**ANALYSIS REPORT OF IN-DEPTH INTERVIEWS, NICK-CHILE PROJECT: TACKLING CHILD OVERMALNUTRITION IN CHILE.   
CURRENT SITUATION: VIEWS FROM DIFFERENT SECTORS AND INSTITUTIONS**

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**Abstract:**

Overnutrition has become a major problem and is closely linked to the development of cardiovascular diseases. In Chile there has been much discussion about the steady increase in overnutrition and how this can be tackled. Existing policies have been focused on the reduction of fat, salt and sugar intake and increasing the intake of ‘healthy food’ and increasing physical activity among preschool and school children. Nevertheless, child obesity rates have risen.

**Objective:** To ascertain the views and perceptions of the current situation of child obesity in Chile from stakeholders from the various sectors and institutions involved in tackling child overnutrition.

**Methodology:** Qualitative descriptive research. 14 semi-structured interviews were conducted with stakeholders at a regional and local level from distinct sectors. The interviews were recorded (written notes and audio) and later transcribed and analysed thematically using Nvivo 8 software.

**Results:** The interviewees perceive that child obesity is a major problem caused by multiple factors and needs be tackled with an intersectoral approach. Obstacles to reducing child obesity include factors such as obesity not being seen as a disease, unlike malnutrition; a lack of awareness that an obese child is ill; a tendency among families to overfeed children; the accessibility of “junk food” compared to healthy food in terms of price and availability and the preponderance of junk food advertising. In terms of institutional obstacles, the interviewees perceive that policies lack continuity and are fragmented. Leadership and a genuine commitment from political authorities as well as a more effective intersectoral governance structure are seen as key factors for improving this situation.

**Conclusions:** Some of the interviewees consider that the lifestyles (practices, beliefs and attitudes) of the families themselves are obstacles to tackling obesity, while others see these lifestyles as a response to the challenging circumstances of the environment in which the families live. Therefore there are two opposing points of view to explain the origin of overnutrition and the difficulties in tackling this problem in Chile which also reveals two perspectives of health, an individual perspective and a second more systemic perspective.

**Resumen:**

La malnutrición por exceso se ha convertido en un gran problema estrechamente relacionado con el desarrollo de enfermedades cardiovasculares. En Chile su incremento progresivo en la población y las formas de cómo hacerle frente, han estado en el centro de la discusión. Las políticas desarrolladas se han relacionado con reducir la ingesta de grasas, sal y azúcar y aumentar la ingesta de "comida sana" y la actividad física en los niños en edad escolar y preescolar. Sin embargo la obesidad infantil ha aumentado.

**Objetivo:** Conocer las visiones y percepciones que tienen actores de distintas sectores e instituciones relevantes en el abordaje de la malnutrición infantil por exceso respecto del estado actual del tema en Chile.

**Metodología:** Estudio cualitativo descriptivo. Se realizó 14 entrevistas semi-estrcturadas a actores de diferentes sectores a nivel nacional regional y local. Se hizo registro escrito y de audio, que fue transcrito e introducido a programa Nvivo 8. Se analizó mediante análisis temático.

**Resultados:** Los entrevistados/as visualizan que la obesidad infantil es un gran problema, con un origen multifactorial y su abordaje debe ser intersectorial. Se destacan como barreras para su reducción la falta de noción de enfermedad, a diferencia de lo que ocurre con la desnutrición, hay poca conciencia de que un menor obeso está enfermo, así como, las prácticas de las familias en torno a la sobrealimentación de los niño/as. El fácil acceso a “comida chatarra” por sobre la comida saludable, en relación al precio, disponibilidad y la gran cantidad de publicidad que promueve la primera. Barreras institucionales como la discontinuidad y fragmentación de las políticas. Se identifican factores clave para mejorar la situación como liderazgo y real compromiso de las autoridades políticas, intersectorialidad efectiva.

**Conclusiones:** Algunos entrevistados consideran los estilos de vida (prácticas, creencias y actitudes) de las familias como barreras para el trabajo contra la obesidad, otros visualizan esto como respuesta a condiciones del entorno que son difíciles de abordar por las personas, existen entonces dos discursos opuestos para dar explicación tanto al origen de la malnutrición por exceso como a su difícil abordaje en Chile y que evidencia dos miradas en torno de la salud, una perspectiva individual y otra más sistémica.

1. **Introduction:**

Overnutrition has become a major problem for Public Health in many developed and developing countries and is closely linked to conditions such as hypertension, diabetes or dyslipidaemia which in turn are linked to cardiovascular diseases (such as heart attacks and strokes) and various other non-transmissible diseases that cause high rates of morbi-mortality ([WHO, 2004](#_ENREF_16), [PAHO, 2005](#_ENREF_13)).

