Obesity in the Developing World
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Fellow 2005

Introduction

Today the subject of obesity is inescapable. Every time you turn on the television or radio or pick up a newspaper someone is talking about it. The medical community sound ever-louder alarm bells about the serious health implications. How it can lead to heart disease, liver disease, and type 2 diabetes – even in children. How it is shortening people’s life spans. The World Health Organisation has called it “a global epidemic.”

The medical statistics are shocking: an obese person is over 10 times more likely to develop type 2 diabetes, 40% more likely to contract certain cancers, while the risk of heart disease is doubled. Two-thirds of Americans are overweight, along with half the populations of the UK, Germany, Finland, Russia, Canada, Mexico, Colombia, Morocco, and Saudi Arabia. Obesity is spreading from the West to poorer parts of the world more familiar with famine. A recent survey in urban India showed that half adult women were overweight, while even in China 20% of adults are overweight – a rate which has quadrupled in the last decade. Brazil’s childhood obesity rate has leapt 239% in one generation, and Africa now has weight-loss clinics.

The obesity pandemic is less than twenty years old, so what has driven this dramatic change in such a short space of time? What has changed in the last two decades is not the human gene pool but the world’s way of eating and living. Obesity is a Darwinian response to the lifestyle America has structured and exported. Fast food chains have sprung up in all but the remotest corners of the earth, while simultaneously becoming increasingly calorie-rich. Supersizing suddenly redefined gluttony as value-for-money. The major fast food companies spend $1 billion a year in seductive advertising, while the annual budget of America’s National Cancer Institute to promote healthy eating is a relatively paltry $1 million.

The multibillion-dollar food industry sees the developing world as an untapped land of opportunity. The “coca-colonisation” of the globe is considered progress, but unchecked it is also devastating local customs and leading to a spread of ill health.

Meanwhile, sedentary lifestyles share the blame for the growing obesity levels, and are sweeping across continents accompanying the shift from a rural to an urban economy – a trend currently reshaping Africa and Asia. Urban sprawl, car culture and dangerous inner cities make walking almost impossible for many, while joining a gym is often not an option for low-income families.

All measures indicate that the greatest impact of obesity-related illnesses will not be in the West but in newly industrialised and developing nations in Africa, Asia, Latin America, the Caribbean, and the Indian and Pacific Oceans. For this reason – and because of the
contacts I was able to develop in these countries - I chose to visit The Gambia, Western Samoa, and Maori and Pacific Island cultures in New Zealand for my Winston Churchill Travelling Fellowship. I am indebted to Professor Andrew Prentice, Head of International Nutrition at the London School of Hygiene and Tropical Medicine, for his assistance with the Gambian leg of my fellowship. And to Dr Tai Sopoaga, Senior Clinical Lecturer in Pacific Health at the University of Otago, for facilitating my trip to Samoa and New Zealand.

Obesity is a complex and political issue, and undertaking a documentary photography project about it is a big responsibility. I had already spent several months in the USA photographing children and their families affected by obesity-related illnesses, and exploring the causes and the consequences. I totally oppose the idea that we should all be one (thin) size, that American size 0 is perfect, that larger people are insulted. But I want to make clear through my work that the environment most of us now live in is bad for our health. We are deluged by calorie-rich fast food, we are bombarded by advertising urging us to eat more, to try yet another new snack, or drink the latest sugar-laden fizzy drink. They are usually cheap and always readily available - often indeed inescapable. Preparing healthy fresh food is more of an effort, requires more cash, and in some deprived areas fresh food is not even easily available. Meanwhile most of us earn our living by sitting still.

As a documentary photographer I want to use my work to highlight social issues in a humanistic, sensitive and powerful way. I want to get behind the headlines and inside the statistics. How is obesity shaping people’s lives? What is the extent and impact of obesity in developing countries? My goal is for people to see this issue through their eyes – and to empathise with their struggles.

For me the single most important thing about this work is the people I photograph. At the very beginning I discuss with them my reasons for wanting to photograph their lives, show them examples of my work and explain carefully how the project may be used by magazines and in exhibitions. People are almost always very keen to take part because they feel that the project will give them a voice, and because they hope their experiences may help others. Trust is the key to my work. They trust me, and I do everything I can throughout the process not to let them down, both whilst I am with them and in the way the work is used.

