

Global Health: Asia in the 21st Century

Thanks for joining us for this provocative five-part series exploring global health issues.

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Overcoming the World's (Dietary) Energy Glut: Incorporating the Nutrition Transition into MDG I

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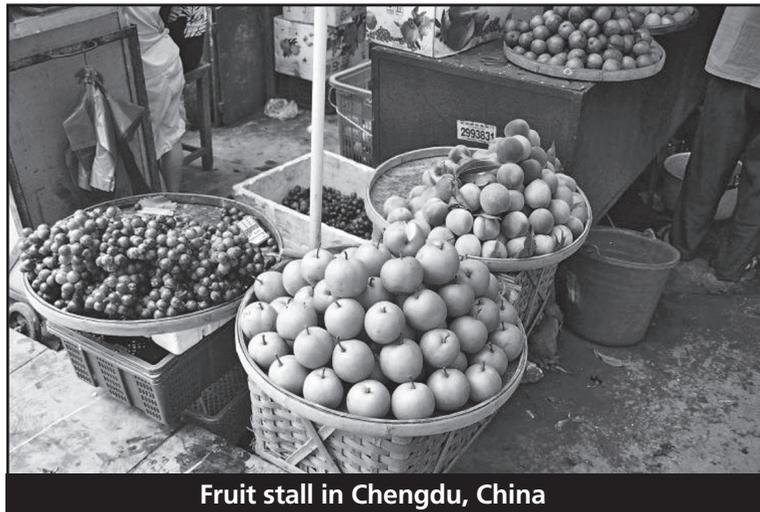
Millennium Development Goal I (MDG I) aims to eradicate extreme poverty and hunger by halving the proportion of people suffering from hunger whose income is less than \$1 a day.

While America's problem with obesity is a popular topic these days, fewer people know that being overweight — and its associated health problems of diabetes, stroke and cardiovascular disease — are rapidly increasing in the developing world as well. In fact, even with the hunger problem that MDG I aims to address, there are more overweight than underweight women in most developing countries. Currently, the World Health Organization classifies 1.7 billion adults — one-quarter of the world's adults — as overweight, and obesity has tripled during the last 20 years in many developing countries. Moreover, diabetes threatens to reach pandemic levels by 2030, with the increase most noticeable in developing countries. Southeast Asians, Pacific Islanders, Middle Easterners and the Chinese face the greatest threat, although many Latin Americans, Asian Indians, Eastern Europeans and Africans will be afflicted as well.

Undernutrition vs. Overnutrition

This increase in overweight people is known as the nutrition transition, a shift from a world suffering from undernutrition

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Fruit stall in Chengdu, China

to one dominated by overnutrition. Undernutrition includes hunger as well as vitamin and mineral deficiencies. Overnutrition is the result of eating too many nutrients such as carbohydrates and sugars that provide energy, which leads to excessive weight gain and obesity.

The nutrition transition is due largely to the emergence worldwide of the Western diet and lower physical activity levels. The Western use of processed foods that are energy-dense, lower in fiber and easy to prepare initiated this transition. Moreover, increased consumption of animal foods and vegetable oils, along with the concurrent decreased intake of fruits and vegetables, also helped generate the rising obesity rate. Globalization and food policies that favor the production of these foods have spread this transition throughout the world. As a result, many populations are now malnourished — overnourished in nutrients that provide energy and undernourished in nutrients that help the body fight off disease.

Eating locally and seasonally

Staving off this nutrition transition is possible, and all peoples of the world can take steps to overcome this threat. The key is to eat a diverse and traditional diet, using locally grown food from all food groups, especially fruits, vegetables and whole grains. Surveys in 32 countries have shown that diabetes is rare among those who lead a traditional lifestyle. By comparison, some Arab, Chinese, Asian Indian and U.S. Hispanic communities that have undergone Westernization are at a higher risk for diabetes.

It is also important to eat locally and seasonally, by eating foods that are native to where you live and to the time period in which you are eating. So Washington state residents should eat salmon, apples and pumpkins in autumn; kale, carrots and butternut squash in winter; and berries and tomatoes in summer.

In other parts of the world, eating a diverse, local diet may mean returning to

traditional wild greens, fruits and meats. It also may mean rejecting refined and processed grains from the West, such as white rice and white flour, in favor of more nutritious staples, such as millet and yams, which native peoples have grown for centuries.

Employing dietary diversity strategies also bolsters local economies and livelihoods, since eating indigenous foods encourages farmers to produce and sell locally. Such income generation will help reduce poverty, another key factor for health and another aim of MDG I.

Given the emergence of the nutrition transition and the health and economic benefits of eating a variety of local foods, MDG I's goals need to be reexamined and expanded. While reducing hunger is still needed for certain populations, many people need to avoid overnutrition by reducing energy intake. Instead, dietary quality and diversity must be emphasized. Simply put, it is important for all of us to eat our vegetables — and a variety of local ones at that.

Thanks for reading!

This is the last in the Global Health series. Please check back for additional serials.

EXPAND YOUR WORLD

- 1) What are the Millennium Development Goals?
- 2) What is MDG-I? Why is it important?
- 3) What is the nutrition transition? What are some examples of traditional diets in Asia? How can you improve your diet?



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