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Anomie Obesogenic: A Chaos Ritual

Abstract

Anomie, a term coined by the French sociologist Emilie Durkheim, refers to the absence of ethical and moral standards that generate the restraint of the individual. It can be represented in three structural levels: micro, where the family environment creates a family model that goes beyond social lines, modifying the behaviors based on values, norms and socially acceptable attitudes; the meso: Academies, colleges and intellectuals, among others, with the ability to emit observations knowledge base with minimal intervention from the State for the generation, application and regulation of policies and the macro: State as a guarantor of health, develops public policies to address the needs of the population and anomie momentary and partially (actions that are repeated continuously and being socially accepted). Obesity is a chronic disease determinants and social determinations that put the individual in a situation of risk to their health. Mexico trends in overweight and obesity in different national surveys show a steady increase in the prevalence at the long time becoming a threat to the collective not only Comorbidities, but by the impact on quality of life. Obesity seen under the biomedical eye is squarely in genetic risk factors, dietary habits and physical activity, however, since an approach social-critical must look at the effects of the economic, political and ideological process that generate models which upset the subjectivity of the individual looking for immediacy of satisfiers to alleviate loneliness and oblivion. Social anomie fostered by the mass-media, commodified social family environment to influence and tame, direct or indirectly in the preferences of the products by means of social inclusion, pleasure and decrease anxiety, creating a social response of consumption problematized through a heap of perpetual calorie generating obesity, i.e., an obesogenic anomie.

Keywords: Obesity; Anomie; Mass-media; Consumption

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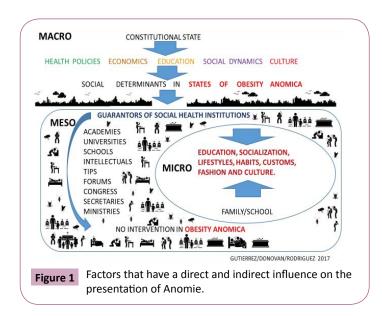
Introduction

To understand the anomie

The concept of anomie coined it the French sociologist Emilie Durkheim in the 19th century, this concept refers to the absence of ethical and moral rules that generate the moderation of the relations of the individual and their interaction between different areas of modern society that highlights the social functions and reflects the perception of the population in terms of its environment [1]. Various authors revisit the concept and adapt it to the specific contexts in which develop. Robert Merton, American sociologist in his book Social Theory and Social Structure, explains to the anomie as a mismatch between the ideal purpose of a society and the means provided to individuals to reach out to them [2].

Against these imbalances, there are various factors that influence of direct and indirect way in the presentation of anomie, a level micro (Figure 1) find that family and school environments are the main sources, both positive as negative: education, socialization, mark styles, habits, customs, fashion and culture, in this way generates a family model that goes beyond social lines between individuals, modifying behaviors based on values, norms and socially acceptable attitudes in positive or negative way. They have evolved in the same site and respond to the needs generated in society about its capacity for adaptation, in a conformation of its harmony of social development.

Level meso (Figure 1) institutions that support the State of social health, such as schools, colleges, intellectuals, councils, congresses, among others, in which individuals who can issue observations based on theoretical knowledge are concentrated



and have minimal intervention in the decisions in question of generation, application and regulation of public policies. This lack of regulation is one of the foundations of the anomie and they are perpetuated within the different spheres of society.

Level macro (Figure 1), the State as a guarantor of health, develops public policies to solve partial and momentary way the diverse needs of the population, actions are not sufficient for the population, and they have a great impact on various levels, changing the perspective and "normalizing" the absence of a body of ethical and moral standards; actions that are repeated within the society continuously and end up being socially accepted and being part of the culture. Therefore anomie, it can be said, is the lack of ethical and moral standards within a society that suits the self-control of the individual per the evolution of social ideology, which is manipulated by lifestyles different from those of a particular geographic area. The presence of anomie in different levels generated obesity to thrive within the normality of the individual and is socially accepted by today's society.

