THEMES AND DEBATES

An overview of the social determinants of eating disorders in Mexico

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Introduction

This paper examines some of the main social determinants associated with eating disorders in Mexico.

Eating disorders have been studied by several disciplines. Nutritional research has focused on the particular eating behaviors of those affected with eating disorders. This has led to a better appreciation of the foods eaten by individuals with eating disorders: which foods they limit or restrict, their rejection of foods considered to be of high caloric content, and the various diets they follow in order to lose weight. Risk factors for the development of complications have also been identified. This reductionist view restricts itself to the analysis of individual behavior while ignoring other socio-cultural aspects of these disorders.

Biomedicine considers eating disorders as primarily a mental illness with secondary nutritional and health consequences. Viewed in this light, eating disorders become a set of symptoms, signs, and risk behaviors that can present with diverse clinical entities (e.g., anorexia nervosa and bulimia nervosa) and varying levels of severity. The World Health Organization[1] and the Diagnostic and Statistical

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Manual of Mental Disorders classify eating behavior disorders into: restrictive anorexia nervosa, binge/purge anorexia nervosa, purging type bulimia nervosa, and non-purging type bulimia nervosa. Signs and symptoms of eating disorders include: loss of appetite, weight loss, general weakness, organ dysfunction, hair loss, apathy, feeling run down, etc. People who are at risk of developing an eating disorder can have only some of these symptoms. Normally, the development of the illness is unnoticed until the severest form of the pathology appears, with marked weight loss and malnutrition.

Epidemiology of eating disorders in Mexico

There is a growing body of research on eating disorders in Mexico. A study done among Mexico City students identified an increase in risky eating behaviors during the period 1997-2003. The groups most affected were 12- to 13-year-old boys (among whom the percentage of those reporting three or more risky behaviors rose from 1.3% in 1997 to 3.8% in 2003) and 18- to 19-year-old women (an increase from 3.4% in 1997 to 9.6% in 2003).[2]

Figueroa[3] found that 8.3% of Mexican adolescent females worried excessively about weight gain and exercised and dieted at least twice a week. Two-thirds (66%) wanted to be slimmer. Data from the latest National Health and Nutrition Survey[4] identified three major concerns among the adolescent population: putting on weight, eating too much, and losing control of what they eat. Among female adolescents the main risk behavior was anxiety about putting on weight, with a prevalence of 19.7%. This value was slightly higher than reported in a previous survey.[5] Among males, the most frequent risk behavior was exercising to lose weight, with a prevalence of 12.7%.

Other pediatric studies provide insight into some of the social factors influencing people with eating disorders: The higher the body mass index, the greater the desire to lose weight.[6] A negative body image was found to be the main component of an eating disorder in one study.[7] Criticism of one's weight is associated with the internalization of thinness as a desirable body type.[8] Fear of obesity begins within the family environment.[9] Food selection is learned within the family environment, and advertising influences body image dissatisfaction.[10] When a mother is unhappy about her daughter's figure, there is a greater chance that the daughter will acquire an eating disorder.[11] The slim body ideal can foster strict dieting and exercise.[12]

Social determinants of health

Social medicine examines the process of health-disease in a population by investigating its social determinants and situating them within both the historical context and the overall social structure. The World Health Organization defines social determinants of health (SDH) as "the conditions in which people are born, grow, live, work and age"; the health care system is considered to be a social determinant.[13] These social conditions are themselves shaped by the distribution of money, power, and resources at global, national, and local levels; these are considered structural determinants. The Commission on Social Determinants of Health argued that structural determinants and living conditions are the cause of the majority of health inequalities among and within countries. It argued that policies and programs for reducing health inequities should encompass all key sectors of society: public entities, international bodies, businesses, civil society, and the community. Efforts should be targeted at improving daily living conditions and tackling the inequitable distribution of power, money, and resources.[14]

The concept of SDH as determining factors permits an analysis of the various components of eating disorders, which (as previously mentioned) are considered mental illnesses.

Economic determinants

The Mexican economy and its close dependence on advertising play an important role in the social determination of eating disorders. That Mexico has a capitalist economy has several important implications: the means of production operate to the benefit of their owners; production requires capital investment; there is competition in both consumer and labor markets.

As noted by Marx,[15] capitalist systems give high priority to capital accumulation, which allows investors to generate personal wealth. This requires the production of commodities, defined as external objects that satisfy human needs of whatever form. The exact nature of these needs is irrelevant. It does not matter if they are needed for basic subsistence, objects of pleasure, or simply means for more production. How these needs are satisfied is also irrelevant. Furthermore, production requires the creation of consumers and consumption. Consumption leads to the acceptance of the commodity as necessity, then as desire, and finally as acquisition.