Preventing excess weight and obesity should therefore be a made a public priority in order to reduce it. In Chile there has been much discussion in public health over the last few decades about the steady increase in excess weight and obesity among the general population and how it can be tackled ([Kain et al., 2002](#_ENREF_9)). Children are clearly affected by this problem and children in Chile have the highest levels of obesity in Latin America ([Amigo, 2003](#_ENREF_2)). Obesity levels in Chile have increased over the last 20 years and the problem seems to be most acute among children from low income families ([Peña and Bacallao, 2005](#_ENREF_14), [Uauy et al., 2001](#_ENREF_15), [Albala and Vio, 2000](#_ENREF_1)).

There are many reasons for intervening in overnutrition as early as possible (in the case of children). Early intervention not only reduces the risk of cardiovascular diseases, it is also better from a cost-effective point of view. In Chile, the governmental policies developed by the Ministry of Health have been focused on the reduction of fat, salt and sugar intake and increasing the intake of ‘healthy food’ such as vegetables and fruits and increasing the physical activity of preschool and school children ([MINSAL, 2010a](#_ENREF_10)). These policies were introduced into public and subsidised schools and were targeted mainly at preschool and primary school pupils ([MINSAL, 2005](#_ENREF_12), [Fernandez et al., 2002](#_ENREF_8)).

However this process has been very slow and has not been as widespread as it could and should have been and child obesity rates are continuing to increase, except for preschoolers where there has been a slight reduction in obesity rates in the last three years. The results of the 2009 evaluation of health goals of the decade were disappointing; with a slight reduction in obesity among preschoolers (8.4%) but an increase (20.8%) among year one (first grade) primary school pupils ([MINSAL, 2010b](#_ENREF_11)).

To understand this problem in the Latin American context, several authors consider that a multi-causal focus is fundamental ([Amigo et al., 2007](#_ENREF_3)) which usually includes elements such as behaviour in relation to the family ([Brancho and Ramos, 2007](#_ENREF_4), [Díaz, 2000](#_ENREF_7)), social, cultural and economic environment. These elements interact in the context of the demographic transition that developing countries undergo as they shift towards urban lifestyles, a process which is led by industrialisation and faster rural migration to cities. This is associated with market-based economic growth and the transition towards a consumer society ([Breilh, 2010](#_ENREF_6)). This phenomenon has a greater impact on lower income families because they have fewer opportunities to choose healthy food and lead an active life ([Peña and Bacallao, 2005](#_ENREF_14), [Uauy et al., 2001](#_ENREF_15), [Albala and Vio, 2000](#_ENREF_1)).

The aim of this study is to ascertain the views and perceptions of the current situation of child obesity in Chile from stakeholders from the various sectors and institutions involved in tackling child overnutrition.

1. **Methodology:**

A qualitative methodology was used and in-depth interviews with a semi-structured script were conducted to gather data. The interviewees were stakeholders from the various sectors and institutions involved in tackling child overnutrition (institutional stakeholders at a national, regional and local level from the sectors of health, education and sports and local food retailers, etc.).

14 interviews were conducted between March and June 2011 until the point of data saturation was reached. The participants were contacted and informed of the reasons for the interview by email or by telephone. Everyone contacted agreed to take part in the interview.

The interviews were based on a semi-structured questionnaire (Annex 1). During the interview written notes were taken and the interviews were recorded for transcription and analysis. The analysis was carried out using thematic analysis which was then codified to generate categories and sub-categories for analysis ([Braun and Clarke, 2006](#_ENREF_5)). NVIVO 8 software was used to support this analysis.

1. **Results:**

14 in-depth interviews were conducted with key stakeholders. From the health sector this included regional and local authorities and professionals from the Ministry of Health (2), the Regional Ministerial Office of Health, Valparaiso (SEREMI de Salud, Valparaiso) (3) and the Municipal Department of Health (Corporación Municipal de Valparaiso) (2) who at that time were working on issues such as: health promotion, dietary patterns and nutrition and primary healthcare. In relation to food intake at schools and preschools, interviews were held with professionals from JUNAEB, the national organisation that supplies meals to public and subsidised schools, preschools and nurseries (1), the National Association of Nurseries and Preschools (JUNJI) (1) and the non-profit organisation Fundación Integra (1). Interviews were also held with the National Sport Institute (IND) (1), with the municipal director of the Local Health Council (1), with the head of the Valparaiso Regional Association of Market Traders (1); and with an academic working in the area of nutrition (1).

The most relevant findings from these interviews will be discussed in the following section.

In general, all of the interviewees perceive that child obesity is a major problem caused by multiple factors and needs to be tackled with an intersectoral approach. Relevant stakeholders for tackling overnutrition were identified as: local government, the education sector, health sector, sport sector and other public sectors such as the Ministries of Planning, Agriculture, and Fisheries etc. The media, families, the private sector, local communities, political authorities and academia were also identified as relevant stakeholders.

