

Obesity and the Relationship between Personal Social Networks

Maria de Jesus Xavier Aguirre*

Graduate Program in Health Sciences, Federal University of Rio, Grande do Norte UFRN, Natal – RN, Brazil

ISSN: 2578-0263



***Corresponding authors:** Maria de Jesus Xavier Aguirre, Graduate Program in Health Sciences, Federal University of Rio, Grande do Norte UFRN, Natal - RN, Brazil

Submission: 📅 October 11, 2023

Published: 📅 November 08, 2023

Volume 6 - Issue 3

How to cite this article: Maria de Jesus Xavier Aguirre. Obesity and the Relationship between Personal Social Networks. *Interventions in Obesity & Diabetes*. 6(3). IOD. 000636. 2023. DOI: [10.31031/IOD.2023.06.000636](https://doi.org/10.31031/IOD.2023.06.000636)

Copyright@ Maria de Jesus Xavier Aguirre. This article is distributed under the terms of the Creative Commons Attribution 4.0 International License, which permits unrestricted use and redistribution provided that the original author and source are credited.

Opinion

Global projections predict that by 2030 the world will have 1 billion obese people, with 1 in 5 women and 1 in 7 men will be living with obesity by 2030 [1]. People with obesity have a higher risk of mortality from chronic non-communicable diseases, such as cardiovascular diseases [2] diabetes mellitus [3] and some types of cancer [4]. And in adolescence, it can lead to related cardiometabolic complications in adulthood [5]. Furthermore, adolescents with obesity are more likely to have depression, anxiety, low self-esteem, difficulty making friends, being victims of bullying, eating disorders [6,7] and having adiposity in adulthood [8]. Obesity is defined by the World Health Organization as an abnormal or excessive accumulation of body fat that poses a health risk [9]. It presents a multifactorial etiology that encompasses genetic, environmental, socioeconomic, and behavioral influences [10]. A complex disease in which its prevention and control require an expansion and enlargement of the interventions selected for its treatment throughout life.

Therefore, the treatment and prevention of obesity should not only focus on their individual choices of diet, physical activity, and health behaviors. Changes must be made to social and cultural norms, across all sectors (education, healthcare, marketing, and the food and beverage industries) and in diverse settings (schools, workplaces, and the community) [5]. It is necessary to treat obesity from the point of view of each stage of life. Adolescence is the phase that is most influenced by the environment. From this perspective, it is essential that the problem of obesity is also analyzed from the point of view of the environment of social relationships, where adolescents share their ideas, influences, and behaviors. It is within social networks that configure relationships, in which adolescents are inserted and share their aspirations, health behaviors, or lifestyles such as physical activity, eating habits, and academic performance, among others.

Social relationships can positively influence health, with protective effects, or can also influence health negatively. It is through the analysis of social networks, defined as a set of actors linked together through social ties [11], that currently exhibits great importance as a tool that adds to the study of the control and treatment of weight gain in obesity. In this way, it opens other perspectives of understanding, in the field of causalities and the possibility of intervention to stop the spread of obesity in the adolescent population.

References

1. (2022) World Obesity Federation. *World Obesity Atlas 2022*. London.
2. Powell-Wiley, Tiffany M (2021) Obesity and cardiovascular disease: A scientific statement from the American Heart Association. *Circulation* 143: 21.
3. Amir T, Shai I, Afek A, Raz GD, Ayalon N, et al. (2011) Adolescent BMI trajectory and risk of diabetes versus coronary disease. *The New England Journal of Medicine* 364(14): 1315-1325.
4. Lauby-Secretan B, Scoccianti C, Loomis D, Grosse Y, Bianchini F, et al. (2016) Body fatness and cancer-viewpoint of the IARC working group. *The New England Journal of Medicine* 375(8): 794-798.

5. Cardel MI, Atkinson MA, Taveras EM, Holm JC, Kelly AS (2020) Obesity treatment among adolescents: A review of current evidence and future directions. *JAMA Pediatrics* 174(6): 609-617.
6. Smith JD, Fu E, Kobayashi MA (2020) Prevention and management of childhood obesity and its psychological and health comorbidities. *Annual Review of Clinical Psychology* 16: 351-378.
7. Stabouli S, Erdine S, Suurorg L, Jankauskienė A, Lurbe E (2021) Obesity and eating disorders in children and adolescents: The bidirectional link. *Nutrients* 13(12): 4321.
8. Weihrauch-Blüher S, Schwarz P, Klusmann JH (2019) Childhood obesity: increased risk for cardiometabolic disease and cancer in adulthood. *Metabolism: Clinical and Experimental* 92: 147-152.
9. (2022) World Health Organization (WHO). Health Topics. Obesity Overview. WHO, Geneva, Switzerland.
10. Qasim A, Turcotte M, de Souza RJ, Samaan MC, Champredon D, et al. (2018) On the origin of obesity: identifying the biological, environmental and cultural drivers of genetic risk among human populations. *Obesity Reviews* 19(2): 121-149.
11. Wasserman S, Faust K (1994) *Social network analysis: Methods and applications*.