In relation to obesity

Obesity is a multi-factorial chronic disease which is defined as the excess of body fat that puts the individual in a situation of risk to their health. Is determined by calculating the body mass index (BMI) which is obtained by dividing the weight in kilograms in between the height in meters squared, one BMI greater than 30 is obesity, and between 25 and 29.9 overweight [3,4].

Obesity is considered a disease of risk varied, associated a: low back pain, infertility, osteoarthritis, hyperuricemia, dyspnea, apnea sleep, diabetes, hypertension, ischemic heart disease, vesicular lithalsas, accidents cerebrovascular, polycystic ovaries, metabolic syndrome, Dyslipidemia [5], cataract, non-alcoholic fatty liver disease, also reduces life expectancy by an average of 9 years and currently associated with breast, colon and endometrial cancer [6-8]. Per the second survey on health and nutrition of the United States (NHANES) [9], also obese people between 20 and 75 years of age have one relative 2.9 times higher risk of diabetes mellitus type 2, with respect to persons of normal weight. The

same survey shows that the relative risk is 3.8% for the obese from 45 to 75 years old and 2.1% at 20 to 25 years old, it is worth mentioning, that die each year, at least 2.8 million people around the world because of obesity or overweight [4], this positions him as a multipatological and high-mortality disease.

World Health Organization (WHO) estimated that by the year 2015 would be 2.3 billion overweight adults, more than 700 million with more than 42 million children under five years old, overweight, obesity, and this exceeded estimates, now says that more than 70% of the population of some countries will have overweight and obesity by 2020 [10], while the projections of the Organization for cooperation and economic development (OECD) estimated that two of three people will be overweight or obesity [11] by 2020 and 2030 is expected to be a severe prevalence with 130% increases [12], this gives way to pandemic.

In our country, trends in overweight and obesity in the different national surveys show a steady increase in the prevalence at the long time. From 1980 to date, the prevalence of obesity and overweight in Mexico has tripled reaching alarming proportions [13-16] and finally the last national survey of health and nutrition 2012, found that about 30% of the population older than 20 (women, 34.5%, men, 24.2%) presented obesity [17,18], the latest data of the ENSANUT [19], warn that overweight and obesity in women presents an increase over figures for 2012, which is higher in rural areas than urban, with respect to the adult male population overweight and obesity increased in rural areas-from 61.1% in 2012 to 67.5% in 2016 [19], despite the national system of health surveys, which allows you to make available to decision-makers, researchers and academics, relevant and accurate information about the health conditions of the population [18], these have been forgotten in public policy in health, so the Mexican people flooded in to ignominy and marginalization.

Obesity has become the country most important modifiable risk factor. Currently 71.3 percent of Mexican adults suffer from these conditions, with prevalence slightly higher in women and by age group the overweight and obesity are more common in the fourth and fifth decades of life [20]. Currently, Mexico and United States occupy the top of world obesity prevalence in the adult population (38%), followed by New Zealand, Hungary, Australia and Canada (30.4%), this is ten times higher than Japan and Korea (4%) [21], a perverse ceremony full of roundness and drive was built in Mexico.

At present in our country it is torn between fully scientific environments to try to decrease the prevalence of obesity, such as conferences, seminars, and disputes between different national experts and international trying to offer analysis and answers to this pandemic. Approximations are made from the biomedical field, where the themes repeatedly addressed are: current epidemiological picture of obesity, nutrition and body composition, Comorbidities, genetics and obesity, metabolic syndrome, nanotechnology and obesity, surgery Bariatric, Pharmacology and obesity, nutrition and physical activity, obesity, among others, and in spite of all these great scientific

debates, the waterfall in obesity is perpetual and continuous within the collective Mexican It is as well that this pandemic will continue within the Mexican construct, despite any intervention into the obese patient, since you forgot the concept focused to obesity from a look at cross-disciplinary to reduce its origin and not its consequences.

