Combating Obesity in K-12 Learners

SOCIOLOGICAL FACTORS AFFECTING CHILDHOOD OBESITY

LATISHA FORSTER-SCOTT

Culture plays a role in people's attitudes toward exercise, nutrition, and body image.

Data from the National Center for Health Statistics (NCHS, 2006) indicates that the incidence of obesity in the United States continues to be a significant problem in the adult and childhood population, in which 32 percent of adults and 17.1 percent of children, ages two to 19, are classified as obese. Research has shown that children of overweight and sedentary adults are more likely to be overweight and sedentary, and that overweight children are more likely to become overweight adults (Whitaker, Wright, Pepe, Seidel, & Dietz, 1997). Obesity among children is a growing health concern across the United States because of disease-related issues that shorten the lifespan, increase medical expenses, decrease work productivity, and contribute to immense psychological and social issues (Dietz, 1998). Parental denial is said to be a contributing factor to this issue, because many parents routinely deny that their children are overweight and do not get enough exercise through regular physical activity (Hodges, 2003).

According to data from the NCHS (2006), rates of obesity in children between the ages of six and 11 are highest among ethnic minorities, particularly Hispanic males (25.6%) and black females (24.8%). There is evidence that the disparity in activity levels between ethnic minorities and Caucasian adolescents may be attributed to the types of schools they attend. Despite a more multicultural society, many schools in the United States remain racially and ethnically segregated (Steinhorn & Diggs-Brown, 1999). In addition, there are differences in the financial resources that are allocated to sport and recreational activities, and significant gender issues pertaining to sport and recreational physical activity still persist (Richmond, Hayward, Gahagan, Field, & Heisler, 2006).

The role of culture is important to consider when attempting to analyze and explain obesity rates in ethnic minority populations. Culture influences the attitudes and beliefs toward exercise, food and nutrition, body image and self-esteem, the use of language, and the role of sexuality. Peralta (2003) suggests that distal sociological factors affecting obesity rates—such as inequities in the resources available for healthy foods, exercise opportunities, nutrition education, and cultural attitudes toward thinness and health—are linked to obesity disparity rates by race, social class, and gender.

Examining physical activity patterns of ethnic minorities is important, and it must include consideration for the differences in the perceived significance of and preference for exercise and physical activity. Research suggests that school-age youths in different ethnic groups prefer different types of physical activity and attribute different meaning to it (Tannehill & Zakrajsek, 1993). Depending on a child's cultural background, he or she may prefer certain types of activity that are not commonly taught or practiced in our school systems or recreational leagues.

The influence of culture on food selection is also very important to consider because many ethnic minorities eat foods that are not typically part of the mainstream American diet. Therefore, diet suggestions will not normally include many of the foods that ethnic minorities eat on a daily basis, and nutrition information on these foods is not as easily available. Food selection is also affected by what many people

As schools grow more diverse, the role of culture must be considered when dealing with the issue of obesity.

can afford and what is available at local supermarkets. Often, foods that are considered healthy are more expensive and are not as readily available at supermarkets in low-income neighborhoods. Ethnic groups may also have difficulty balancing the eating traditions of their culture with those of the American culture, which can lead to conflict and guilt about dietary practices (Bruss, Morris, & Dannison, 2003).

In terms of body image and self-esteem, particularly when it comes to African American females, there is a tendency to be more accepting of fuller figures (Kumanyika, Wilson, & Guilford-Davenport, 1993). Caucasian standards of beauty that are typically associated with being thin are not necessarily the norm or accepted in other cultures. Research evidence suggests that adolescent females of color can identify themselves as overweight, but not necessarily suffer from low self-esteem associated with being overweight (Parker, Nichter, Nichter, Vuckovic, Sims, et al., 1995). In many cultures it is acceptable for girls to have fuller hips, larger breasts, and generally fuller figures. For younger girls, a thicker body appearance may be considered a sign of good eating, and thus a sign of good health.

The role of sexism in various cultures as it pertains to exercise and health-related activities varies between cultures and generations. Research in this area has tended to focus more on the attitudes of males and females toward girls who participate in sport. More has to be done to understand the cultural intricacies of the attitudes and practices of girls and women of color when it comes to exercise and fitness-related activity. The cultural norm may be to prohibit girls from participating in coed physical activity once they reach a certain maturity level, or prohibit girls from wearing clothing that is conducive to a particular activity or sport. Additionally, many cultures do not encourage or reinforce exercise for girls as much as they do for males (Peralta, 2003).

Multicultural perspectives are needed for examining the factors that contribute to obesity. The ways in which culture influences attitudes toward health, physical activity, food choices, body image, and self-esteem need to be further understood. Perhaps a more inclusive paradigm for exam-

ining exercise and health-related behaviors should be used instead of continually measuring other cultural norms against Eurocentric norms (Pittman, 2003). If scholars, researchers, and educators fail to do so, they limit the types of questions asked, the types of measurement used, the types of analyses made, and the conclusions drawn.

