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Analyse the text *Fat nation: Deciphering the distinctive geographies of obesity in England*

1) Opt for a top-down or a bottom-up approach.

Consider how the text is structured:

- at the lexico-semantic level, in terms of MOOD, THEME and TRANSITIVITY;
- at the discourse-semantic level in terms of COHESION
- at the register and genre levels,
- at the ideology level

Signal the 'generic' differences between the *Abstract* and the *Introduction* (referring to Swales and Bhatia).

2) Translate the *Introduction* section (from "Obesity is traditionally ..." to "... obesity within England")

3) Describe the translation strategy/ies adopted.

Monolingual and bilingual dictionaries are allowed.



## Fat nation: Deciphering the distinctive geographies of obesity in England

Graham Moon<sup>a,\*</sup>, Gemma Quarendon<sup>b</sup>, Steve Barnard<sup>b</sup>, Liz Twigg<sup>b</sup>, Bill Blyth<sup>c</sup>

<sup>a</sup>*School of Geography, University of Southampton, Highfield, Southampton SO17 1BJ, UK*

<sup>b</sup>*Institute for the Geography of Health, University of Portsmouth, SSHLS, Milldam Burnaby Road, Portsmouth PO1 3AS, UK*

<sup>c</sup>*TNS plc, Westgate, London W5 1UA, UK*

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### Abstract

Much attention is focused on obesity by both the media and by public health. As a health risk, obesity is recognised as a contributing factor to numerous health problems. Recent evidence points to a growth in levels of obesity in many countries and particular attention is usually given to rising levels of obesity among younger people. England is no exception to these generalisations with recent studies revealing a clear geography to what has been termed an 'obesity epidemic.' This paper examines the complexities inherent in the geography of adult obesity in England. Existing knowledge about the sub-national geography of obesity is examined and assessed. Multilevel synthetic estimation is then used to construct an age–sex–ethnicity disaggregated geography of obesity. These differing geographies are compared and contrasted with pre-existing findings and explored at multiple scales. A complex picture of the geography of obesity in England is revealed. © 2007 Elsevier Ltd. All rights reserved.

*Keywords:* Obesity; Multilevel modelling; Age–gender disparities; Geographical inequalities; UK

### Introduction

Obesity is traditionally associated with an increased risk of suffering from a number of illnesses such as heart disease, hypertension and diabetes. More recently research has also linked obesity with the incidence of several cancers including cancer of the breast and bowel (White, 2003). The prevalence of obesity in England is high and rising (British Nutrition Foundation, 1999; House of Commons Health Committee, 2004; National Audit Office (NAO), 2001). Not surprisingly the combination of rising prevalence and clear associations with

morbidity has contributed in recent years to a markedly increased profile for obesity as a public health problem. This situation has undoubtedly been boosted further by a considerable and growing media focus on obesity and associated issues of diet and fitness to the extent that obesity could now be said to be one of the biggest public health concerns in England.

The profile of obesity as a public health issue begs questions regarding the variation in obesity levels within England. Is the prevalence of obesity uniform across the country or does it vary in some systematic way to the extent that there are places where obesity levels may be particularly high and where, in consequence there is a particular need for public health action? This research question has

\*Corresponding author.

E-mail address: g.moon@soton.ac.uk (G. Moon).

received some limited past attention but merits more detailed consideration in the light of the increasing concern now being expressed about obesity as a public health issue. Specifically there is a need both for a critical examination of existing claims about the geography of obesity and also an examination of potential complexities of that geography. The aim of this paper is to address these issues with reference to the adult population (aged 20–80). Following a short review of factors likely to influence the geography of obesity, we assess existing work on sub-national variations in the prevalence of obesity within England. We ask questions about data quality and reflect on the robustness of existing knowledge. Using prevalence figures derived via multilevel synthetic estimation (Twigg, Moon, & Jones, 2000, 2002) we then investigate the extent to which the existing and arguably unsatisfactory evidence hides a more complex reality. We investigate whether the geography of obesity is the same as that for overweight, whether it is the same for men and women, for the old and the young, and for different ethnic groups. We work initially at the scale primary care trust (PCT), the current lowest level of health service management in England, and then consider the extent to which variation within PCTs exceeds that between PCTs. We conclude with a short reflection on the utility of our findings.

### Background

Traditionally defined as having a body mass index (BMI) of  $30 \text{ kg/m}^2$  or above, obesity is currently estimated to affect just over one fifth of the UK population while two thirds of that population are estimated to be overweight (defined as a BMI greater or equal to  $25 \text{ kg/m}^2$ ) (House of Commons Health Committee, 2004). Obesity is related to a 9-yr reduction in life expectancy, and annually an estimated 30,000 deaths in England can be attributed to obesity (NAO, 2001). If current trends continue obesity is expected to overtake smoking as the primary cause of premature deaths in the next few years (House of Commons Health Committee, 2004). Current estimates put the combined cost in England of overweight and obesity at between £6.6 and £7.4 billion per year (House of Commons Health Committee, 2004). Levels of obesity have quadrupled since the 1980s when an estimated 8% of women and 6% of men were classified as obese and 34% of men and 24% of women were overweight (British Nutrition

Foundation, 1999). Trends among children are also at record levels. For example among 3–4 yr olds obesity has increased by 70% between 1989 and 1998 (Bundred, Kitchiner, & Buchan, 2001).

Obesity and being overweight is not just an English concern. According to the World Health Organisation (WHO, 2003), more than 300 million people are obese worldwide, an increase of 100 million in just 5 yrs. Furthermore, as a result of overweight and obesity, it is estimated that the loss of healthy life (years of life spent without disability or ill-health) will increase by one third over the next 20 yrs (WHO, 2002). Within Europe national obesity levels have risen by between 10% and 40% over the last decade (IOTF/EASO, 2002). England not only has some of the highest levels of obesity in Europe but the pace with which English obesity rates have increased in recent years is also markedly sharper than the increase in many other European countries.

A wider range of social, behavioural and clinical factors have been linked with obesity, alongside an acknowledged element of genetic association. While age and gender clearly play a structuring role in the prevalence of obesity, most attention has focussed on relationships with diet (as a measure of calorific intake) and exercise (as a measure of calorific output). Obesity is seen as an outcome of an imbalance of individual dietary and exercise behaviour (Jebb, 1999). Both diet and exercise have been subject to considerable changes in practise over recent decades and are, of course, themselves in part socially determined. Of the many factors possibly implicated in these processes, ethnicity and social status play a significant role. Other associations would include education and smoking. Individual level factors alone cannot however completely explain geographical variations in obesity rates (Ellaway, Anderson, & Macintyre, 1997; Kahn, Tatham, Pamuk, & Heath, 1998). While geographical variations in the prevalence of obesity may reflect geographical variations in the distributions of age and sex, ethnic groups and social status, other factors working at an area level may also be important.

Research that has provided evidence for area effects on obesity includes Rami, Schober, Kirchengast, Waldhor, and Sefranek (2004) who, in a study of adolescent men, found a significant regional variation in both numbers overweight and those obese across Austria. A study carried out in Cameroon by Sobngwi et al. (2002), concluded that