1. **Obstacles or difficulties in relation to reducing overnutrition:**

People’s beliefs, practices and attitudes in terms of diet, physical activity and nutritional status were highlighted as obstacles. A major obstacle is the failure to see obesity as a disease which in itself implies further health risks.

*“There is a lack of understanding among the population in terms of the risks associated with obesity and many people still believe that the fatter a child is, the healthier he or she is. This is an issue that needs to be tackled with a great deal of information and a lot of perseverance in order to bring about a cultural change.”*

*“People do not realise that being obese is a disease, it is as if obese children are attractive, people say “Ah, how lovely, how chubby!” the fatter the better.”*

Compare this situation to the clear understanding of other conditions such as malnutrition or underweight children.

*“because it is much more entrenched and children suffering from malnutrition receive much more attention because that’s how it is…but an obese child, it is not seen as a disease, people don’t realise that an obese child is an ill child, so it just passes by.”*

Other obstacles that were identified relate to negative attitudes towards sport and a failure to appreciate the importance of leading a more active lifestyle as opposed to a sedentary lifestyle.

*“In our culture there was this mentality of trying to avoid physical education classes and we see that young people are making up more and more excuses to not go to class”*

*“the idea or rather the beliefs about sport; we have come across cases where effectively, the punishment is to take away the ball”*

Another issue which was highlighted was the relationship in Chile between demonstrating affection and food and the impact of these forms of socialisation that are linked to overeating.

*“It is a cultural issue associated with eating in general, that everything in people’s lives is associated with eating: parties, meetings, everything and with food that is really high in critical nutrients”*

Similarly, there are certain beliefs in terms of eating, for example, the tendency to underrate vegetables or pulses compared to other types of food,

*“the thinking that everybody hates pulses, I mean, it’s like a myth”*

*“our nursery teachers also had lots of myths, it is a cultural issue… ….when I ask her: How do the children eat here? Good, really good, the only thing they don’t eat is the salad”*

*“there is the issue that fruit consumption is very low, it’s about 200 grams a day instead of 400 and not because of money, it’s about habits, it seems we have to raise the profile of fruit and vegetables because they don’t have, what’s it called? There’s a word for it…status!”*

Urban lifestyles, a lack of time or the reluctance of modern families to prepare healthier meals are recognised as factors that make it more difficult to reduce child obesity.

*“families are spending less and less time together, children spend more time at school, parents spend more time at work and as for recreational activities, leisure, I would say that these activities don’t feature, a lot of time in front of the television, a lot of time in front of the computer, a lot of time on the Internet”*

*“Then teatime is always bread and bread with processed meats and bread with margarine”*

*“before, people ate a lot of pulses, vegetables, casseroles and nowadays most young mums don’t even know how to cook a casserole or use the stuff they have to hand you know. So the easiest thing to do is to go and buy something cheap: hamburgers with rice, sausages”*

One of the major enticements to overnutrition that emerged from the interviews was the ease with which unhealthy foods can be accessed by children, either because the price tends to be lower than for healthy foods, or because there is a bigger offer as they are available everywhere or as a result of the marketing of these types of foods, which in general, was seen as more widespread than for healthy foods.

*“and then there’s, well, access to these cheap foods which cost $100 pesos (15 pence), everything that we are talking about, marketing, well all these things are obstacles…”*

*“because I think that…to some extent (marketing) encourages us to eat certain foods that are really tasty and full of salt, like crisps you know”*

As a final point, the accessibility of unhealthy foods is a hindrance to the work that is being done by institutions to tackle the problem.

*“we are giving out a fairly discordant message compared to the message that all the other sectors of our society are giving out, in terms of all the marketing that there is, everything that the mass media is saying, everything that the availability of low cost unhealthy foods is saying, everything that the behaviour encouraged directly or indirectly by TV and by the example set by adults is saying”*

Several institutional obstacles were identified including management difficulties, the lack of continuity in public policies and the fragmentation of work between the various institutions, the lack of clear communication between the policies that are implemented and between the institutions behind those policies.

*“The lack of continuity in the programmes has a fairly negative effect on their effectiveness”*

*“there are lots of initiatives from the health sector, from education, but they are isolated initiatives, so this makes it impossible to measure the impact, so you can end up repeating something that possibly had no impact whatsoever”*

In general, there was consensus as to which public policies have been weakest in terms of regulating the food and beverage market, the marketing of food and beverage products, the development of facilities for physical activity and spending time outdoors, etc.