In an attempt to go beyond the previously mentioned sociological factors, the following areas are suggested to further examine cultural issues affecting obesity in ethnic communities.

The "Bootylicious" Factor
In many cultures, it is considered desirable for women to have larger than average derrieres. In the quest to achieve this, women will intentionally gain or maintain a certain weight so as to attract attention to their derrieres. Girls receive these messages early in life, as they are developing their own body image and sexuality, because it is so widely accepted within their culture. Men in different ethnic groups also tend to be more attracted to and tolerant of women with fuller figures, making it acceptable to be somewhat overweight. Therefore, many females do not feel the pressure to remain thin or a certain size in order to attract males. There may be less of a tendency to feel the need to diet and exercise based solely on physical appearance. Adolescent females of various ethnicities may also be more affected by this due to the popularization of music videos that emphasize the female derriere.

The "Weave to Achieve" Factor
In many cultures, women and girls will wear a variety of hairstyles to achieve a particular look. For many, beauty is closely associated with widely popularized standards of European beauty, which often means "straight" hair. Women of color often have naturally curly hair or hair that does not easily grow long. In order to achieve these looks, many girls and women will use perms or other methods to straighten their hair, or will buy hair extensions commonly known as weaves in order to lengthen their hair. The processes that women have to go through to achieve these looks are very expensive and time consuming. Exercise and vigorous activity can mess up a hair style, thus many girls and women will choose to avoid certain physical activities, particularly after paying to get their hair done at a beauty salon, or will avoid excessive perspiration that can cause their hair to "go back"—a term commonly used by African American women to describe the hair returning to a more natural state that is more frizzy and curly (Byrd & Tharps, 2001). Time and costs related to hairstyles will often outweigh the importance of regular exercise.

The "I'm Not Fat, I'm Big-Boned" Factor
Obesity is a scientifically defined term with which many women of color do not identify. Many do not usually associate being overweight with obesity unless a person obviously

looks morbidly obese. Different ethnic groups have varying ideas about the meaning of overweight and obesity that may be different from those of mainstream American culture or of medical and science practitioners in this country. The terms *big-boned*, *thick*, *juicy*, *stacked*, and other similar words in English and other languages are often used but not necessarily associated with the health consequences of being overweight or obese. Voluptuousness and larger frames are more acceptable. Therefore, many may not identify themselves as at risk for disease due to their physical appearance. Furthermore, "having weight" or a certain thickness is associated with being healthy because the person is obviously eating. Thinness is associated with being sick and unhealthy, and skinny people are often more ridiculed than overweight people in certain cultures.

Those conducting research on obesity or battling it in schools would be wise to consider cultural factors that compound obesity in ethnic minority populations. There cannot be a one-size-fits-all approach. A program, curriculum, or protocol that is not culturally competent will not be effective in tackling this problem (Harris, 2006). A program designed to reduce the incidence of obesity in particular populations must consider the cultural norms and sensitivities of people, otherwise the program will be less effective than it can be and will eventually become irrelevant. Being culturally competent includes a combination of proficiencies at the individual, institutional, and policymaking levels.

Professionals such as teachers, doctors, counselors, and health and fitness educators are in the front line to help eradicate the problem of obesity. However, if these individuals are not culturally informed, if the institutions they work for are not inclusive in their approach to educating and developing teaching materials, and if the policies are not sensitive to the viewpoints of different ethnic groups, then they will not be effective in reducing the incidence of obesity in the populations most seriously affected.

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Latisha Forster Scott (lscott1@njcu.edu) is an assistant professor in the Fitness, Exercise, & Sports Department at New Jersey City University in Jersey City, NJ 07305.

Collegiate Dictionary. We use pedagogy to teach movement. Mathematics teachers teach their students to be skillful with numbers, just as physical educators, or "pedagogy people," teach students to be physically skillful in order to engage joyfully in physical activities for life.

Since the crises that emerged in physical education during the 1960s and 1970s, and the growing disconnect between the scientists and practitioners, the pedagogical subdiscipline of physical education has been too isolated from the academic dialogue about the aims of the field. As a result, pedagogy professionals and practitioners have been unable to assume their rightful responsibility of advocating for and defining the nature of the field at the school level. This also includes taking the lead in educating parents, administrators, faculty, and staff about physical education class, its curriculum, designed outcomes, and benefits.

Some of the results of appropriate physical education are better health, developed social skills, responsibility, and leadership. All of us know these benefits. Why do the recipients of our work fail to recognize the educational service we have been developing? Is it perhaps due to a lack of promotion