The development of Mexican capitalism created a market society. This has an important implication for the values and attitudes toward the consumption of all sorts of products. Advertising plays an essential role by molding people's needs and expectations according to economic demand. It is no longer consumers who control the level of production through their expenditure, but producers and advertisers who create the desire to consume in order to sell their commodities.[16] The neoliberal model established in Mexico saw the rise of mass production of products focused on the individual, who is judged by her or his appearance. This was manifested by growth in the clothing industry,[17] the health and beauty industry,[18] and the food industry.[19] The growth of these industries over the last decades has had an important impact on eating disorders.

Ideological determinants

Ideological determinants include ideas about the role of eating, subjectivity, the body, and the perception of the body. Advertising and the food industry also influence people through ideology.

The role of eating: Eating is a social act and eating habits are necessarily influenced by culture. Foods become associated with certain meanings. In terms of body image, foods can be classified as good or bad, healthy or unhealthy, fattening or not.[9] Unhappiness with one's body image is a significant factor in driving people to adopt particular kinds of eating behaviors[20] in an attempt to avoid weight gain. Such behaviors include slimming diets, fasting, preference for low-calorie foods, and self-induced vomiting.

Subjectivity: Subjectivity plays a key role in the social determination of eating disorders. Much of the work in this field has come from psychology. Kardiner[21] noted the importance given by Freud to family setting and, to a lesser extent, education in the development of eating disorders. Kardiner also observed that contemporary mass media play a huge role in the social construction of ideals.

Culture puts external pressures on individuals to achieve collective ideals and thus increase their own sense of importance. Identification is a process by which a subject takes on an aspect, property, or attribute of another person and is totally or partly transformed based on what that other person represents. Subjectivization occurs through this process of identification with external models. They become ideals that are internalized to a greater or lesser extent and then guide attitudes, behaviors, values, etc.[21]

Each specific context has social, political, and economic characteristics that are expressed in the "model" subject and in subjectivities suited to the maintenance and reproduction of the setting.[22] This type of subjectivization leads people to strive for what they want. In terms of eating disorders, the current model is slimness. The first step towards this ideal is the development of risky eating behaviors, which can then lead to more serious health problems.

Perception: Vargas[23] says that perception is the raw material on which certain types of qualities and characteristics are attributed to objects. Something becomes unpleasant through perceptions of its size,

color, quantity, or texture. Social worth is determined based on cultural norms.

Perception is dependent upon the socio-historical context. Nowadays, physical worth derives from the identification of a slim body with beauty. This perception then determines either self-acceptance or the need to conform to an ideal even when this means adopting unhealthy behaviors.

The body: The body is the subject's base of operations. With our bodies we move closer to or away from others. Our bodies make us a presence in the world, and our perceptions help us make sense of our environment.[24] Appreciation of the female body has varied over the centuries. During the Middle Ages, a healthy, beautiful body was a large body. This gradually changed during the 18th century when slim bodies began to substitute for round ones. This process began in the upper classes, particularly among women. Slimness became a way of differentiating the wealthy from the lower classes.[25]

The 19th century was the period preceding the modern culture of thinness. By its end, Victorian social norms dictated the behavior of adolescent women in bourgeois families. A woman who controlled her appetite for food was capable of controlling her sexual appetite. Not eating in excess was the seen as right thing to do, both elegant and moral. The focus was on body size and the body could be made slim by using corsets.[25] Later on, beauty contests would turn female bodies into objects of collective evaluation and comparison. Additionally, custom-made, form-fitting *haute couture* became highly regarded in the 1880's when the importance of the figure came to the fore.

The early food industry (targeted to a specific social class) also played a role in idealizing slimness. In 1906, Dr. John H. Kellogg popularized the idea of caloric restriction. Kellogg created the breakfast food industry in order to compensate for the effects of living in an industrial civilization and to protect his fellow citizens from the risks of sexual excitation provoked by unhealthy foods. Purging was thought to compensate for possible excesses and restored the balance the body had supposedly lost: foods had to be healthy and limited. Enemas,

laxatives, and physical exercise were later added in order to achieve and maintain the necessary "intestinal purity" which was of such concern at the time.[25] These concepts are more than a century old and yet they are still heard. This can be seen in the recommendation to follow the "Special K Plan," which suggests eating Special K cereal at breakfast and dinner in order to lose weight.

Advertising: Mass media, a creation of modern society, has implications for various key areas of social life, such as consumption and social change. The media has a special capacity to shape public opinion and impose the will of small powerful groups.[26] An ever-increasing number of options – television, radio, newspapers, magazines, and the Internet – offer diverse information that influences the great majority of people.

