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How Hunger and Obesity Coexist in Southeast Asia

“At least 40 tribals, most of them children, are said to have starved to death over the span of a month in the western Indian state of Rajasthan,” the Asia Times exclaims. For many years the world has been faced with reports of children and families starving to death because they live in a nation where they have a low standard of living that won’t allow them to provide for their families. The irony of this is that the world is also being told about the growing obesity epidemic. Movies and TV shows depict a variety of eating disorders. At the same time, plastic surgery is increasing in popularity. And what is the most popular procedure? Liposuction. What does this mean? How can this be? How can one country face an obesity epidemic while another country right nearby face starvation and death? These are all questions that come to mind when faced with this very modern and difficult issue. The two countries that are specifically fascinating to look at in this respect are Singapore and India. Both countries are located in Southeast Asia, but they are complete opposites. Singapore is experiencing a huge increase in weight issues while India is experiencing starvation problems. What causes these problems? India’s problems can be traced to poverty while Singapore’s problems can be traced to an over affluence that leads to poor nutrition. The irony is that India’s poverty is leading them also to poor nutrition. So many people in these countries are having serious health problems as the result of their lack of nutrition. The real problem that has occurred in both of these places is that the global economy has shifted and changed. In Singapore’s instance, this has brought about chains, fast-food, and an “on-the-go” lifestyle. In India’s case, this shift has caused a great gap socio-economically. There is no more redistribution of wealth. Currently, the vast majority of the wealth in India is controlled by less than 10% of the nation. This gap has not been successfully addressed by the government, and, as a result, there are two groups: the extremely impoverished and the very wealthy. This has created great problems for the former in obtaining goods. Both India and Singapore need a great deal of work. The best way too see what has happened and how to fix it is to look at the economic differences and how they have affected the nutritional availability and choices of both of these nations.

Obesity is one of the largest issues facing Singapore. According to the National Health Survey, an amazing 35% of people in Singapore ages 18-69 are categorized as overweight. Another 14% of 18-69 year olds are categorized as obese. That means that about half of the nation is plagued with weight problems, which has other health repercussions. All of these people are at great risk for developing diabetes or heart disease. While diabetes and heart disease are treatable diseases, there is no way to cure them. They require constant effort and attention to keep under control. Since Singaporeans have difficulty controlling the amount or type of food they take in, how can they be expected to be responsible for monitoring their sugar or fat intake and monitoring their glucose levels? The truth is that they can’t. If people are unable to monitor their diets now, it will be much more difficult later in life. Instead of worrying about caloric intake for cosmetic purposes, they now must monitor their diets just to stay alive. These people are also exposing themselves to gout, a very painful joint disease that is caused by a high concentration of uric acid in the blood. This can actually keep people in bed, which just further encourages weight gain and obesity. If the problem isn’t addressed proactively, it may be too late for many citizens. The question becomes, how did the problem start?

Obesity as a societal problem arose in Singapore because of its emerging economic status and subsequent affluence. The national GDP for 2004 was \$120.9 billion. This is an extremely large GDP that places Singapore at the top of the Southeast Asian countries. As a result, many commodities have become required and expected. In addition, lifestyles changed. One such commodity is fast food. Paul Durenberg, the World Health Organization’s nutrition consultant, said that the obesity problem is a result of “urbanization, lack of physical activity, and greater opportunities for fast and fatty foods”. Many

Singaporeans enjoy fast food and eating out because it is convenient and easy. It also fits with the increasingly faster pace of life that limits traditional food preparation time. This method of eating encourages people to not investigate the nutritional value of the food. Chains such as McDonald's™ and Subway have for years in the US provided their nutritional information by law, but not in Singapore. Asian and U.S. fast food chains such as Cinnzeo, MOS Burger, or Yoshinoya do not offer nutritional information. Consumers who do not have access to this data cannot make informed decisions about their diets. Even so, burgers are one of the most popular fast food items. McDonalds™ is one of the most popular sellers in Singapore so their nutritional information can be used to accurately represent the average caloric intake of a fast food meal. A Quarter-Pounder® with cheese Value Meal, one of the most popular, has 1070 kilocalories for a single serving. Cinnabon shows the standard cinnamon bun as having 730 kilocalories and the pecan cinnamon bun as having 1100 kilocalories. It isn't difficult to see how the weight epidemic has spread: A Value Meal at lunch and even a standard cinnamon bun for a snack already racks up 1800 kilocalories. Add breakfast and dinner values to that and it is easy to see values that reach above 3000 kilocalories, which far exceeds the recommended kilocalorie intake for a day is 1900. The fast food restaurant convenience has turned many in this country into overweight people.

