changes in dietary practices and socio-economic factors. Another issue involves diminished physical activity. For example, the ease of transport and travel to and from one's workplace, and the availability of 'fast-foods' both in their own way, support a sedentary lifestyle. Concerning lack of exercise, factors that contribute to this in many South African communities include a prevalence of violent crime, which prevents children and adults from moving freely. In addition, hazards associated with settlement living (such as waste management) equal danger on a different level. While these are reality factors, another issue is that most people in South Africa have a television or access to one – be they rich or poor.

For the most part, watching a television programme requires no physical exertion. Moreover, while television aims to entertain and to inform, programmes are paid for via advertisements. Advertisements function to sell as much of a product as possible. They also may serve as projections of culture or someone's interpretation of a culture globally. Largely, the thrust remains one of the good life being one of consumerist practice.

Kruger, et al., (ibid) identify that cultural factors also play a role in the problem of obesity. A cultural trait which equates fatness with positive values reinforces the social acceptability of being overweight. An aspect of

obesity which has not been adequately explored is how, in search of the good life, certain portions of populations are adversely influenced via advertisements to make dangerous lifestyle choices. Such choices remain based upon a market-targeted construction of ‘in what the good life consists’.

Chapter 5

5.1 Globalisation and the South African media industry

The impact of globalisation has penetrated all sectors in South Africa, including the media. Fourie (2007: 363) explains how some of the economic trends of globalisation have impacted the media. I will explore three of these trends which bear significance here;

Firstly, the South African media industry has undergone concentration – that is, it is owned or controlled by a few large corporations (Fourie, 2007: 363). Secondly, the digitisation of the media has resulted in far more avenues for information to travel, rendering this industry more pervasive than ever before. We are now in contact with a form of media through television, radio, internet, print media and telecommunications. As a result, urban living sees an individual being exposed to many media messages every day. In 2007, *Media Matters* reported that the typical American adult comes into contact with 600 to 625 adverts of any form per day. [8] There is disagreement over the exact number of adverts that an individual is exposed to in a day, much of the confusion stemming from the definition of "exposed to", however, a study published in 1968 reported that the number of adverts that a person is aware of in one day (from waking until asleep) is 76. That number only included newspapers, magazines, television and

[8] 272 adverts out of the total of 600 to 625 are from TV, magazines, newspapers or radio exposure.

radio, the media industry has expanded greatly since then (Bauer and Greyser, 1968:).

The third major impact which globalisation has had on the South African media industry is a shift toward commercialisation. Moscoe and Rideout (1997: 168, cited by Fourie, 2007: 368) define commercialisation as: "…the process that takes place when the state replaces forms of regulation based on public interest and public service with market standards. In the communications industry this has meant greater emphasis on market position and profitability."

In South Africa, the media industry's major shift to commercialisation was signalled by the adoption of the new South African Broadcasting Act (no. 4 of 1999) which defined part of the public broadcaster, the SABC, as a commercial entity (ibid).[9] Today, the focus of media is less on entertaining and informing and more on marketing and selling.

So with globalisation causing a shift towards digitisation, concentration and commercialisation of the media in South Africa, we have what is argued as our most "pervasive ideological agent"[10] controlled or owned by a small representation of the population who's aim is to increase revenue (ibid: 130).

[9] Although it could be argued that the commercialisation of South African media began with the introduction of Springbok Radio, a commercial radio station, in the 50's. In television, the commercial station M-Net was launched in the 80's (Fourie, 2007: 368).

[10] To quote Fourie, "The media are seen to be the most pervasive ideological agent in late 20th century and 21st century." (2007: 130)

With this reality, it is easy to see how the South African media industry as it is today is an instrument for imposing ideologies on the population it serves. An ideology is a conception of meaning which serves those who wish to assert their power (Thompson, 1990: 273). Meaning, in this case, is produced by a small group whose own views may easily be represented to society as reality in order to maintain power through their income.

Chapter 6

6.1 How the media influences behaviour

The psychology behind how symbols and messages which are broadcast via the media can affect our behaviour is broad. With advertising being a billion dollar global industry, research into the ways a company can convince the individual to buy their product is well supported and advertising agencies are steeped in experience.