*“it’s the legislators, there has been some progress but crikey, it takes so long! The food and food marketing law has taken two years so far and it still hasn’t been approved”*

*“that housing development, by law, should have x amount of metres for physical activity, leisure and recreational areas; and today you can see that it doesn’t have any, there’s scarcely any or it’s not been finished, when the development is completed there’s no sports pitch, not even, and what’s more, what do they do, they put it here and build a housing development and nobody says: this is not complete until you, Sir, build green areas for the people who live here, who notices?*

1. **Key factors for success with overnutrition policies:**

Leadership within educational establishments or at a local government level was identified as a very relevant factor for the successful implementation of policies to reduce child obesity.

*“the most important variable is the leadership of the school head teacher”*

*“So I would say leadership in general, the mayor is very important, the head teacher is very important, failing which, any other leader in an educational establishment”*

As well as leadership, the conviction and commitment with which local authorities implement policies for healthy eating and active lifestyles was highlighted.

*“What also makes a big difference is the mayor’s position; when healthy living is on the mayor’s agenda - as part of the municipal plan, it is much more likely that a school will be successful because the municipality will approve all the school’s projects and accept all its ideas. When the mayor is the one going on bike rides or walks, it attracts people”*

*“there are cases in municipalities that are incredible, where the mayor understood the issue so clearly that he says: ok, I’ll order a municipal ordinance…- because mayors have the political power, where an ordinance is a law and it says – snack kiosks are prohibited in schools –”*

This is in addition to the involvement of communities and families in tackling this health problem.

*“And when the parent community starts to become committed, that is another plus but for the parent community to commit, someone has to have encouraged them. So of course, when we have a mayor that is committed, a school head that is committed and awareness among the parent community, we have the best scenario”*

*“I think this is fundamental, working with families, because children are absolutely, they depend absolutely on their parents’ dietary habits, their mothers and grandparents, they don’t choose for themselves so it is the family that knows, that goes shopping, that prepares the food”*

1. **Conclusions:**

All of the interviewees recognise that overnutrition is a serious problem and that intervention is required to bring about a reduction in child obesity.

Although on the whole child overnutrition is considered to be a multifactorial problem, some of the interviewees attributed greater relevance to the lifestyles, i.e. the practices, beliefs and attitudes of families as obstacles to the efforts that are being made to reduce child overnutrition. On the other hand, some interviewees considered these lifestyles to be a response to challenging environmental conditions which are difficult for people to overcome. Therefore there are two opposing points of view to explain the origin of overnutrition which also reveals two opposing views of health, on the one hand a perspective that is essentially individual and another that has a more systemic focus.

Weaknesses in the public policies that have been implemented were acknowledged, principally the fragmentation and lack of continuity in the execution of those policies and a lack of legislative support in this area. This is evidence of the need to improve these policies, at both a legislative level and also through central and local management, strengthening intersectoral governance, the leadership of local governments, work with communities and families, in order to redefine the direction that has been taken until now.

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**Annexes:**

**Annex 1: Semi-structured interview script**

Good afternoon, the interview that I am going to do now is part of a study on child obesity called **“Tackling child overnutrition on the basis of intervention in social determinants for health in vulnerable neighbourhoods in Valparaiso”**. This study is part of the Healthy Urbanisation Project, a multi-centric research project coordinated by the University of London with the cooperation of the University of Valparaiso. It is also part of the doctoral thesis that I am studying at the University of London.

It is important that you are aware that this interview will be recorded, however the information is confidential. To ensure the anonymity of the participants, neither the names nor the place of work of those interviewed will appear during the processes of transcription, analysis and subsequent presentation of data. Furthermore, all participants will be sent a report with the results of this study. Do you agree to continue with the interview?

1. What are your ideas, notions or opinions on child obesity?
2. What is your view of the current situation of child obesity in Chile (its magnitude, distribution, impact)? And in Valparaíso?
3. What do you believe to be the cause or causes of child obesity?
4. What do you believe to be the consequence or consequences of child obesity?
5. What response or responses do you think there have been to child obesity?
6. What interventions, public policies or experiences are you aware of that have been implemented to prevent child obesity in Chile? And in Valparaíso?
7. Could you describe what you know about these interventions, public policies or experiences in terms of how they have been implemented and what they are about?
8. Which of these interventions, public policies or experiences do you think have been successful?
9. Which of these interventions, public policies or experiences do you think have been ineffective?
10. What groups or sectors that you know of have participated in these interventions, public policies or experiences?
11. In what way has your sector supported or participated in this process?
12. What do you believe to be the main obstacle or obstacles that have prevented a reduction in child obesity?
13. What other interventions or public policies could be implemented now to tackle child obesity? And how?
14. In a new scenario: How could your sector support the process?
15. Which other stakeholders do you think should be involved in this process? In what way should they be involved?
16. Do you think it might be important to include the food and beverage industry in this process? How do you think this sector could participate?