Short horizons: food, poverty and obesity prevention

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An ethnographic study of obesity risk in a disadvantaged community

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Background

• Few studies that examine community responses to public health obesity interventions, and most of these are quantitative and based on general population surveys.

• Lack of recognition of how the social context shapes behaviours (Bambra et al. 2012; Lindsay 2010; Aphramor et al. 2013), and how social change occurs.

• Our research responded directly to growing calls for ethnographic work into obesity research (National Consultation on Childhood Obesity 2010).
Research questions

• This ethnographic project investigated how families from low socio-economic communities responded to obesity interventions.

  – how do people understand risks associated with obesity (people do not share the same values and meanings around ‘fat bodies’ & perceptions of risk)?
  – do gender and social class intersect to influence responses to obesity intervention strategies?
  – what are the points of uptake and resistance to obesity interventions?
  – Are there challenges for families in this community to make ‘healthy lifestyle’ changes when futures are uncertain?
The methodological approach of anthropology

- Eighteen months of fieldwork in the Playford Council area (2012-2013)
- Ethnographic research methods (of participant observation, in-depth interviews and engagement in community life) were used in order to understand how people responded to OPAL

- Purposive sampling techniques (snowball sampling)
  - 37 families involved (interviewees aged 16-65)
  - 10 stakeholder interviews (including community workers, local government employees and State government managers).
Anticipating fatness: the pre-emptive paradigm

- Obesity described as a ‘time bomb’, ‘time crunch’
- ‘The habits we create determine our future’ (Obesity Prevention Australia)
- Obesity is a ‘threat to the future’ (Evans 2010) as it leads to future illnesses (diabetes, coronary heart disease)
- Children are central to the management of obesity futures
Do you tend to think about the future?

Not really. I haven’t really thought about it.

What do you think the future might look like for you?

I don’t know because I don’t know what I’m going to be doing.

Life’s always changing, anything could happen.
Imagining ‘the future’ – short horizons

• ‘the here and now’,
• ‘one day at a time’,
• ‘today and tomorrow and next week’

• ‘I focus on short term... I grew up on disappointment so I don’t view the future as well as I should.’ Fred, age 24

• ‘I really try to be healthy and to not eat crap but you know I’ve got a sweet tooth and sometimes when things really get under my skin, I’ll think to myself ‘go on then, have some chocolate.’ Lyn
• Eating for pleasure and survival (and not for health) ‘can be seen as a form of ballast against wearing out’ (Berlant 2011 p. 116), providing ‘a sense of well-being that spreads out for a moment, not a projection toward a future’ (ibid, p. 117).

Similar findings

• [Island time] means never planning too far ahead; this applies to life in general as well as to specific events. Ostensibly, it is about living for the moment, enjoying the here-and-now, and not worrying what the past held or what the future might bring. It is a counterpoint to being organised, risk averse, regretful about the past or stressed about the future.
  • (McLennan 2013, p. 104).

• McLennan, A (2013) An ethnographic investigation of lifestyle change, living for the moment, and obesity emergence in Nauru, unpublished PhD, University of Oxford
• Graham, H. (1994). Gender and class as dimensions of smoking behaviour in Britain: insights from a survey of mothers. *Social Science and Medicine, 38*(5), 691-698.
Different temporal orientations to health

• The experience of time depends on power and the [life] chances it opens (Bourdieu 2000, p. 223).

• Middle class people, with their wide horizons and confident choices from a vast range of activities, lifestyles and identities, contrasted starkly with our respondents from the deprived ward. Working class respondents’ choices of possible activities was sharply limited by their habitus [everyday worlds].
  • (Spotswood and Tapp 2010, p. 54).
Participants are able to create alternative futures. **Innovations and necessities** create opportunities to do and manage with what is in reach.
Learning to ‘live poor’
Implications

• There is a disjuncture between notions of ‘the future’ in public health obesity initiatives and the lived experience of time.

• The concept of short horizons expresses how situations of disadvantage can impact on, and curtail how people experience time.

• Surviving in the ‘here and now’, rather than eating or exercising for the future was a priority for many participants.

• Understanding the cultural patterns of daily life around a behaviour is essential before sustainable change can be made (Spotswood and Tapp 2010).
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