

Excess weight: meanings, perceptions and self-work among adolescent girls

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Abstract

This paper has the purpose of discussing obesity and excess weight in adolescence resulting from research carried out in a public university program focused on this group. As a result of this research the importance of family and school in the process of slimming down can be emphasized, as much through spheres of support, as through challenging life experiences, especially for adolescent girls: the coexistence of support and family control in the process of weight loss; the girls' explanation of feelings of shame and failure in the face of their inability to follow dietary rules; the difficulties in meeting goals proposed by the support program on obesity in adolescence and its articulation with the socio-cultural context that circumscribes the practices.

Keywords: overweight and obesity; adolescence; shame; family relationships and friendships; biomedicine

1. Introduction

In this paper we affirm the irreducibility of the body to the biological dimension and the articulation between the biological, psychological and social dimensions that circumscribe the body considered overweight or obese and the social subject, the adolescent girl¹. It is intended to deepen the discussion

¹ In this text, adolescents as determined by age group are defined as individuals between 10 and 20 years of age. The choice for this definition results from the inclusion of individuals within a health program based on the World Health Organization and which defines this age limit for adolescence. In any case, it is important to note

about excess weight and obesity in adolescence, enriching the debate as well as contributing to the understanding on the matter. To do so, this paper discusses the statements of adolescent girls who underwent a public university program focused on biomedical attention to obesity in adolescence².

1.1. Female obesity: the setting, the discourse, and the social meanings of thinness and fat.

In Brazil, the increasing growth of cases of obesity in the different strata of the population resulted in the inclusion of the topic in the health sector agenda (Coutinho et al, 2008). In 1999, the National Policy on Food and Nutrition (PNAN) was drafted, updated in 2011, which has the

purpose of improving the conditions of food, nutrition and health in order to guarantee the alimentary and nutritional security of the Brazilian population.

In the document, obesity is considered a disease³, a serious multifactorial concern which must be addressed in epidemiological, cultural, and other dimensions. It is estimated that if the phenomenon of obesity is not confronted, we could end up with 70% obesity in the population over the next twenty years, and it is therefore a question within the scope of public health (Brazil, 2012).

Authors who approach the subject from the perspective of human sciences point out that in our culture, which objectifies women, the imperative of the beautiful female body is perpetuated, which must be thin, without imperfections. Achieving it depends on the will and effort of each woman and she who is considered fat can end up being seen as guilty (Ortega: 2008), transgressive, and morally reprobate (Novaes and Vilhena, 2003).

On the other hand, a study carried out by Freitas (2003) with women from a popular neighborhood in Salvador considers that the image of the light woman disseminated by the media, upon reaching young and poor women who go hungry in their daily lives, is (re)signified, that is, these women value a thin body, in another way, as a means of escape from the exclusion of the world of consumption to which they are subjected; a kind of "disguise" provided by thinness and, at the same time, a form of approximation to and search for acceptance in the society from which they are excluded. This is different from what happens among women over 30 from the same social context, where being fat means being desired by men. According to the author, thinness is associated, in the social ideal, as much with poverty, disease, a defective personality, as with the economically privileged social classes and white women, who are identified with the most favored social classes.

Among women in Rocinha, in Rio de Janeiro, for example, thinness and obesity are conditions signified ambivalently among obese women, as a study by Ferreira and Magalhães (2005) indicates. Slimness is associated with agility, greater physical disposition, but also with illness and lack of food, while

"adolescence" and "youth" as socially and historically constructed terms, presenting different meanings according to the time and place in which they are considered. (Oliveira, 2006).

² The present text is based on the results of a postdoctoral research in Social Sciences, developed by one of the authors, at the Federal University of São Paulo. This research counted on financial support from CAPES.

³ Regarding the consideration of obesity and excess weight as a problem, Yoshino (2005: 119) points out that it was "only from 1985 that obesity came to be considered a disease, from a biomedical perspective... but since 1927 it has been present in medical texts, included among disorders, alongside anemia and hypertension. "

obesity is associated with vigor, health, and access to food. It is worth mentioning that these women did not see themselves as obese; it was health professionals who observed the condition of obesity. And when people seek health services because they consider themselves obese or because they are considered so by health professionals, they will adhere to a greater or lesser degree to the prescriptions, according to their means and, more so, their willingness to move through the different discourses in the biomedical field.

