Article Title: *"Influences of Different Environmental Factors to the Increasing Rate of Obesity in the Philippines: A Review"*

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Part 1: Cultural Analysis Text

Article Title: *"Influences of Different Environmental Factors to the Increasing Rate of Obesity in the Philippines: A Review"*

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Publication: Asia Pacific Journal of Allied Health Sciences, Volume 5, No. 1, September 2022, pp. 93–102. Peer-reviewed open-access journal published by Lyceum of the Philippines University.

Abstract / journal page: asiapjournals.org

This article qualifies as a serious academic essay analyzing Filipino culture: it is a peer-reviewed review article in an allied-health-sciences journal, examines a specific cultural shift in the Philippines (the dietary and behavioral changes accompanying urbanization, globalization, and post-colonial westernization over the past 25 years), and includes a References section drawing on FNRI/DOST national survey data, WHO reports, and peer-reviewed studies. It explicitly frames the obesity epidemic in the Philippines as a story about cultural transformation — colonial history, perceived cultural inferiority, westernization of diet, and shifts in the food environment — rather than a purely biological problem.

Part 2: Evidence

Main Claim

The authors' central claim is that the rising obesity rate in the Philippines — which has roughly doubled in adults since 2003 — is caused by environmental and cultural changes, not by individual choice or genetics. They argue that urbanization, globalization, and westernization have shifted the Filipino household diet toward energy-dense processed foods and away from traditional, more active lifestyles. Crucially, they extend this beyond a standard nutrition-transition argument: they claim that the Philippines' long history of colonialism has produced a cultural "perception of inferiority" — what they describe as a form of internalized racial oppression — which makes Filipinos especially vulnerable to adopting Western dietary trends. Women and urban households are identified as the most affected groups.

Four Most Important Pieces of Evidence

1. **The doubling of Filipino adult obesity since 2003.** The article's Figure 1 traces obesity prevalence across all age groups from 1989 to 2018, showing it has nearly doubled since 2003. Source: Philippine National Nutrition Surveys conducted by the Food and Nutrition Research Institute (FNRI) of the Department of Science and Technology (DOST).
2. **Regional and gender-disaggregated prevalence data.** The article's Table 1 presents overweight and obesity prevalence in the Philippines aggregated by sex and region for 2008–2015, showing higher rates in urban regions (NCR, CAR) and among women. Source: FNRI/DOST National Nutrition Survey 2008, 2013, and 2015.
3. **Shift in Filipino food environment toward eating outside the home.** The article reports that snacks have become the food most commonly consumed outside the home in Luzon, followed by lunch and dinner — a marker of the move from home-cooked meals to convenience and fast food. Source: FNRI dietary intake surveys cited in the review.
4. **The colonialism / cultural-inferiority claim.** The authors argue that because of the Philippines' long colonial history, Filipinos have developed a "high perception of cultural inferiority as part of internalized racial oppression," which makes them especially susceptible to adopting Western foods, brands, and lifestyle trends. This is framed as a partial cause of the obesity epidemic. Source: cited in the review's discussion section, drawing on social-science literature on internalized oppression.

Source Verification: Side-by-Side Comparison

I checked the article's four key pieces of evidence against original FNRI/DOST national nutrition data and against peer-reviewed Filipino obesity research. The findings show the empirical numbers are accurate, but the authors' broader cultural causal claims are weaker than the article suggests.

Evidence in the essay	What the source actually says
Filipino adult obesity has "almost increased by two-folds since 2003" (Figure 1, citing FNRI National Nutrition Surveys 1989–2018).	FNRI/DOST data confirm this: Filipino adult overweight/obesity rose from 16.6% in 1993 to 37.2% in 2018 — roughly a 2.2-fold increase. The article's claim is accurate. However, the same FNRI data also show that chronic energy deficiency (underweight) remained at 16.7%–23% in adults during the same period — a fact the review largely sidesteps, even though it complicates a simple "westernization makes Filipinos obese" narrative.
Overweight and obesity prevalence is highest in urban regions (NCR, CAR) and among women (Table 1, 2008–2015).	The 2013 8th National Nutrition Survey confirms this: overweight and obesity rates were highest among adults in urban areas, the wealthiest income quintiles, and regions