Earlier on in the timeline of the media industry's evolution (1930's and 1940's) it was generally assumed that the media had a direct effect on human behaviour and recipients of these messages were seen as passive. Today media audiences are understood to be more selective about what they view and are not seen as the passive, influential "blank slate" audience which was described in the past (Fourie, 2007: 232-234). However, it is still not clear whether the individual watching television is completely aware of the work that goes into getting a message to them. A single thirty second advert can take months to produce, starting with research into the target audience and what makes them tick. Every image and every word is carefully chosen to achieve the best representation of the product and the most interest from the viewer.

Ultimately, the return on an advertiser's investment is proof that these carefully planned messages are having the intended consequences and

human behaviour is largely driven by these symbols and messages, whether the viewer recognises this or not. [11]

Fourie describes some of the ways in which long-term behaviour can be affected by the media. The "Modelling Theory" illustrates how some media users may model their behaviour on the depiction of people in the media (de Fleur and Dennis, 1994: 585, cited by Fourie, 2007: 240-241).

For instance, upon seeing how a particular individual in a particular setting behaves, a viewer who identifies with this character or personality may model their behaviour based on what they see. This theory would drive the use of celebrities and famous characters to endorse specific products. Often we see the inclusion of popular media characters in food advertisements aimed at children, a practice which has been shown to improve brand identification (Fischer, et al., 1991: 3145-3148).

The "Social Expectation theory" explains how media users learn social norms from what they see in the media (de Fleur and Dennis, 2007: 591, cited by Fourie, 2007: 241-242). For instance, police dramas show us how policemen ought to behave; sitcoms set in high schools show how teenagers ought to behave. An American study has shown how food references occur as often as ten times per hour in prime time television shows, most of which refer to unhealthy foods which are high in fat or

[11] The lack of clarity on the total extent of the media's influence on an individual is loosely summed up by Berelson, who is considered a founding father of modern communication studies, says: "Some kinds of communication on some kinds of issues, brought to the attention of some kinds of people under some kinds of conditions, have some kind of effects" (1949: 500).

sugar (Story and Faulkner, 1990:738-740). Another study examined the ten top grossing movies between 1991 and 2000 and found that foods which were high in fats and sugars were disproportionately shown (Bell et al, 2003). This disproportionate representation of the foods we ought to be eating may influence the behaviour of an individual who identifies with or aspires to be like the characters on a television show.

The "Meaning Construction theory" describes the act of adopting meaning which is dictated by the media (de Fleur and Dennis, 1994: 595, cited by Fourie, 2007: 242-243). Often the way the media depict a concept, especially one which audiences have not been previously exposed to, is one-sided and oversimplified.

Consider the example of the 2009 H1N1 Influenza pandemic (more commonly known as Swine Flu) – what scientists and medical specialists understand as a new strain of influenza which is easily transmitted to individuals but which has a low mortality rate that doesn't rival any other seasonal 'flu' strain, has been portrayed by the media as a deadly strain of disease which should be feared. Some of the consequences of this representation have been the shutting down of schools, massive strain on an already overburdened health system and the unnecessary prescription of large quantities of antiviral medication which could have the negative long-term consequences of creating new, drug-resistant virus strains.

In the same way, although the consequences have not been as acute, the media have attached meaning to specific products, largely through

advertising. Consider the global recognition of the Coca-cola brand which is associated with its heritage, and with happy, carefree, fun experiences through its current campaign slogan, "The Coke side of life".

The "Stereotype theory" shows how specific stereotypes portrayed in the media may reinforce existing patterns of behaviour by or towards specific groups. A stereotype is defined by O' Sullivan et al. as "the social classification of particular groups and people as often highly simplified and generalised signs, which implicitly or explicitly represent a set of values, judgements and assumptions concerning their behaviour, characteristics, our history" (1994: 299-300). Stereotypes are often used in South Africa for the purpose of perpetuating a certain myth, to sell a certain product.

According to Levi-Strauss, societal values derive from myths (for example, fairy tales teach children values and lessons such as 'good will triumph over evil' and 'do not talk to strangers'). Barthes describes a myth as a socially-constructed "truth" with an underlying ideological meaning, aimed at maintaining the status quo. He gives the example of wine in France, a drink which is entwined in the collective identity and morality of the French, and which must be drunk for social integration. In generating mythical meaning, wine has become a French norm, a fact of life (1967, cited by Fourie, 2007: 252).

