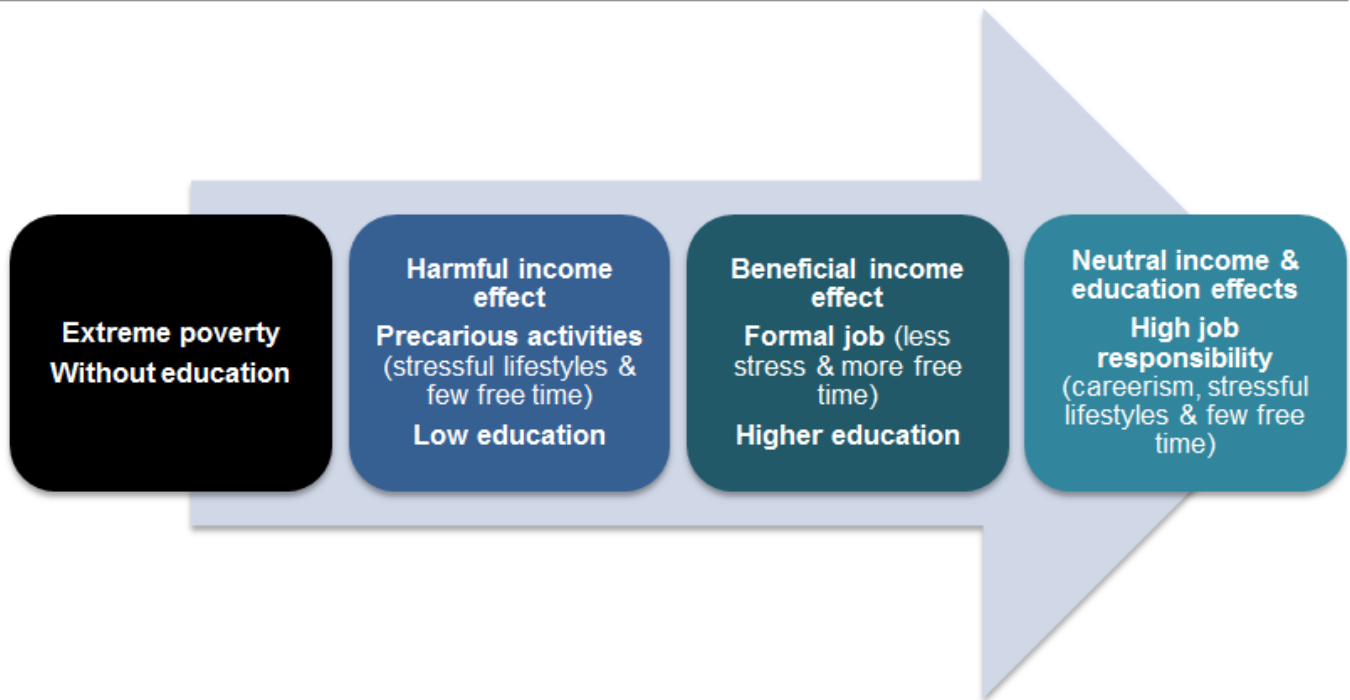
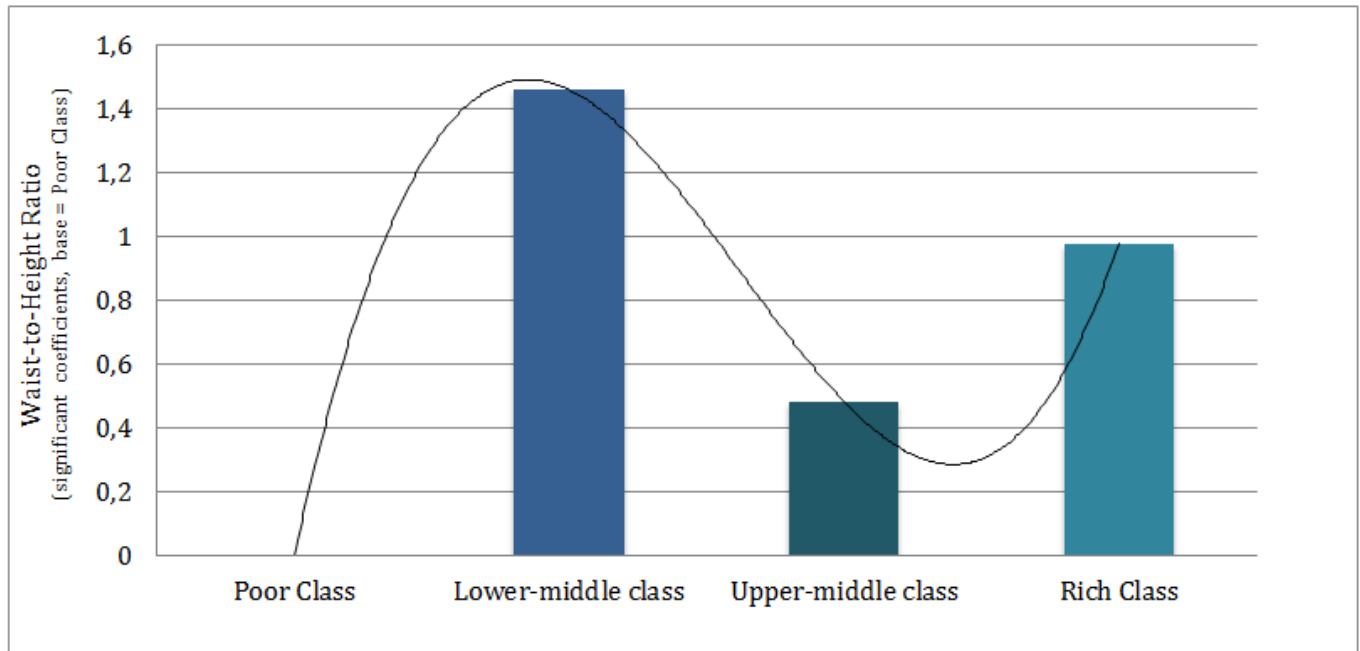