Evidence in the essay	What the source actually says
	including NCR, CAR, and CARAGA. The article reports the data faithfully. What it omits is that the same surveys found undernutrition was concentrated in the OPPOSITE groups — rural areas and the lowest income quintiles — meaning the Philippines has a true "double burden" rather than a uniform epidemic.
Snacks are the most-eaten food consumed outside the home in Luzon, followed by lunch and dinner.	FNRI dietary intake data support this descriptive finding. However, the article does not present any quantitative data linking out-of-home snacking specifically to obesity prevalence — it treats the correlation between food-environment change and obesity as self-evident. A 2017 study (Angeles-Agdeppa et al., Food Sources, Energy and Nutrient Intakes from the 2013 PNNS) found dietary energy intake was actually BELOW recommended levels for many Filipino adults, which complicates the simple "more eating out = more obesity" explanation.
Filipinos have a "high perception of cultural inferiority as part of internalized racial oppression" caused by colonial history, and this makes them especially vulnerable to Western dietary trends.	This is the most ambitious claim in the article. It is asserted in the discussion as a cause of obesity, but the article cites it without presenting empirical evidence linking measured "internalized racial oppression" to measured BMI or food choices in Filipino populations. Peer-reviewed psychology research (David & Okazaki, 2006, on "colonial mentality" in Filipino Americans) does establish that internalized colonial mentality is real and measurable, but no Philippine-based study has demonstrated it as a direct cause of obesity. The authors are extending a sociological concept beyond what their cited evidence supports.

Conclusion of verification: The article's quantitative claims about Filipino obesity rates and regional patterns are accurate and well-supported by FNRI national data. The article's larger cultural causal claims — especially the colonialism-internalized-oppression argument — go beyond what the cited sources can directly prove.

Part 3: Reasons

Four Examples of Reasoning Connecting Evidence to the Claim

1. **Temporal correlation between modernization and obesity rise.** The authors reason that because Filipino obesity rates began their sharpest rise in the 1990s and 2000s — the same decades when Philippine cities urbanized rapidly and Western fast-food chains expanded — urbanization and

globalization must be driving the epidemic. The two trend lines move together, so the authors infer a causal connection.

2. **Geographic distribution as evidence of cause.** Because obesity prevalence is consistently higher in urban regions (NCR, CAR) than in rural ones, the authors argue that the urban environment itself — its food outlets, sedentary work, and Western influence — is producing the epidemic. The reasoning is: if obesity tracks with urbanicity, then urbanicity must cause obesity.
3. **Behavioral pathway from food environment to body weight.** The authors connect the rise of out-of-home snacking and convenience food to weight gain through a basic energy-balance argument: more access to energy-dense food + fewer active occupations + fewer home-cooked meals = positive caloric balance = obesity. This is the article's main mechanistic reasoning.
4. **Sociocultural pathway from colonial history to dietary choice.** The authors reason that because Filipinos historically experienced Spanish and American colonization, modern Filipinos have inherited a sense of cultural inferiority that predisposes them to value Western brands, foods, and lifestyles. They use this to explain why westernization has been adopted so eagerly in the Philippines compared to neighboring countries — a sociological rather than biological explanation.

Logical Fallacies and Mistaken Conclusions

I identified three logical weaknesses in the authors' reasoning. The most serious is a sweeping causal claim resting on under-specified evidence.

1. **Sweeping generalization (extending a concept beyond its evidence).** The claim that all Filipinos suffer "internalized racial oppression" leading to obesity is treated as established fact. But the cited literature on Filipino "colonial mentality" (e.g., E.J.R. David's work on Filipino Americans) measures attitudes about skin color, language, and self-image — not about food choices. The authors take a finding from one domain (identity psychology) and apply it as a cause in another (eating behavior) without showing the link has been empirically tested. The authors could correct this by either (a) acknowledging the connection is theoretical and untested, or (b) citing a study that actually measures "colonial mentality" alongside dietary behavior.
2. **False dichotomy (urbanization vs. rural traditional life).** The article frames Philippine obesity as a story of "westernized urban Filipinos getting fat" while implicitly portraying rural traditional life as healthier. But FNRI data show that rural Filipinos suffer from chronic energy deficiency (underweight) at higher rates than urban Filipinos — meaning rural areas have their own serious malnutrition problem, just a different one. The reality is a double burden of malnutrition (overweight in cities, underweight in rural areas, often within the same families), not a clean before-and-after story of westernization. The authors could correct this by reframing the problem as nutritional inequality rather than purely as westernization.