In the biomedical perspective, some aspects of obesity are noted, which range from a genetic-evolutionary approach, where obesity is understood as an inappropriate adaptive response to modern living conditions (Power and Schulkin, 2009), to approaches that highlight the organic changes and the physiological and emotional damage resulting from obesity.

Circumscribed to physiological considerations, the genetic-evolutionary perspective considers that in a more distant past marked by food shortages, individuals with physiological mechanisms capable of storing nutrients in the form of fat had adaptive advantages which led to the selection of genes responsible for an energy storing phenotype. This confers predisposition to obesity in individuals who express these genes in an environment of food abundance and sedentarism.

However, the study of social rules and context as determinants of food selection stands out as an essential contribution to the socio-anthropological field of knowledge. Thus, food choice involves not only its availability of supply and its nutritional aspects as defined by experts, but also the culture in which the individual is immersed, this being responsible for imposing classificatory norms concerning prohibitions, prescriptions, and permissions for food consumption. Habits, practices and the alimentary repertoire are instilled particularly throughout childhood, within the various family nuclei, also taking into account material constraints imposed by the social class to which an individual belongs as well as the singularities and peculiarities of each individual. Thus, the organization of food consumption differs between groups with different characteristics, as defined by economics, gender, class and stage of life (Canesqui and Garcia, 2005).

2. Methodological Aspects

This paper is part of a postdoctoral work, completed in 2011, developed with the Graduate Program in Social Sciences at the Federal University of São Paulo. This research relied on qualitative methodology and, as principal techniques, on the observation of meetings of parents of adolescents in the program for adolescent obesity, a focus group meeting with the adolescent girls, and semi-structured interviews with family members of the program.

The research was approved by the Ethics and Research Committee of the Federal University of São Paulo, number 1847/10, observing the provisions of Resolution 196 of the National Health Council (CNS) (Brazil, 1996). The Free and Informed Consent Form was obtained in the interviews with the adolescent girls and their parents (mother or father of the girls).

The study program concerned with adolescent obesity⁴ takes place in a public university and is associated with a discipline in the Pediatrics department of this university. The program has a

⁴ The support program for obese or overweight adolescents serves young people aged between 10 and 20

multidisciplinary approach, undertaken by professionals from different health areas: medicine; psychology; nutrition, dentistry, and physical education. Activities directed at the families of the participating girls⁵ are also part of the program focused on adolescent obesity. The follow-up to the adolescent girls is carried out for a period of four months and includes individual attendance and group activities.

For the present paper we present and discuss statements of adolescents girls who, at the time of the research, were finalizing their participation in said program⁶, that is, concluding the four month period of participation. These statements, collected during the observation of a focus group, reveal common life experiences, challenges faced, a coexistence of family support and control, and the noted importance of friendships, both in coping with challenges and in the exercise of sociability, which includes meals in moments of leisure.

3. Results

3.1. *Support and common experiences: the importance of friendships*

In the survey developed on location, the girls who participated in the focus group meeting commented on their participation in the program, keeping in mind its approaching finalization. At that time, some of the adolescent girls mentioned the importance of the group in the sense of support, especially of family and friends, and of the non-isolation in facing the challenges in achieving the goals proposed for the weight loss and maintenance of the new weight acquired. As one girl commented, "amily comes in first. Friends too, to help you" (Alessandra, focal group participant).

The exchange of experiences, the common experiences of the girls within the program, both regarding the difficulties faced for and in weight loss - such as the change in eating habits - as well as regarding family relations, which reveal the support of parents and also the search for control by the same on the progress of their daughters in the program, are stitched together by new friendships made there. At the end of the program, the girls note a positive balance which results from the mixture between a greater daily willingness and the friendships they have made with the other participants.