According to Fourie, myths are mainly communicated through stereotypes. This occurs when the self-image induced by stereotypes persuades a person to see himself in a specific role. It can be argued that persuasive

advertising supersedes the autonomy of persons (Crisp 1987: 412). This is because it manipulates individuals without their knowledge. As an example of how this can impact obesity, consider a current advertising campaign by Kentucky Fried Chicken (KFC). A series of television, radio and print adverts depicts the chaotic life of a mother using imagery which communicates stereotyped childhood behaviour such as a young girl experimenting with scissors on her hair, a teenage boy dabbling in rebellion which leads to his despaired mother finding cigarettes in the pocket of his school blazer. The dominant parent is a working mother whose plight is subtly portrayed in each advert which ends with her concerned and exhausted expression and the payoff line, "Moms have so much to worry about. Luckily dinner isn't one of them". Using this type of advertising is appealing to the reality of most mothers – if not stereotypical – and causes a desire in such a way that a necessary condition of autonomy, the possibility of multiple choices, is removed. The only way out is presented - to eat KFC!

Another stereotype which is often used in advertisements for junk food is that of the "chubby" child. The association of an overweight or even obese child with cuteness is absurd given the medical and social challenges the child must experience, and is most likely to live with for a very long time. In a television documentary on childhood obesity in South Africa, the caregiver of an obese child explains why she didn't think of visiting a doctor

when, at two years old, her grandchild weighed 25 kilograms; "Most people think a plumpy baby is a healthy baby" (3rd Degree, 2009). [12]

Policies and laws which govern the media in South Africa contribute to what is considered a “free” media, at least relative to many other countries in the world. Regulatory bodies such as the Broadcasting Complaints Commission of South Africa (BCCSA) and the Press Ombudsman exist to monitor and defend the population which the media serves, and are mostly concerned with upholding respect for dignity and privacy of persons.

Political policies, such as the ANC's Media Policy, are concerned with countering the concentration of the South African media and aim to diversify ownership of media companies.

[12] Although a two year old weighing 25 kilograms was shocking enough, the advertisements showed during commercial breaks on this documentary were for food. Most notably, Kentucky Fried Chicken's campaign convincing mothers that dinner is one less thing to worry about!

Chapter 7

7.1 Summarising the broad causes of increasing obesity levels in South Africa

The causes for high obesity prevalence in South Africa can be simplified into three main reasons: A large number of people are moving into urban areas. These urban areas are characterised by an environment which encourages obesity and poor health. The association of poverty and lack of education with obesity leads to the conclusion that an unequal society must be targeted to reduce the rate of obesity. Also, a culture which encourages black women to be overweight directly contributes to the highest levels of obesity in the black female population. Therefore, interventions can be divided between these four steps: reducing the rate of urbanisation, the creation or promotion of healthy urban environments, working to reduce the inequalities in society and effecting change in underlying cultural associations.

Chapter 8

8.1 What are some of the ways a government could attempt to tackle the issue of obesity?

A UK doctor has made the suggestion of narrowing MacDonald's doors to prevent the obese from entering (Bolton, 2004). More than being extreme, this is an obviously discriminatory and probably short-sighted suggestion, but it does provide us with an excellent metaphor for the comparison of different methods which have been proposed to curb obesity prevalence.

A ban on junk food adverts which target children might ensure that younger generations are less likely to find the door to MacDonalds. Changes in food production policy or taxing of junk foods might ensure that fast foods become too expensive, thus narrowing the door for some. However, according to Philipson and Posner, any feasible tax response to obesity would cost more to enforce than it would save on social spending (2008: 7).

Education initiatives such as the labelling of food may not affect the entrance way to junk food outlets, but it may widen the door to healthier alternatives. However, the effectiveness of labelling in combating obesity has not been confirmed empirically (Loureiro et al., 2006: 249-268).

Other suggested governmental interventions for curbing obesity prevalence include changes to Public Health / Primary Health Care screening (the inclusion of Body Mass Index (BMI) and waist measurement in their services), behaviour change communications which encourage physical

activity or better decision making, physical changes to the urban environment such as the inclusion of cycling lanes in city planning, healthy food subsidies, counselling for families and the encouragement (or even enforcement) of physical activity and healthy foods at schools.