3. **Post hoc ergo propter hoc (after this, therefore because of this).** The authors argue that because urbanization happened before obesity rose, urbanization caused obesity. But many other things changed in the Philippines during the same decades: massive overseas labor migration (OFWs sending remittances home), expansion of higher education for women, increased screen time and digital media, dramatic changes in transport infrastructure, and shifts in family structure. Without controlling for these, the temporal link between urbanization and obesity is suggestive but not proof. The authors could correct this by acknowledging the multifactorial nature of the change rather than collapsing it into a single "westernization" narrative.

Part 4: Credibility

Writing Style and Tone

The article is written in formal academic style appropriate for a peer-reviewed health sciences journal, with a structured introduction, methods note, results-and-discussion section, conceptual framework figure, and references. The lead author, Dr. Kim Leonard G. dela Luna, is a Registered Nutritionist Dietitian (RND) with an MSPH and PhD, affiliated with the University of the Philippines Los Baños College of Human Ecology — strong, locally relevant credentials for Filipino public-health nutrition. His co-authors are also UP-affiliated researchers in human ecology and nutrition. This gives the article institutional credibility that a foreign-authored paper on Filipino diet would lack.

However, the tone shifts noticeably between sections. The data-presentation sections are restrained and statistical, while the cultural-analysis sections shift to assertive sociological language. The use of charged terms — "internalized racial oppression," "vulnerability," "perception of cultural inferiority" — signals that the authors are advancing a particular interpretive framework, not simply reporting findings. Like the Temple article on the U.S. obesity epidemic, this paper has a clear policy orientation: it argues for "long-term strategies" as a "public health priority," particularly targeting women and urban households.

Counterclaims

The authors address some counterclaims but largely set others aside:

4. **Genetics and individual responsibility.** The authors implicitly reject "individual gluttony or laziness" as an explanation by framing the problem environmentally throughout. This is consistent with mainstream obesity research but is asserted rather than argued.
5. **The double burden of malnutrition.** This is the most important counterclaim the article should address but does not. Other Filipino public-health papers (de Juras et al. 2021, Angeles-Agdeppa et al. 2019) emphasize that the Philippines has BOTH rising obesity and persistent undernutrition co-occurring. By focusing narrowly on rising obesity, the authors miss a finding that would complicate their westernization narrative.

6. **Alternative non-Western influences.** The article does not seriously engage with the possibility that other Asian dietary influences (Chinese, Korean, Japanese fast food, bubble tea, milk-tea culture) — not just Western ones — have driven the food environment shift. Treating "globalization" as essentially "westernization" is itself a simplification.
7. **Studies showing Filipino energy intake is below recommendations.** FNRI's own 2013 dietary intake studies suggest many Filipino adults consume FEWER calories than recommended on paper, even as obesity rises — a paradox that points to physical activity decline and macronutrient shifts rather than simple overeating. The article does not engage with this complication.

Bias

The authors reveal three signs of bias:

8. **Pre-committed cultural interpretation.** The colonialism-and-internalized-oppression framing is introduced as a cause without empirical testing. This is a sociological position the authors clearly hold, and the data is fitted to it rather than the position being derived from data. A reader who disagreed with this framing could not be persuaded by what the article presents.
9. **Selective focus on the obesity side of the double burden.** By treating obesity as THE Filipino nutritional problem — when undernutrition remains at 16–23% in the same population — the authors frame the issue in a way that supports their westernization argument. A balanced presentation would discuss both halves of the double burden.
10. **Assumed gendered vulnerability.** The article repeatedly identifies women as a particularly vulnerable group. This is statistically true (Filipino women have higher obesity rates than men), but the authors do not investigate WHY — whether it is biological, related to childbearing, related to occupational shifts, or culturally specific. The framing risks portraying Filipino women as passive recipients of westernization rather than active participants in food and household decisions.

