

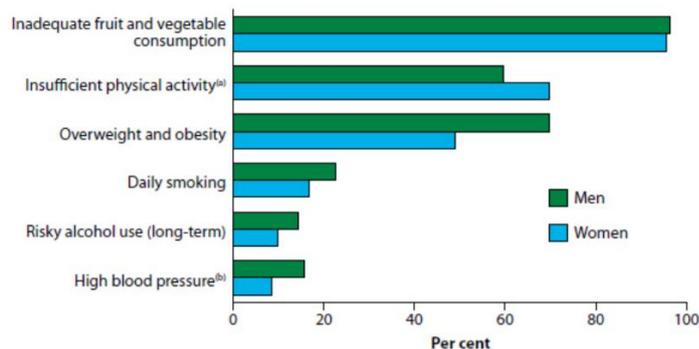
Week 8- Social Influence and Eating

Why does it matter what we eat?

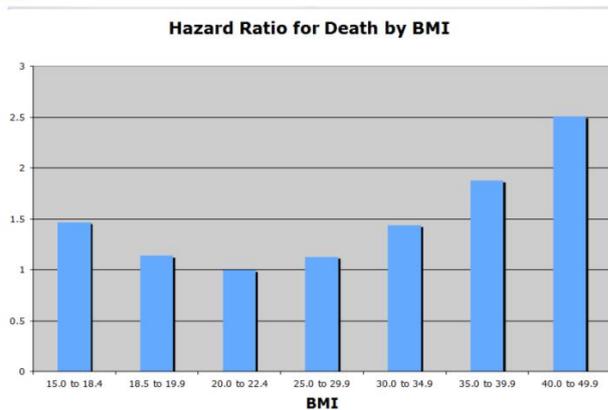
Wide range of health implications: Independence, Cardiovascular system (stroke, heart disease), Stigma, Diabetes, Cancer, Quality of life, Body dissatisfaction, Social isolation, Reduced productivity, Secondary stigma, Oesophageal damage, Tooth decay, Prolapse, Premature death



Leading contributors to avoidable early death and disability



BMI and risk of death



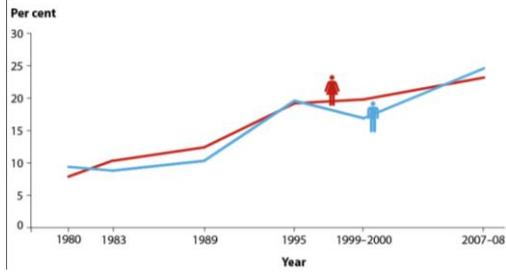
- When you're underweight and get sick, you don't have the necessary fat reserves e.g. cancer

Obesity and Eating Behaviour

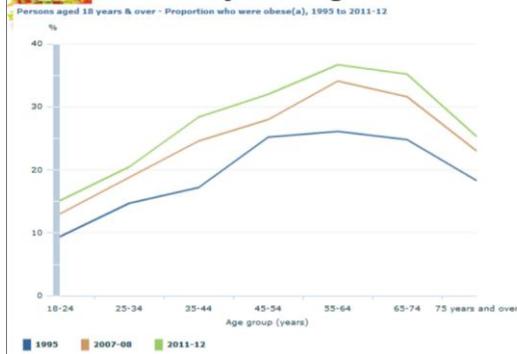
- E.g. "maintaining a healthy weight is simple, just take care of yourself, don't be lazy"
- These are individualising, about personality or behaviour, ignores your environment
- 95% of weight loss diets fail!