Initiatives can be divided into two classes, those which attempt to reduce society's exposure to foods and behaviours which increase the risk of obesity by removing the temptation (i.e. narrowing or closing the doors of MacDonalds and other fast food outlets) and those which aim to lead individuals away from the doors by educating them on the risks and showing them how to make better choices (i.e. opening the doors to green grocers and gyms without closing MacDonalds down). Few or no suggested initiatives aim to tackle the underlying reasons for choosing an unhealthy lifestyle over a healthy one, that is, our concept of the good life.

Chapter 9

9.1 How have governments in the world implemented measures to curb obesity?

As we have heard from Nestle and Jacobson (2000: 15), obesity is not a new addition to the public health agenda in America; it has been a goal of National Public Health Policy since 1980. However, past initiatives on the American government's part have been to encourage and publicise prevention of obesity, but not implement any programmes to reduce obesity in the general population.

Most federal and state interventions aiming to curb obesity levels in the United States has been directed at the individual despite that fact that 85 percent of Americans believe that obesity is an epidemic and that most citizens believe that the government should play some role in addressing the issue of obesity (Trust for America's Health, 2007).

The US Department of Health and Human Services has set a national goal aiming to reduce adult obesity levels to 15 percent in every state by 2010. With only one year to go, and a national obesity prevalence of 32 percent (this does not include the number of overweight individuals), the target seems optimistic at best.

Campaigns to encourage healthy behaviour have been taken on by most American states. This has been motivated largely by the 'Healthy States Grant Program' which offers funding for states for their community or

worksite wellness efforts. In New York City, restaurants have been mandated to provide increased nutritional information to their patrons. A ban on trans fats for restaurants in the area has also been initiated. Seventeen American states have laws which tax foods with low nutritional quality, although controversy over the efficacy of this practice continues.

Regarding legislation, some states have passed laws which protect restaurants and food manufacturers from being sued by individuals for their influence on weight gain or ill health. The White House supports this; "…food manufacturers and sellers should not be held liable for injury because of a person's consumption of legal, unadulterated food and a person's weight gain or obesity." This highlights the fact that overweight and obesity are largely seen as individual problems in the United States.

In England, obesity is responsible for more than 9000 premature deaths per year which makes up 6 percent of all deaths. Thus, it is seriously recognised by the government as a public health issue (Department of Health).[13]

A large part of the UK government's response to this has been behaviour change communication campaigns. Campaigns which encourage 5 servings of fruit and vegetables per individual per day have had some success and a multimedia campaign, "Change for Life" encourages healthy lifestyles though its slogan "eat well, move more, live longer". In addition,

[13] Cigarette smoking is responsible for 10 percent of all deaths in England and this is widely accepted as a public health issue.

food labelling on the front of food packages has "become the norm" and schools have improved the food they offer and uptake in school sport has occurred according to the Minister of Public Health in 2006.

Many countries in the developing world are experiencing an increase in obesity levels, which outweigh levels of undernourishment. For example, in China, 17.3 percent of the population are overweight and obese which translates into 215 million people (National Nutrition and Health Survey, 2002, cited by Wu, 2006). One of the reasons proposed as a major driver of the obesity epidemic, in addition to less need for physical activity due to better public transport and higher consumption of westernised foods which are widely available, is the widespread cultural belief that overweight represents health and prosperity (Wu, 2006: 362-363). Although the Chinese communist government is one which can't reasonably be compared with South Africa, it will be interesting to see how it deals with the issue of cultural beliefs contributing to obesity. Several projects and policies have been undertaken by the Chinese government with some success, however, with the government's centralised and influential status this can be expected.

Successful initiatives have been launched by the Mauritian government to curb its high levels of obesity, which contribute to very high levels of diabetes in the country. At the beginning of 2008, all carbonated soft drinks were banned from schools and a National Nutritional Plan which represents a collaboration between government departments is due to be

launched (Devi, 2008: 1567-1568). This collaboration between different government entities directly contrasts with the American response to obesity which sees a large number of federal and state agencies acting independently.