The importance of friends is also revealed when they comment on the guidelines received in the program regarding the consumption of fast food. "Mc (Donalds) can only be eaten every fifteen days, and as a snack" (Ana, focal group participant). In this instance, the evaluation about the possibility of being

years old, following the World Health Organization's definition of adolescence. The adolescent girls who participated in the present study were between 16 and 17 years of age .

⁵ Responding to a greater demand by female adolescents, the present program focuses on this particular group.

⁶ The technique used in the focal group consists in meeting with a previously determined group of people, with open and free discussion by the members on a certain subject of interest to the researcher. For this, the researcher must raise questions that she wishes to see discussed, guiding the conversation based on the statements of the members.

with friends and enjoying with them that moment of a meal and leisure comes into play. As one of the girls says,

If I don't have any friends to go with (to Habibs) either with my money or his, I'd rather save it for later (Sara, focal group participant).

Thus, the girl saves money and the desire to eat sfihas for a moment when it is possible to count on the company of friends, fundamental figures, in addition to the family, as the other girls also assert. The formation of the youth as subject involves the search, outside the home, of other references (Sarti, 1999). In this search she incorporates traces of the groups of peers of the diverse activities that she experiences, allowing the concept of new families and to speak of self in the plural.

Friends represent support and fundamental company in moments of leisure. Another extremely important sphere of support is the family. And when it comes to food, support and, at the same time, parental control appear recurrently in the young women's statements at the focus group meeting. "My mother is the one who cooks and she always understood, she didn't let me go back for seconds" (Ana, focal group participant), referring to the control exercised by her mother even before her daughter started attending the program. When entering the program, this control goes on to be referred to the type of food to be consumed.

The family is guided by health professionals to encourage their daughter to change eating habits by eating foods considered healthier, such as fruits, vegetables and cereals. This control is not an easy task, considering the current tendency to consume industrialized and higher caloric foods. According to Rocha (2011), the increasing rates of obesity and excess weight in Brazil, which are also reflected in musculoskeletal disorders, the incidence of heart disease, and cancer are caused essentially by a change in the dietary pattern of society. This change is characterized by the supply and introduction of industrialized foods, which are characterized by the intense addition of fat and sugar.

However, as pointed out by Adam and Herzlich, (2001, p. 86), "if one really wishes to understand how knowledge, representations, and discourse make sense in terms of action, it will be convenient to relate them to the daily needs of people's lives on the one hand, and on the other, to the characteristics of their social relations." Thus, it is fundamental to consider different elements related to the decision making of individuals in relation to food consumption, among them, the culture of the group to which the individual belongs, family life, possibilities, limitations, and difficulties presented by individuals, class affiliation, and, especially for young people, the possibility of meeting and socializing with their peers. From the rationalized justifications presented by the adolescent girls, analyzed here, for the quick meals made in fast food restaurants there emerges the presence of the sociocultural context, highlighted by Arnaiz (2013) when he points out the success of the networks established in the spaces that favor the meetings between peers and the expression of their features, highlighting the sociocultural relevance of these spaces in contemporary times.

3.2. Excess weight, indisposition and shame: social expectations, efforts and "failures" on oneself

One of the girls mentions the shame she felt when she saw her grandmother carrying groceries when she, the granddaughter, was supposed to do this, but, because of her excess weight, she could not. It was,

therefore, the non-fulfillment of expectations related to the vitality and disposition of youth that bothered her the most.

Studies on youth (Oliveira: 2006; Pimenta, 2017) and aging (Barbieri: 2008) reveal the existence of this association, in the present, between youth and disposition. For the girl mentioned above, being overweight prevented her from living this dimension of youth, seen as a natural and constitutive part of being young.

The excess of weight, according to this perception, imposed the disorganization of a fundamental element in thinking about youth, and the (in)disposition or inability to carry supermarket purchases resulted in an accompanying feeling of shame.