Thanks to the Winston Churchill Travelling Fellowship I was able to spend one month in The Gambia, where I divided my time between urban Banjul and remote Keneba village. During a separate trip, I then spent a week in Dunedin, New Zealand, meeting Maoris and Pacific Islanders, and almost three weeks in Western Samoa, both in the capital Apia and in rural Salani village.
The Gambia

The Gambia – like many countries in Africa and the developing world - is in the early stages of demographic transition. Globalisation is changing local diet and lifestyles, while rural livelihoods have become virtually unsustainable following the collapse of groundnut crop prices due to external competition. This encourages migration to the cities. Sedentary occupations and plentiful high-fat diets are causing rising obesity rates in urban regions. Even in remote rural areas remittance payments from family members in the city or abroad have increased purchasing power, and cheap imported vegetable oils are now a major commodity in local shops. Obesity - at one time a status symbol of wealth confined to the area chief and his wives - is now rapidly spreading throughout the country. This pattern is being repeated throughout the developing world.

Mama, Banjul, urban Gambia: “I have high blood pressure. I’ve never been to the doctor but I know because my head hurts. My father had diabetes, he died of it, but I’ve never been tested. I don’t like to be big, it troubles me. If you walk just over there and then you sit down you feel your heart pounding. I’d like to halve my weight.”
Bintou’s ‘fast-food’ stall in Banjul market has vast bowls of *benechin* (rice and meat cooked in oil), *piassas* (palm oil stew), *domoda* (an oily groundnut sauce), chicken *yassa*, and other local dishes. Oils, fats, and meat are prized above all, and portion sizes are large.

Diets in rural Gambia are considered meagre by urban dwellers. Large quantities of rice, maize, or millet are topped by a groundnut or leaf sauce and a small fish or two to be shared among many. But even here remittance payments from overseas family members are rapidly increasing purchasing power. The yellow plastic containers from imported oils have replaced kerosene cans as the ubiquitous water receptacle.
After a hard day in the distant fields, then walking home to Keneba village with a child on her back and firewood on her head, Sibi still has to prepare the evening meal from scratch by shelling groundnuts and pounding rice or millet. Up to now farm work and frugal diets have kept rural Africans lean and free from the diseases of affluence - but this is set to change.

Mama and her friends congregate on the beach at Bakau fish market in the capital to fillet their husbands’ catch. In some urban areas it is difficult to find a slim woman. Africans are more supportive of obesity especially among middle-aged women. It reflects having escaped from the poverty trap and as such is a status symbol often worn with panache and elegance. Yet there is a high awareness of the medical risks.
Ya Hadi and her brother Dudu. A recent survey of urban middle-aged Gambians revealed that 36% of women were obese but only 2% of men. Women have constant access to food when cooking and larger women are considered beautiful. Under-the-counter sales of steroids from pharmacies are regularly used to ‘put on body’ by younger women.

At present men like Abdoulie Joof are a rare sight in the queue for the diabetic clinic at Banjul’s main hospital, but as the epidemic of obesity continues men will also be affected. At the moment it tends to be the wealthy that suffer most, but in the next generation it will be the poor.
A dual burden of disease: like many developing nations, The Gambia is having to cope with the unfinished agenda of infectious diseases like malaria as well as the emerging agenda of non-communicable diseases such as diabetes. Surgeons list the amputation of diabetic feet as one of the most common procedures they perform. The additional strain on already overstretched health delivery systems is critical. Sufferers of diabetes are ten times more likely to die of the illness in The Gambia than in the UK.

The other side of the picture: malnutrition and obesity coexist in neighbouring wards at the Royal Victoria Teaching Hospital in Banjul. Over half the children admitted to the hospital show signs of malnutrition. The rehabilitation of a malnourished child takes several weeks in the specialist ward. The new burden of obesity-related diseases of affluence, such as cardiovascular disease and diabetes, will pose a severe additional strain on the healthcare system.
Mariama lives in Likunda, the richest compound in Keneba. Her extended family own most of the cattle in the village. Mariama holds the traditional view that being big is an asset. “I eat a lot and whenever I eat I do a lot of work, I have a reputation for strength in the field, and as we all know there is no livelihood in Keneba other than hard work.”