Roiz (as quoted by Guinsberg[27]) points to mass media's culture of images as the ideal form of persuasion and a means of social control over values and models of behavior. Advertising transmits and promotes forms of consumption (shaped by the needs of production) to all sectors of the population. Once acquainted with particular merchandise and its associated ideologies, consumers can be convinced of the need to buy, to possess, and ultimately to consume.[28]

The ideal model in advertising is that of a woman showing how consumption makes her happy. She attends to her behavior and her clothes. She makes herself beautiful and acts as a good hostess. She is also used as a sexual object, so she must be beautiful in order to be attractive, show herself off, conquer her man, and beat the competition.[28] In other words, everything is geared toward highlighting the female body and its ideal shape, surrounded by objects that highlight and beautify this body.

The media and advertising bombard the population with images of perfect, beautiful bodies all the while targeting them with information on countless items to improve the body. One just has to choose which product is the most appropriate one.

Family and friends: Family members and friends are important influences on a person with risky eating behavior. They are key factors in body perception; it is among family and friends that a person is either accepted and helped to develop self-esteem or, on the contrary, criticized and degraded. Individuals who do not develop a realistic body image can end up with risky eating behaviors and eventually with eating disorders. Nowadays acceptance into a group depends on having a body that is pleasant, tidy, healthy, exercised, dressed fashionably, and, of course, slim.

Political determinants

The body is not simply a biological entity or a material thing. The body's development occurs within a political system and is influenced by social and historical customs and behaviors. Bodies result from social practices that are embedded within power relationships.[29]

The body has been an object of attention since classical times. As noted by Foucault, the body is manipulated, shaped, and educated. It obeys, responds, becomes skilled, or has its force multiplied.[30] Discipline produces bodies that are submissive, trained, and docile; they are also weakened by their obedience to a political order.[30]

The idea that slimness is "normal" is being promoted by politicians, in addition to other ideological and economic drivers. It leads people to see overweight or obese bodies as abnormal and something to be avoided.

Eating disorders are determined by the actions (or inaction) of the State within the public sector, specifically within the health sector. In Mexico, the Adolescent Health Care Program[31] under the National Health Plan 2007-2012[32] includes among its actions targeting the early detection of eating disorders in adolescents and timely intervention. It mentions the availability of nutrition services in primary health care units.

The crisis of the welfare state and the dismantling of public health systems has divided the Mexican population into two groups: those whose health needs can be met within the private market and those – the poor – who are targeted to receive another type of health care.

New social organizations have emerged to deal with eating disorders from what De Souza[33] has called the "third sector" – private but not-for-profit. They respond to public social objectives, but they are not state-owned. This new sector is exemplified in Mexico by clinics and centers treating those with eating disorders. In 2008 there were around fifteen private clinics specializing in eating disorders – four in Mexico City and the rest in other parts of the country, primarily in Guadalajara, Monterrey, Mazatlán, and Morelia. There were far fewer public clinics.[34]

Once eating disorders were recognized as a public health issue, new regulations were proposed. In 2007 the *Ley de Tallas* (Sizes Act) proposed to remove "size zero" from shops, thus forcing businesses to sell larger-sized clothing.[35]

The public health sector has not sponsored much health promotion in the media. There has been just been one public service announcement about eating disorders, which was funded by the Ellen West Foundation in 2008.[36]

It has become clear that existing regulations controlling low-calorie foods are not enforced. In a study on the quality of a wide variety of low-calorie foods (those with a lower energy density than their counterparts), the Federal Consumers' Office found that they did not comply with the official standard NOM-086-SSA1-1994 (Goods and services - food and non-alcoholic beverages with modifications in their composition).[37] It concluded that several products had the calorific content higher than allowed for a low-calorie food; in addition the nutritional information was incomplete.

A similar situation arose with products advertised as weight-reducing. It was not until 2011 that the Federal Committee for Protection Against Health Risks announced it had seized 320,000 over-the-counter products, known as "miracle products," in the previous 16 months.[38] The General Law on Health in Advertising came into effect in 2012 and it is too early to evaluate its impact.

Conclusion

From studies on the social determinants of health, we can conclude that several factors determine the eating behaviors of individuals who are either at risk for or already have an eating disorder. First, they feel that their body does not conform to the ideal of a slim body. Family and friends play essential roles in body perception; through comparison and pressure they can stigmatize being overweight and encourage thinness. Similarly, images projected by the media shape the contemporary social mindset on thinness, contributing to the internalization of the idea that slimness is normal and beautiful. The individual then modifies his or her diet in order to attain this ideal; this is the prelude to developing an eating disorder.

Finally, after a considerable time, the State has regulated the sale and advertising of certain products for the body, specifically weight loss products. However, it is important to note that before applying this regulation it did not inform the public about these products, thus exposing people needlessly to misleading "miracle products."[39] In short, greater intervention in the political sphere is advisable. There should be timely enforcement of food and health regulations. Media content should also be regulated. Finally, it is advisable that health promotion efforts should include the nuclear family.

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