Rhetorical Devices and Emotional Appeals

11. **Loaded sociological vocabulary:** "Internalized racial oppression," "cultural inferiority," "vulnerability" — these are emotionally charged terms drawn from postcolonial and decolonial scholarship. They frame Filipinos as victims of structural forces, which is rhetorically persuasive but discourages critical examination.
12. **Appeal to national history:** By invoking "a country with a long history of colonialism," the authors appeal to a shared Filipino cultural narrative that resonates with Filipino readers — but this rhetorical move is doing the work of an argument, not standing in addition to one.
13. **Appeal to authority via FNRI/DOST and WHO:** Heavy reliance on official Philippine government nutrition data and WHO statistics signals scientific consensus. The data are real and credible, but

their use to support a sociological causal claim is a separate logical step that the article does not fully justify.

14. **Visual rhetoric:** Figure 1 (the rising obesity curve) and Figure 2 (the conceptual framework diagram) visually anchor the authors' interpretation. Conceptual framework diagrams in particular tend to make a thesis look more established than the underlying evidence supports — they convert a hypothesis into something that looks like a settled model.

Part 5: Final Evaluation

The dela Luna et al. article is moderately effective at supporting its central claim — that the rising rate of obesity in the Philippines is driven by environmental and cultural change linked to urbanization and westernization — but its persuasive power is uneven. The article's empirical foundation is solid: the Filipino obesity statistics it cites are drawn from credible FNRI/DOST National Nutrition Survey data, the regional and gender disaggregations are reported faithfully, and the basic story of dietary transition over the past 25 years is well established in Philippine public-health literature. The authors are credentialed Filipino nutrition researchers writing about their own country, which gives the article appropriate institutional standing.

However, the article weakens significantly when it moves from describing the trend to explaining it. The strongest claim — that the Philippines' colonial history has produced an "internalized racial oppression" that drives modern Filipinos toward Western foods — is asserted as a cause of obesity without empirical evidence linking measured colonial mentality to measured dietary behavior. The relevant peer-reviewed psychology research (such as David and Okazaki on Filipino-American colonial mentality) measures identity attitudes, not food choices, and applying it as a cause of obesity is a theoretical leap the article does not fully justify. The article also leaves out a major counter-finding visible in its own data sources: the Philippines has a true double burden of malnutrition, with rural and lower-income Filipinos still suffering chronic energy deficiency at the same time urban and wealthier Filipinos are gaining weight. A balanced cultural analysis would have to explain BOTH halves of that picture.

The authors' reasoning leans heavily on temporal correlation (urbanization rose, obesity rose, therefore urbanization caused obesity) and on geographic correlation (urban regions are more obese, therefore urban environments are obesogenic). These observations are real and worth taking seriously, but they cannot by themselves prove cultural causation, especially given how many other things changed in the Philippines during the same period — overseas labor migration, women's expanded workforce participation, education shifts, transportation infrastructure, and changes in family structure. The article does not seriously control for these alternatives. Its rhetorical move from data to policy recommendations follows the same structure as Norman Temple's American obesity article: present credible numbers, frame them within a preferred sociological narrative, and conclude with calls for public-health intervention.

On balance, the authors have built a partially supported argument. They have demonstrated that obesity in the Philippines is rising, that the rise correlates with urbanization and changes in the food environment, and that this fits the broader Asian "nutrition transition" pattern. They have not demonstrated that colonial mentality is a direct cause of obesity, and they have not engaged with the strongest counter-evidence (the double burden of malnutrition). The article would be stronger if it acknowledged the multifactorial nature of the transition, treated the colonialism claim as a hypothesis rather than a finding, and addressed the persistence of undernutrition alongside the rise in obesity. As written, the article is a useful introduction to Philippine obesity trends for readers who already share the authors' postcolonial framing, but a critical reader should treat the sociocultural causal claim as a thesis still to be tested rather than a conclusion already supported.

Cross-Article Reflection

Reading this Philippine article alongside Norman Temple's U.S. obesity article reveals a recurring pattern in cultural-analysis writing about obesity: an author with credible institutional credentials presents accurate national-level statistics, then frames those statistics within a preferred sociological narrative (Temple's narrative is "corporate food industry made Americans eat ultra-processed food"; dela Luna et al.'s narrative is "colonialism made Filipinos vulnerable to westernization"). Both articles end with policy recommendations. Both omit findings that would complicate their stories. Both treat correlation between cultural change and BMI rise as evidence of causation. The lesson for a critical reader is that even peer-reviewed cultural analysis from credentialed researchers must be evaluated for selectivity, framing, and the gap between what the data shows and what the authors conclude.

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