One of the largest blocks to fixing this problem is the Singapore government, which denies the existence of a problem. In 2004, the government released a statement saying that only 6.9% of adults were obese. They did not address the issue of people who are simply overweight, nor did they account for the discrepancy of the figures reported by the survey. Once the government got a hold of the figures, they changed the standard for determining who is obese and who is overweight. The Singapore government actually increased the BMI (body mass index) requirements so that many people considered obese by the rest of world were considered overweight, and many people who were overweight fell into the "normal" BMI range. When the study was done with the correct BMI statistics, the aforementioned 49% of the nation showed up as overweight or obese. How can the problem of obesity be controlled when the government isn't even willing to acknowledge that a problem exists? This is especially harmful in Singapore, where the government controls the press and the free flow of information on the subject is covered up. This just allows the obesity to spread and grow beyond controllable proportions. That is what is occurring with obesity, but there are problems on the other end of the spectrum with hunger as well.

India has one of the most serious starvation and hunger issues in the world. Currently, 215.8 million people are undernourished and starving. Diet diversification in India is very low also: only 39% of food is not a starch. This means that a vast majority of the food consumed is a starch. This can be a particularly serious problem because a lack of diversity in the diet can cause many serious illnesses. For instance, a lack of protein will cause muscles to be underdeveloped and will also not supply the body with the essential amino-peptides necessary to sustain life. Many amino-peptides are not created within the body and actually require absorption in order to maintain and continue the normal cell processes such as mitosis. Without these essential nutrients, cells will seriously increase in error as they divide and, if malnourished enough, may have to stop dividing and replacing the dead cells of the body. Also, a sufficient amount of minerals is required for normal body operations. For instance, if someone has an iodine deficiency, he or she will likely develop a goiter, which can kill the person if not treated. The adult mortality rate, as a result of this malnourishment and these poor conditions is 283 per 1000 for men and 213 per 1000 for women. This means that the mortality rate is 21.3% - 28.3% for adults in India. This is one of the larger mortality rates for this region. A recent study by the Communist Party of India (Marxist-Leninist Liberation) shows that more than 80% of people in India cannot afford the food to fulfill their daily kilocalorie requirements. The CPIML also notes that reports of death by starvation are flowing in from all of the country, even during the new president's rule. However, it is not just the adults who suffer.

Children are constantly at a disadvantage living in this environment because they are malnourished and have a great difficulty surviving. Nine percent of all children die before they reach the age of five in India. Many more die afterwards. One of keys to this problem is malnourishment. Forty-

seven percent of children under five are severely underweight and malnourished. This makes it very difficult for them to grow and develop normally. The problem comes again with obtaining the right nutrients and minerals to continue cell processes. Protein is key for young children because their muscles and bodies are still developing. Without access to protein, many children experience stunted growth. Without access to the correct vitamins and minerals such as Vitamin C or zinc, their immune systems are weakened, leaving them exposed and very susceptible to diseases or illnesses. With a weakened or non-existent immune system, even the simplest flu can become fatal. In addition, 16% of children in India are suffering from moderate to severe wasting, and an amazing 46% are suffering from moderate to severe stunted growth and development. This can be, in part, attributed to the kinds of nutrients they receive. In fact, only 27% of all children from 6-59 months old receive any kind of proper Vitamin A supplement. This lack of nutrition and vitamins/minerals has turned India into a place of absolute destitution and despair for children and their families. It has gotten so bad that in the Jalangi district of Murshidabad that the lack of food has made many of the inhabitants suffer from starvation and resort to suicide. In fact, about 600 families in this area alone suffer from acute starvation.

There are many reasons why India is having so many problems with malnutrition and starvation. First, they are a destitute nation. The average person in India makes less than \$765 a year. This is hardly enough to care for a family especially one with children. This causes many of the malnutrition problems because it does not allow parents to purchase enough food to keep their children alive much less to purchase vitamins, minerals or food for themselves. Many companies have transferred their businesses to India but have not offered the kind of wages that allow for people there to survive. By comparison, employers who offer jobs in the US at \$9.50 per hour pay 20 cents per hour in India. The government has not stepped in and set reasonable minimum wage requirements. As a result, most families cannot provide for themselves. There are large areas in India where families live in cardboard boxes instead of a house because of the cost. Many multinational companies have begun sourcing jobs in India, benefiting from the low labor costs. However, since there have been limited efforts to redistribute wealth to complement improvements in employment, the overall standard of living in India has not sufficiently risen. While the standard of living has risen in many Asian countries due to economic globalization, India has lagged behind resulting in continued starvation with its population.