Chapter 10

10.1 A South African governmental response to the increasing obesity prevalence

With the Industrial Revolution, came the promotion of consumption. New mass communication technologies were used to communicate a particular version of "the good life" and this practice is continued through the use of the modern day media industry. Over the years, experts in the psychology of buying have convinced an audience that "you are what you own" and encouraged a hedonistic view on life. I have argued that these messages have contributed to the romanticism of city or urban living, leading to the relocation of many individuals and families to the city in search of "the good life". The creation of an insatiable appetite for more things (greed), in combination with globalisation has lead to the 1) availability of cheaper, mass produced foods and 2) less need for physical activity as a part of daily life. Cumulatively, this has resulted in large numbers of overweight and obese individuals in South Africa.

There are those who disagree that there is a role for governments in curbing high rates of obesity due to the belief that the "regulation of human behaviour" is not the state's mandate. However, I have shown that there are many reasons which support the state's involvement in curbing obesity, including the duty of solidarity, the protection of vulnerable groups, the diminishment of individual autonomous lifestyle choice, few successful treatment options and the high cost of morbidity and mortality caused by

obesity. Moreover, I have shown that a state response to the problem of obesity is not new and that various countries have adopted measures to counter the effects of a global shift towards obesity in their own populations.

Now I will discuss how the South African government should approach this problem by setting new standards for "the good life".

All recommendations for state efforts to curb obesity largely follow the same approach. I have discussed these approaches using the metaphor of the entrance to fast food outlets. However, in light of the bigger picture which I have described in terms of how "the good life" has contributed to the obesity epidemic, I believe that these approaches alone are unlikely to affect major change in reducing the rate of urbanisation, the creation or promotion of healthy urban environments, working for a more equal society and effecting change in underlying associations and misconceptions about overweight and obesity. This is because they target the direct causes of obesity and not the greater environment which contributes to this.

Chapter 11

11.1 Encouraging new ideas of the good life

In the following section, I will propose ways in which the South African government can attempt to change the predominant idea of "the good life" with specific emphasis on how this affects obesity levels.

11.2 Diluting media concentration

The media industry in South Africa is largely owned or controlled by a few large corporations, and this increases the risk of media messages which do not represent all or even most of its viewers. Diversifying media ownership and representation is an issue which is not new to the South African political agenda and which may contribute to diluting the dominant view of 'the good life'.

Although many arguments against the concentration of the media industry are centred around human resources and diversity (in terms of ethnic groups, gender or even political views) the argument is rarely focused on the geographical concentration of the media. The majority of content which we are exposed to via the media is produced within cities and represents city living in some way. Consider that most locally produced soapies or sitcoms are set in the city, in fact, the city of Johannesburg features strongly as part of the story in many instances. All major media houses produce and distribute information from an urban base and this affects the

representation of rural issues. Certainly this would contribute to city living being associated with "the good life".

In addition to current laws and government policies which aim to diversify the South African workforce to counter the injustices of the past, I would suggest that goals be put in place which encourage media producers to include a certain percentage of content which focuses on rural lifestyles and issues. The Independent Communications Authority of South Africa already dictates and monitors the amount of locally produced content which broadcasters must include. Extending this policy of local content quotas to include content that is produced in rural and urban settings may be the next step. Certainly, this would fit in with the aims of the South African Broadcasting System, as specified by the Broadcasting Act (4 of 1999), which "serves to safeguard, enrich and strengthen the cultural, political, social and economic fabric of South Africa."

11.3 Reframing obesity

As I have mentioned, the cultural association of obesity with positive attributes such as wealth, health and beauty in the black female population of South Africa is a contributing factor to this population group having the highest prevalence of overweight and obesity.

There is evidence that increased exposure to media messages which portray thin images as attractive has resulted in changing perceptions for this population group. However, the confusion of wanting to conform to their own cultural standards as well as to those of other cultures may lead

to "body dissatisfaction and dieting behaviours" according to Puoane et al. (2005: 14).

The association between low self image and the tendency to take up dieting provides motivation for the need to reframe obesity as a health issue, and not an issue of body image. We know that the efficacy of dieting is poor and in many instances, dieters gain more weight once they return to their normal eating habits. With the continued growth of untested diets and diet products on the market, every day more individuals get themselves into the cycle of rapidly losing weight using unhealthy means and then gaining even more back.

Thus, a major hurdle to curbing the obesity epidemic is that it is often thought of only in the way it affects outward appearance. This type of approach is not only counter-productive in the long run but in South Africa, it would mean promoting a view of obesity which opposes cultural views for the sake of relieving the public health system. This is not an approach which could be easily defended from an ethical point of view.