Creation of a New Concept of Anomie Obesogenic

Per this existing anomie has also been transformed at the same time society, this is evident in the comparison between traditional and modern society in the traditional there is a collective consciousness based on the uniformity of beliefs and customs, in which the differences are considered as a threat to the consistency established by the passage of time. Otherwise, modern societies establish links based on the differences between its individuals, since individuality promotes the same specialization and creates the need for services provided by other members of the same community, likewise, this diversity makes simultaneously including social cohesion and individuality-family social network-, bring the individual to a subjugation of subjectivity immediacy of satisfiers and uncertainty generated by the society itself [2], arriving to mitigate this loneness and oblivion through a mood called social anomie.

Thus, the social anomie, generates internal impulses of death model accepted by the social status of the individual, fostered by the media in marketing communication uses the family social network environment to influence and tame, direct or indirectly, the preferences of the product through the media, such as television and the internet, at the end are accepted widely by all groups, by which the individual is caught in a net of consumption and parsimony obesogenic. Calorie food low-cost marketing campaigns, have developed a "normalization or standardization" accepted consumption, which has embedded within the collective, and this, is given through a market invaded advertising campaigns, that affect the choice when choosing foods of low nourishing contribution that followed but highly advertised, which originates in the individual anomic different levels of satisfaction, in a first axis: (a) Social inclusion, having purchasing power to buy or request a food highly publicized, devoid of any nourishing contribution, on a second axis: b) Increase in anxiety, distress or abandonment, leads to an emotional, compensation schedules and workload of caregivers, parents or guardians and come to shopping malls to buy a promotional infant food and thus relieve the hours of absence with loved ones in a third axis: (c) Fantasy, by eating these foods, unreal, invented, or imaginative worlds of the real world from a product, where the consumer is the main focus of this world, in a fourth axis are recreated: d) Pleasure, by eating these foods there is addiction to taste or elements which are embedded in the product, which affects adrenergic discharge and dopaminergic similar to drug use what conditions addiction to certain foodstuffs. These elements affect the status of nutrition and health in the long run, thus creating a social response of consumption problematized through a heap of perpetual heat, where the epidemic is called anomie obesogenical.

Therefore, eating behavior as social fact, has been subjected to analysis in an empirical manner under the conceptualization of the sociology of food [22,23] focusing on the des-estructuracion, des-socializacion, des-implantacion and des-ritualizacion behaviour in food consumption, so the relationship between the food and the social changes, is supported by the social imbalance the relationships of inequality and power and subordination near the idea of class consumption patterns. Fischler [24] connects the following scenarios: decomposition and identification of food associated with modernity (referring to a diner to have three options to feed: to) qualifying thought (account with rules of their society to decide what is good or bad to eat), principle of incorporation (integration of the material and symbolic of what you ingested) and Paradox of the omnivore (search for new sources of nutrition); the above is a true blessing, the choice of food is regulated by the culture of family consumption which interacts closely with the neoliberal political model that modifies food choices because it is influenced by advertising campaigns for energy products, generating social diseases to open the local market to transnational corporations of industrialized food as anomie obesogenic.

Conclusion

By way of conclusion, in this anomie obesogenic the development of a society that is undergoing high from political, social and ideological, consumption of caloric foods where the collective individualized through the family and school social network seeks an immediate, fleeting and brief but inclusive, happiness by a fallacious consumer product. This behavior of consumption is easy to document through as television and the internet creates versions of the distorted reality, which in the social imaginary can be problematic as suggestive, poor and noisy or cozy and exciting that forwards them to ideal models of 'normality', to generate a culture of consumption, spread open and fluent way non-specific for an age group, but with high impact both individual and collective. Thus, this inanimate State called anomie obesogenic; it is the result of a social compulsion with sender's accumulation of fats through consumption and perpetuity.

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