## **How does social class affect obesity in emerging countries? The case of Mexico**

Brought on by rapid economic growth and urbanization, overweight, obesity and related diseases reached dramatic levels in the developing world, particularly among emerging countries such as Mexico. More than 2/3 of Mexicans are overweight and almost 1/3 are obese. Despite the importance of genetic factors, several socioeconomic issues might determine this nutritional unbalance.

According to the previous literature, it appears that the impact of social class on nutritional patterns depends on the level of a country's development. In rich countries, obesity problems are often associated with poverty, while, in the poorest countries, people that belong to upper classes tend to be the fattest, large body-weight symbolizing health, wealth and prosperity. Nevertheless, given the coexistence of hunger and obesity in emerging countries, this relationship is not so clear in these societies.



Based on income, education and work status of Mexican households, four social classes are identified in urban Mexico: a poor class; a lower-middle class; an upper-middle class; a rich class. The figure above displays how each social class affects adult body-weight, measured by the waist-to-height ratio (indicator of abdominal obesity). It appears that the causal relationship between social class and body-weight follows a N-shaped curve in urban Mexico. First, belonging to the lower-middle class may increase the risk of abdominal obesity. So it is likely that a new middle class rising out of poverty (called also new poors or strugglers) is the most exposed to excess

weight. Second, individuals from the rich class are significantly fatter than individuals from the upper-middle class. It seems that sedentary, career-orientated and stressful lifestyles might accentuate weight gain without necessarily leading to critical body-weight.

The multidimensional definition of SES, using a clustering procedure, shows that, at the household level, income, educational and occupational components have decisive and interdependent effects on nutritional health. We can suggest that, above a certain threshold, it may not be the income *per se* which deteriorates anthropometric status, but rather the use that individuals make of it (the income thus takes on an instrumental role). Therefore, education should be a key factor because it has a potential impact on healthcare patterns. Nevertheless, lifestyles are also determined by work status. Some jobs (positions with high levels of responsibility, precarious and informal activities) and career-orientated lifestyles can be related to stress, anxiety and little free time, often resulting in an unhealthy way of life (consumption of junk food, fast-food and prepared meals but also risky behaviors such as sedentary and relaxing activities, smoking, drinking, etc.).

## **Publication**

[Causal effects of socioeconomic status on central adiposity risks: Evidence using panel data from urban Mexico.](#)

Levasseur P

*Soc Sci Med.* 2015 Jul