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How Poverty and Demographic Transition is Leading to Obesity In Developing Countries

In recent years America has gained a reputation for its increasing number of obese and unhealthy citizens. But surprisingly, the developing world is quickly catching up. The World Health Organization (WHO) recently declared world obesity at the top of the list of avoidable non-communicable diseases (Prentice, 2005).

According to the news article, “A Hungry World: Lots of Food in Too Few Places”, an estimated 870 million people worldwide suffer from hunger every day, but even more, 1.7 billion, are considered obese (Koba, 2015). Many of these extremes exist in the same towns, and even in the same households. Typically, those considered obese are consuming over six times the suggested daily calorie intake of 1,800 calories. (Koba, 2015).

A related article, “Global Food Crisis Triggered Cultural Shift Toward Junkfood”, states that when the global food prices rose between 2007 and 2011, due to decreased food stocks, it began to push people in developing countries to start to eat junk food (Vidal, 2016). People had to start working harder and longer hours, but still struggled to feed their families (Vidal, 2016.) Unfortunately, many of them decided the cheap and fast solution is fast food.

Changes in food prices have a much larger impact on families in developing countries. Families must spend a much larger percentage of their household income on food than people in developed countries do, so prices have a strong effect on food choices for the impoverished (Caballero, 2005). People are starting to leave farming for more reliable cash incomes. Women are also beginning to enter the labor market to help support their families. Just like during WWII in America, this leaves less time for

women to provide homemade dinners and fosters a growing interest in fast and prepackaged foods.

The transition to western-style food is welcomed around the world (Vidal, 2016). Kids and adults love junk food, being high in sugars and fats can make it habit forming, and most importantly it's cheap. This increase of fast and prepackaged food is also adding to the environmental issue of the creation of non compostable trash such as plastic (Caballero, 2005).

According to (Caballero, 2005), this shift toward junk food was to be expected, changes in food availability, diets, and lifestyle are often seen as a country goes through demographic transition. As families transition from agricultural jobs to industrial ones, they spend more time at work and often move to cities. The market demand shifts toward service and industrial jobs that require much less physical activity (Prentice, 2005). These jobs also leave less time for families to prepare food, and requires more food eaten away from home (Prentice, 2005). While these factors are causing an increase obesity in some family member, children are more likely to suffer from being undernourished (Caballero, 2005). 60% of households with an underweight family member will also have an overweight one. This paradox is referred to as "dual-burden" and is becoming common in developing countries (Prentice, 2005).

(Caballero, 2005) found that in Brazil, women with the lowest incomes had a higher rate of being overweight or underweight when compared to women with the highest incomes. This implies that when a family has an income high enough to buy the more expensive fresh foods, they will, but the families with low incomes will choose the cheap and unhealthy foods as soon as they have enough money to switch from the staples they were eating, such as rice.

Another shift that occurs with demographic transition is physical activity. As countries develop, they spend less time working and playing outdoors and spend an increasing amount of time watching TV and playing with electronics indoors (Gupta, 2012). This sedentary lifestyle, much like we have in America, results in a reduced number of calories burned each day.

Other than diet, nutrition in the womb may play a part in obesity later in life. If a fetus is undernourished during development, this may provoke a change in the baby's

genes to allow it to optimize energy conservation, resulting in obesity when they are older (Gupta, 2012).

Another contributing factor is the lack of nutritional education in developing countries (Caballero, 2005). The access to fast and prepackaged food is increasing, but the health education is not. We must consider that the majority of people in developing countries might not have education or be aware of the health impacts that come with consuming junk food.

This issue of food insecurity and poverty leading to obesity is immoral due to the principle of justice. The root of this issue is the inequity of distribution of wealth and resources in the world. If these families had access to a good paying job they could increase their standard of living and afford more healthy food options. It is unjust that in America most people can have the choice to eat a healthy meal if they wish, while in developing countries most people can't afford to do that. It is also unethical, due to the principle of nonmaleficence, that American fast food companies are swooping in and subjecting developing countries to unhealthy cheap foods when the citizens may not know the implications of eating unhealthy foods.

(Gupta, 2012) suggests some solutions for combating the childhood obesity issue in developing countries such as; school based physical education, regular health checkups, and parents setting a good example.

It is predicted that as demographic transition continues, the majority of population growth in the next 30 years will be located in the urban areas of developing countries (Caballero, 2005). It can be expected that an increasing number fast food restaurants and obesity won't be far behind.

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