Other things contribute to the lack of resources and food. One of the biggest problems with India's system is the apportionment of resources. The Asia Times explains this situation well:

It is said that at least 50 million Indians are on the brink of starvation and over 200 million Indians are underfed. This occurs with a 60-million-ton surplus of food grains rotting in various government warehouses across the country. That so many are hungry despite overflowing granaries is a damaging indictment of the government's public distribution systems (PDS).

The PDS network in place consists of 460,000 ration stores across the country that sell grains, sugar, cooking oil, etc. at government-subsidized rates. To purchase these items the government issues BPL (below poverty line) cards for those they deem in need of assistance. At first, the system sounds wonderful, but then reality sets in: many people still cannot afford to buy these items even at reduced rates. The subsidized rates are extraordinarily high. There are often times when buying grain from local markets may actually be cheaper than buying grain at the government-subsidized rate. More importantly, a lot of people who need those cards in order to purchase food have actually had to mortgage them to banks and lenders in order to get money to purchase any food. In the end, they cannot afford any more food than before they mortgaged their cards, and in some instances they can actually afford less.

Beyond the BPL cards and the PDS is the system by which BPL people are identified. The government has traditionally had difficulty creating a standard definition of who is below the poverty line. A great example is an incident in Dharvi, Asia's largest slum. Only 151 families were identified as BPL. Millions of impoverished people all over the country are categorized as APL (above the poverty line). In

addition to having overpriced grains in the PDS that are rotting, only an extremely small portion of people are allowed to purchase these grains. The system for identifying who is qualified for BPL status and who isn't qualified, is extremely flawed, and will require great work before any of PDS's are of any real use.

The problems facing Singapore and India must be solved. With Singapore the answer is education and regulation. The government must be more proactive at dealing with obesity. In any drug rehabilitation program of AA meetings, this first step is always admitting that there is a problem. Once that is done, progress can be made toward solving it. This situation is no different in that sense; the government must recognize this growing obesity epidemic before anything can be done. First, regulations need to be in place requiring local fast food chains to produce and have available nutritional information about their foods. People deserve the right to know what they are eating and what effect it may have on their bodies. The second part of the solution is education. The fight against obesity needs to be taken to the schools. Some programs for weight loss have started, but they are minimal. There needs to be a nation-wide standard that promotes physical activity and health education. Students must be able to understand how to make healthy decisions about food. Finally, employers should encourage exercise programs and create incentives for their employees to live healthy lifestyles, which include proper nutrition. Many companies in the United States, such as Microsoft, have begun implementing programs for employees that encourage weight loss and physical fitness. As a result, these companies actually have reduced health care costs. If these steps can be taken, Singapore will be well on its way to a healthier, less obese nation.

India's problems are going to be very difficult to solve because their nature is rooted in government action. The government has to change the system of determining who is below the poverty line. A very simple rule would be: if a family is unable to purchase enough food to be sufficiently nourished, they are BPL. Next, the government needs to be more reasonable with the cost of subsidized goods. Under no circumstances should it be cheaper to buy food from a vendor or market than it is to buy government-subsidized food. At all times, the government should check the prices of local markets and vendors and lower the prices of their PDS goods a reasonable amount below the prices of vendor goods. Third, the government should set up an organization that will take care of young children under 8 or 10 years old, whose families cannot provide for them. This should decrease the child mortality rate and it will give them a chance to survive and at least make some kind of a life for themselves. Lastly, the tax system should be re-evaluated and changed so that it is more geared toward a redistribution of wealth within society. India needs to start to create a larger middle class (as a percentage of population) and eliminate its current polarized socio-economic system. These steps would allow India to start to pull itself out of its current incredibly impoverished lifestyle.

In conclusion, India and Singapore have a long way to go before they can regain control of their respective nutritional deficiencies within their populations. Singapore has to control this obesity epidemic before it turns into a disease epidemic. The nation is at serious risk with obesity because of the number of people that could contract diabetes or heart disease. If they do not, the economic consequences of widespread heart disease and diabetes on a small nation would be enormous, possibly irreversible. The need for action in their case is clear. India similarly must take control of its situation. The redistribution of wealth is going to be critical for India to survive and make it to a future. There really needs to be more of a middle class and less of an extremely wealthy and extremely impoverished class. If India can get a more balanced grouping of people, it will provide its people with a chance for survival. In addition to offering better support to more people who are really below the poverty line, India needs to make a concerted effort to bring people above the poverty line. Not by shifting the poverty line or changing the guidelines, but rather, by redistributing its wealth to create a more even flow of socio-economic classes. Ultimately, these nations need to change in order to avoid disaster. The good news is, there is still hope, and these changes can still be made. It is not too late to make a change and to shift the direction of these countries that are losing their way. They can still become healthy, thriving nations. Hopefully, these countries will

recognize their flaws and take action to make a difference. The potential is there; all that's needed is the will to make that change.

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