Mariama: “Day after day if there’s food I’ll eat it. I want to maintain my weight because it doesn’t disturb me. I feel better than thin women, I feel sorry for them. My babies have always been big and healthy.”
Ten-year-old Aja (right of picture) and her sister, Nyimansata, stand out in rural Keneba village where there are still very few overweight children. Aja's father: "Both my wife and I had body when we were younger so maybe it's because of this that they are fat. Bigger people are thought to be rich. I was proud to be called fat. When Aja goes out people tell her she is fat and it upsets her and she will fight. Aja comes home crying and I reassure her that they're just playing. I'm not worried because they never complain about pain in their body."

Ya Hadi at home in urban Gambia: "It's not good, everyone who has 'body' doesn't want it, those who do it's stupidness, just stupidness. Body is suffering, not good, body gets diabetes, high blood or other sickness. Anyone who wants body doesn't know. Everything makes you tired when you are fat. I get heat so much, my legs pain me so much, even if I'm sitting down my knees hurt so much, so much pain. In our family we all have body, we are six women and we all have body. I want to lose."
Western Samoa and New Zealand

The assault of over-rapid Westernisation on Pacific culture has meant that cheap imported foods like fat-laden tinned corned beef and turkey tails have removed the need for traditional activities such as fishing and farming. On some Pacific Islands 80% of the population is obese. Heart disease, high blood pressure and diabetes – curses of affluence that overtook infectious diseases as killers in the developed world a long time ago – are now a grave affliction here. Treatment is often hard to come by, and serious cases must be evacuated to New Zealand or Australia. Uncontrolled diabetes leads to circulatory problems, foot ulcers, and eventually to heart disease, kidney failure and blindness. Some health experts predict that governments in developing countries will go bankrupt in their efforts to cope with the burgeoning numbers affected.

Obesity particularly affects traditional cultures in transition, including Pacific Islanders, Maoris, Aboriginal Australians and Native Americans Indians. The same genes that once protected them against food scarcity now threaten their survival in this new overabundant environment by storing fat. A genetic predisposition also means they are hard hit by type 2 diabetes.

Fa’amana Sopoaga, 33, has taken a sabbatical from his government job in Samoa to dedicate himself to losing weight in New Zealand. Through a programme of healthy eating and exercise he has lost over 6 stone so far.

“I’ve been going to Weight Watchers for 4 months and it’s been very helpful in changing the way I think. I learnt that when I get stressed I eat a lot, when I feel sad I turn to food for that satisfaction. At home in Samoa I would eat until my stomach couldn’t take it anymore. Food doesn’t fill that hole, instead it tears you apart and brings you down.”
Cheryl Thomson, 42, (left), and Tangiora Duff, 55, are both Maori and live in Dunedin, New Zealand. Tangiora: “In the olden days Maoris didn’t have cream cakes, Kentucky Fried Chicken, or even fizzy drinks. We had local vegetables and were healthy then. A lot of Maoris are frightened of finding out there’s something wrong with them, so a lot of people are in denial about their health. I’ve tried diets but don’t stick to them. Sometimes I worry, but it’s not worth feeling depressed because it’s not going to go away.”

Tahu Russell, 56, with his boxer guide dog Mr Ru at home in New Zealand. Tahu went blind six years ago through uncontrolled diabetes and has difficulty walking.

“Diabetes affects your eyes, heart, liver, breathing, feet, your whole body - it’s a disease that will kill you. A lot of Maoris don’t want to believe they’ve got it, they’re afraid, they remember their parents died of it. My mission is to get the word out, to get people to talk about it. What I’ve learnt over the last three years, if I’d known that 30 years ago there’s no way I’d be in this situation.”
Apia, Western Samoa. Samoans and other Pacific Islanders are particularly affected by obesity and diabetes. Their traditional lifestyle of agriculture and fishing has been replaced by Western imports of fatty turkey tails and tinned corned beef, and sedentary jobs. Genetically they are not equipped to handle this change and their bodies, historically accustomed to famine, store fat.

