The Obesity Epidemic and Women’s Health

Linda J Patrick*

*University of Windsor, Canada

Will the escalating rate of obesity in our society continue to provide us with an obstacle or can it be an opportunity when addressing women’s health issues? I would argue that a woman’s weight can be a significant barrier to health promotion efforts and disease management if she and her health care team do not come to terms with the emotional aspect and meaning of being heavy. Evidence exists to inform practice that women who are overweight and sensitive to their size are less likely to seek health promotion counseling or visit a physician for a wellness examination [1]. What have we learned in the past decade to facilitate meaningful interactions between health care professionals and women seeking care especially those with weight issues?

In 2006, Poirier et al. [2] stated that obesity was considered to be the second most preventable cause of death and since 2006, obesity rates have continued to grow. It is understandable; therefore, from a health provider perspective that if losing weight improves health outcomes that it should be a personal responsibility to make every effort possible to manage weight. The weight loss industry capitalizes on this and the personal desire to lose weight through advertising that consumes the Internet and other forms of media. Reinforcement of the attractiveness of being thin continues through the advertising of clothing, perfume and the selling of sexual attractiveness in the media. So, why are people still heavy and getting heavier?

In a study that I conducted to explore the meaning of type 2 diabetes for women with previous gestational diabetes [3] and a follow-up study conducted on the health behaviors of women with recent gestational diabetes [4] a key finding demonstrated by study participants included distress associated with being overweight. The women expressed shame, embarrassment, low self-esteem and self-blame for developing diabetes. This perception negatively influenced relationships and interfered with any success to lose weight. In fact, women were driven to explore weight loss strategies that included fad diets, weight-loss pills and other extreme measures that not only failed, but often resulted in rebound weight gain, persistent weight cycling and even more emotional upheaval.

A recent article on treatment strategies for overweight and obesity [5], identified the most effective treatment approach as the use of lifestyle modification in combination with bariatric surgery, pharmacotherapy or used alone. Other recommendations, in the literature, include a role for clinicians to counsel all women about the negative effects of obesity and the importance of controlling weight to improve health outcomes. Both of the above necessitate that women seek healthcare in the first place and if avoidance is a factor by overweight women then no progress will be made.

The National Task Force on the Prevention and Treatment of Obesity (2002) [1], addressed approaches that could be adopted to improve the environment of physicians’ offices to be more physically inviting and to create a culture of respect especially when weighing patients. This was, in my opinion a positive first step to alleviating the problem of women not seeking health care due to their embarrassment of being heavy.

The negative outcomes associated with obesity are significant and cannot be ignored when addressing women’s health issues across the lifespan. As health professionals, we are on the front line where we can use the best evidence to inform our practice and provide the care and support to women who struggle to lose weight and sustain a healthy weight. It is my opinion that this provides us with an opportunity, but we need to continue to create a safe place for women to discuss their weight issues and work collaboratively with health care teams to include access to counseling and include an opportunity for peer support to augment office visits. Early evidence that we are making progress could be women seeking our advice to make life choices to promote a healthy lifestyle rather than seeking quick solutions by going to the Internet in isolation for the latest fad diet or the magic pill.

References

*Corresponding author: Linda J Patrick RN, PhD, Dean, Faculty of Nursing, University of Windsor, Canada, E-mail: lpatric@uwindsor.ca

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