Obesity over time in Australia



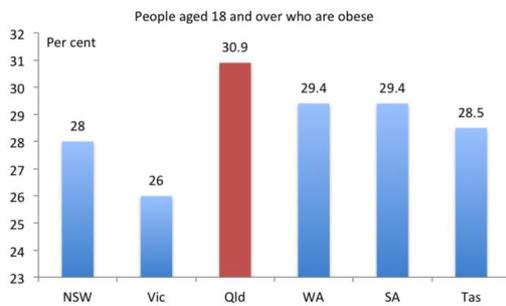
Obesity and age in Australia



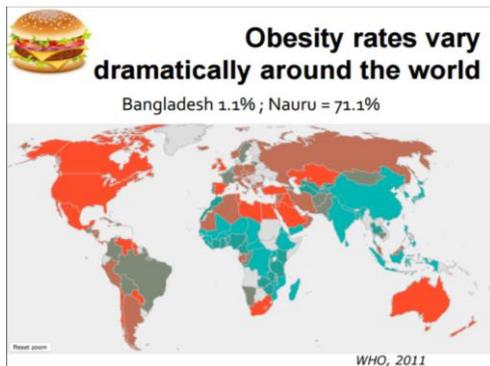
- There is a drop in obesity in older age
- These people may have never been obese in the past
- They may have died already from obesity
- They may have had a health scare which lead to them changing their behaviour



Obesity and state of Australia



- SES advantage
- QLD and NT are the poorest states
- VIC is a rich state with high SES, and that's why obesity is low here



The Obesogenic Environment

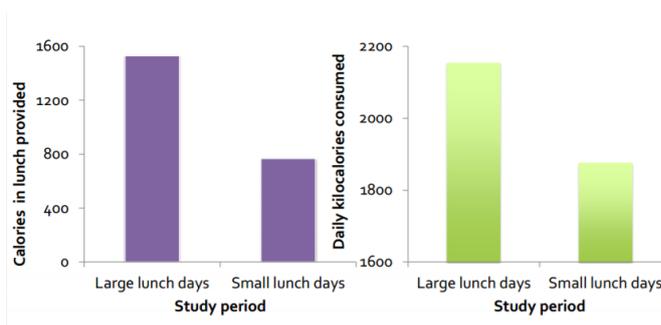
- It's easy to get high calorie food
- Pricing and marketing of unhealthy food
- Less opportunities for physical activity (more cars, less physical labour at work)

The food environment: animal studies and biological anthropology

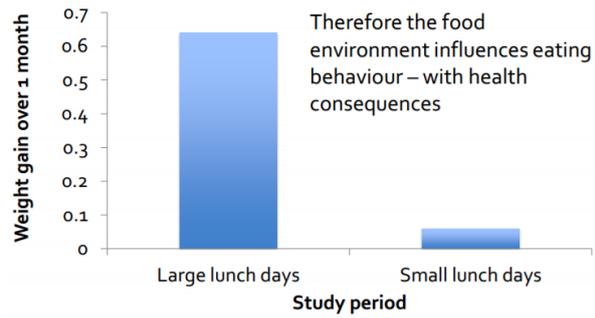
- Almost all mammals become obese when they are able to eat palatable food freely
- Humans are evolutionarily adapted to a food scarce environment
 - you will eat whatever you can find, which is often high in sugar and fat- we're good at finding this
 - women can't reproduce when they have low fat percentage
- Naturally occurring foods high in sugar and fat are also nutrient dense
- Therefore agriculture and particularly commoditisation are implicit in obesity
 - Easier to obtain palatable foods

Example 1: Portion size interventions

- Jeffries et al (2007)
- 19 healthy women (average age 33)
- Participated in two month study: 1 month of large lunches, 1 month of small lunches (random order)
- Monitored consequences using physiological, behavioural and self-report measures



- When they ate a large lunch, they didn't cut back on calories elsewhere, they just ate more
- If you give people more food, they eat more food, they don't cut back at other meals



- This meant they were consuming more calories, and therefore put on weight over time

The Biopsychosocial Model and Obesity

- An important theoretical tangent: the biopsychosocial model and the science of social influence
- Biological: cholesterol, genetics, biologically-determined chronic illness
- Individual differences: smoking, impulsivity, food preferences
- Social determinants: nationality, profession, SES, education
- These three levels are not of equal weight
- It's easier as a society to ignore these, and blame the individual