Initiatives which highlight the medical consequences of overweight and obesity should be adopted as a matter of urgency. In our reconstruction of "the good life" it is crucial to remember that healthy living, and not a slender body, is the goal.

11.4 Promoting healthy choices by associating them with the good life

Because of the uneven representation of unhealthy foods in television shows and feature films for instance, the association of healthy foods such as fruits and vegetables or physical activities such as running with the individual's perception of the good life is weak. Targeted marketing initiatives can attempt to change this.

11.5 A focus on changing single behaviours

There is evidence that campaigns which focus on changing a single behaviour can have an impact. For instance, Fred Riger Advertising Agency (in the United States) embarked on a "1% or less" campaign in which they urged the residents of a specific community to buy milk with lower fat content. Since this campaign 50 percent of Broome County residents drink low fat or fat free milk, as opposed to the national average of 30 percent (Fred Riger Advertising Agency, n.d). Although changing from full cream to low fat milk may not directly lower the obesity prevalence, the compound effect of several campaigns which target important behaviours may have a positive effect of achieving healthier lifestyles.

The field of Social Marketing, which employs techniques used by the commercial advertising industry, aims to sell behaviour change and not a specific product. In South Africa today, social marketing campaigns are largely focused on changing behaviours in order to combat the HIV & AIDS epidemic. However, with the state's recognition of South Africa's

burgeoning obesity epidemic, new campaigns which target specific behaviours within the population which contribute to obesity should be supported.

Conclusion

In this paper I have sought to show that obesity is a Public Health problem in South Africa.

In Chapter one, I discussed the burden of obesity and reviewed some of the contributing factors which others have proposed.

In Chapter 2, I discussed arguments for and against obesity as an issue that deserves public health attention, including issues such as autonomy, solidarity and vulnerable groups.

Chapter 3 explored an explanation of the concept of "the good life" and was followed by a discussion of the relationship between "the good life" and obesity generally and in South Africa, in chapter 4.

Chapter 5 concerned the impact that globalisation has had on the South African media industry, showing how it has contributed to a pervasive ideological agent.

A major point I identify in Chapter 6 concerned the ways in which the media influences individuals and their behaviour.

There have been several mechanisms that have been proposed in order to tackle rising levels of obesity and various governments around the world have already implemented some of these measures. I explored these in chapters 8 and 9.

Finally, in chapters 10 and 11, I have proposed ways in which the South African government should tackle the problem of high levels of overweight and obesity by considering the role that "the good life" has to play.

A National Plan for combating obesity should be initiated by National Government and implemented by all necessary departments and levels of government. The Department of Health should work together with other governmental agencies such as the Department of Sports, Arts, Culture and Recreation to promote the benefits of physical activity.

Another approach to the problem could involve working with the food industries. For example, in the United States, a number of major food producing companies have implemented self-restricting advertising policies which mainly limit certain types of advertising to children under the age of 12 years. Recognising that large corporations are open to cooperating with National goals for curbing obesity, National Government should engage with the private sector, including the media industry, and ask for their support.

To support such ventures, one may look to success stories such as that of a village in France. An initiative there is testimony to what collaboration can achieve. This community-based initiative to prevent childhood obesity began in 2000, in two small towns. According to Katan, everyone in the town, including the Mayor, teachers, the media, shop owners and many others, joined in to help the town's children eat better and move more. Sporting facilities and playgrounds were built, walking routes were mapped

out and sports instructors were hired. Families were offered cooking workshops and those families who were at risk of obesity were offered counselling. By 2005, the prevalence of obesity in the town's children was 8.8 percent, far below the neighbouring towns' prevalence (and the national trend) of 17.8 percent. This approach is currently being extended to 200 towns in Europe (Romon et al., 2008, cited by Katan, 2009: 923-925).

Although government intervention in the lives of its citizens is not an ideal, the forces of globalisation and the massive amount of power behind the advertising industry are such that Public Health involvement remains as the major resource available in an attempt to tackle the problem of obesity. While Public Health should take the lead, the approach I suggest is one of public-private collaboration. Admittedly, problems remain. Many members of our society are in transition, and the powerful influence of the media on autonomous choice remains a great concern in their search for ‘a good life’. We who think we are free - are we really ever free?

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