Even small local supermarkets in Samoa are full of a variety of fatty corned beef, rather than fresh local produce. Imported food is cheap, and also a status symbol. Children prefer and demand it.
Eseta Anetone, 44, on her way to drop her daughter Doranetta, 10, at Sunday school in Alamagoto suburb, Apia. “Yes of course I would like to lose weight. My friends are fat too, they say it’s no problem, but sometimes I worry about it. I worry for my daughter too, she’s already on the chubby side.”

The Reverend Ieriko Sopoaga, 43, with his wife and children, at home in Apia. “I’ve been diabetic for about 10 years now, and haven’t been taking care of my health recently. I’ve just spent 3 weeks in Auckland to sort it out as I have very high blood pressure. The culture here is focused on food. In the old days people ate fish and taro but worked very hard. Now it’s all western food like fried chicken, fried fish, turkey tails, a lot of fat. People here think being big is not a problem and only worry about it when it’s already extreme. Some parents give their children fish and chips every day and think that’s healthy. In my sermon at church today I talked about how the doctors say that if you want to be healthy lose some weight. People listen to their ministers, so I want to set a good example to them.”
Conclusions

My previous documentary photography work on children with obesity-related illnesses has all been conducted all over the USA. The Winston Churchill Travelling Fellowship allowed me to study the wider impact on two developing countries. Visiting and living with families suffering from obesity, photographing them, and collecting their personal testimonies confirmed some of my preconceived expectations and refuted others.

The high level of obesity in both men and women in Samoa and in South Pacific peoples living in New Zealand has been well-documented by epidemiological studies, as has the alarming rate of diabetes. In the literature the high prevalence has been partly attributed to a positive attitude towards a larger body size. I found little evidence of this - in fact the contrary was more usual. The personal testimonies revealed high levels of distress about obesity because of an awareness of its devastating health consequences. Reverend Ieriko Sopoaga had made repeated efforts at weight loss and regularly travelled from Samoa to New Zealand for health checks. Tahu Russell, aged 56, had left it too late – tragically, his obesity-related diabetes had left him blind and crippled. Yet in spite of this awareness there was little evidence of any significant existing programmes to address the obesity problem. Having said this Dr Fa’aafetai Sopoaga, my contact in Dunedin, is currently working on establishing a programme in urban and rural Samoa with colleagues at the University of Otago.

The high levels of obesity in The Gambia were more surprising. Although they have been previously described in urban women, I was surprised to find significant numbers of obese women in the rural areas. As in the case of Polynesia, these high rates of obesity have been attributed to a cultural acceptance by both sexes of a larger body size for women. My interviews with women in The Gambia strongly supported this view. They revealed that young women would intentionally try to gain weight, “get body” as they call it, to enhance their marriage chances even to the extent of abusing steroids and appetite stimulants available at local pharmacies. Some of the rural women clearly celebrated their size and associated it with strength, status and attractiveness. However, most of the urban women I interviewed were greatly troubled by their excess weight. They were well aware of the associations between obesity and diabetes and stroke. My work at the diabetic clinics and adult ward at the Royal Victoria Teaching Hospital in Banjul provided ample evidence of this high disease burden. The obese women also complained that their weight reduced their quality of life by causing breathlessness, difficulty in walking and working, joint pains, and so on. Ya Hadi is currently on sick leave from her cleaning job because of her painful knees. Many had attempted to lose weight, but unsuccessfully so. As in Samoa there was no evidence of any systematic programmes of obesity awareness or treatment.

The inclusion of these developing countries within my documentary photography project on global obesity rounds out the picture by demonstrating its worldwide impact. More importantly, the intimate photographs and testimonies add a vital human dimension to the scientific statistics. My aim is that this work will be used in a variety of awareness-raising and educational ways. It has already been included in my current exhibition ‘The Forbidden Body’ at the Kulturhuset Cultural Centre in Stockholm (February 25th – May 21st 2006). This exhibition will tour internationally and within Britain. The Gambian pictures have been published as a photo-essay in the International Journal of Epidemiology, and in numerous lectures by the health professionals with whom I collaborated. They will also be used to create educational poster displays for Open Days at the Medical Research Council in The Gambia targeted at government ministers, health professionals and school children. Through these and other means I hope that my work can contribute to raising awareness about the enormous human suffering caused by obesity-related illnesses, and hence stimulate initiatives to assist people affected and reduce their growing numbers.