This sense of shame and embarrassment is historically and socially constructed. As Elias (1994) shows, the way the individual behaves and feels is related to what is demanded and forbidden in society and the time in which she lives. In the case mentioned above, the girl's shame is related to the perception of noncompliance with the exercise of the juvenile role linked to the disposition, in the current moment, and to the exercise of tasks within the family, according to a set of codes of reciprocal obligations among its members (Sarti, 1999).

In the evaluation of the girls surveyed, not only does "compulsive eating" accompanied by shame and failure represent one of the challenges to be overcome, but so does the goal of "eating every three hours". As one girl says:

we kind of forget to eat, we do so much during the day and say 'wow, I needed to eat and missed the time,' and then it's time again and we eat everything. (Luiza, a young focal group participant).

Another girl reinforces the idea: "I'm finding schedules difficult because I don't feel hungry and I skip the scheduled time." (Laura, young focal group participant). The fractionation and reduction of the interval between meals seems to be a food behavior that does not make sense to the girls, keeping in mind the food dynamics of the family that does not follow this principle. The same girl mentions the fact that her parents are not accustomed to eating every three hours, which makes it difficult to change their eating habits.

This difficulty reveals the importance of considering the social contexts in which interpretations are produced by the girls about themselves. As Adam and Herzlich (2001) point out, when talking about the interpretations of health and disease, the given culture to which an individual belongs provides him with the limits within which interpretations are made regarding body phenomena.

The process of weight loss and weight gain are body phenomena whose formulated meanings and interpretations are anchored to the social contexts in which they are inscribed. In the case of the adolescent girls, the family and the school stand out as important spaces where the interpretations of difficulties and possibilities are built and reconfigured, thereby open to the world through such social context.

It is these two spaces - family and school - that are most cited by the girls in reference to challenging experiences as well as to those experiences related to the support and encouragement they receive. In the first case, several situations are cited as difficult, among them, the difficulty of changing the food habit at home when siblings or relatives maintain diets considered inadequate; the family's rhythm and meal times

and encounters that make it difficult to adopt programmed meals; as well as jokes related to the excess weight of the girls, both in the family and at school. As one of the girls comments,

In my case my father would tell me to my face that I was fat, he'd kid me about it and he's not slender. But I knew that sometimes it was for my own good. My mother called me jabulane (a soccer ball) and I know it was a joke. (Sara, a young focal group participant).

Regarding the dimension of support and encouragement, the family and the school figure as the main spaces of friendship, understanding, and help in the difficult moments of the process of slimming down within the program.

In this ambivalence of feelings and expressions which characterize the experience of weight loss in the family and in school and, therefore, the sense of belonging to these groups, it is interesting to note the recurrent mention of the need for personal effort and with it, the pleasant sensation they experience when they manage to conquer and control what they eat and / or the food offerings they encounter. As one girl says,

It's so good when you can reject what weeks ago you would say 'wow, I want to eat it'. It takes effort. (Alessandra, a young focal group participant).

If effort and achievement are seen as personal, the counterpart of failure is also thought of in this register, most often accompanied by the feeling of shame. As Ortega (2008) lays out, when talking about health discussions with an emphasis on personal responsibility, in the current moment, the

ideologies of health and the perfect body lead us to contemplate the diseases that twist the human figure as being synonymous with personal failure.

4. Conclusion

This paper sought to bring up and discuss issues concerning excess weight and obesity in adolescence, from the point of statements of adolescent girls assisted in a public university program directed at this group. In statements, the sense of failure and shame intercrossed to express difficulties in and about the process of weight loss. In part, it is possible to link the understanding of these feelings to the reproduction or reappropriation of discourses on health as a benefit in itself, up to each one to achieve. The importance of personal autonomy and the responsibility of each one for her choices and paths is something that characterizes our time having as a corollary the idea that the noncompliance of these demands represents personal failure.

In the same wake of understanding that makes the subject responsible, this feeling of failure can allow girls the feeling that with effort, also personal, they are able to overcome the challenges that constitute the process of weight loss. Yet, if the effort is seen as personal, from each of the girls, the support sustaining

it is given by the networks of friendships and, especially, families, both fundamental social spheres of references, values, and experience of limits, possibilities and interpretations of life experiences.

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