

FAT BODIES: A MAJOR CONCERN OF ASIAN WOMEN

Yasmeen Iqbal

One of the most prevalent concerns regarding the nutritional status of Asian Women is excessive weight. This is a subject of importance for two reasons: Physical appearance and potential health implications. In our society, the thin person especially a woman is favoured and the fat person is discriminated against. In advertisements, fashions, work placements, selection of spouses, employment opportunities and etc. as we see it everywhere.

Sometimes it is the imagination of the fat person; they blame the unfavourable outcome of situations on their appearance. But many times, appearance is the true reason. And the discrimination can be blatant. "In Asia, beauty is about survival. The women are focused, very conscious about how to preserve their figure and the quality of their skin and body. They spend a lot of their leisure time at the beauty parlors and fitness centres. They don't see it as a luxury. For them it's a necessity."¹

The health implications are more serious. Many health problems arise as a direct result of too much body fat. These include cardiovascular diseases, lung problems, hypertension, diabetes, kidney disorders, foot problems, and many more.

FATNESS DEGREES

There are varying degrees of excessive fat. Overweight is defined "as being up to 25% above normal for height and frame, obesity is defined as being more than 20% above normal."² Both these conditions are the result of excess energy intake in the form of activity.

Obesity can be classified on several bases. One way is to differentiate between juvenile onset obesity and adult onset obesity. The juvenile onset type develops during the rapid growth periods of childhood and is characterized by an increase in the

number of fat cells: this over-development of fat cells is called hyperplasia.

Adult onset obesity is characterized by an increase in the size of existing fat cells: this condition is known as hypertrophy. Of the two, juvenile onset obesity is the more difficult to treat.

The study carried out by a group of women from different countries of Asia Pacific, attending the course on women's Health at Key centre. University of Melbourne, Australia in 1994, revealed that the body weight of women between 25 to 30 years of age has increased considerably above their normal weight in many countries of Asia Pacific region in the last decade, in Australia the fat in female bodies have moved to 34% high of their normal weight, in Japan to 355%: in Newzealand to 34.5%, in China to 30.5% and in Singapore to 32.5%, India to 33.5% and Pakistan approximately to 35%".³

The body weight of women between 31 to 40 years has also gone up to the concern of health organization in these Asia Pacific states. In Australia the body weight of women of this age group has increased to 42% of the normal weight, in Newzealand to 41.5%, in Japan to 40%, in Singapore to 39% and in China to 35%. India to 41.5% and Pakistan 42.5%".⁴

This study clearly shows that the average tendency of the body weight of women from 31 to 40 years of age group has a high percentage than the age group from 25 to 30 years. There may be several physiological, psychological-sociological and environmental reasons for this development of women concern. The mathematics of body fats are quite simple: "when energy intake is greater than energy output the result is weight gain; when intake is less than output the result is weight loss; when intake and output are equal the result is weight maintenance.

Many people follow the formula for weight gain, year by year gradually adding more and more excess poundage. Others follow the formula for weight maintenance: unfortunately, many women maintain a much higher weight than is desirable. And then there are the poor, miserable souls such as rural women of

Asia who follow all three in a yoyo pattern—losing weight, gaining it back, and maintaining the high weight until the next diet.

If the formula is so simple why is losing weight such a hellish ordeal: why do so many people fail?

The reasons for this problem in weight control are quite diverse; each individual has varying degrees of influence from psychological, physiological, and environmental factors, which combine to determine food patterns and intake levels. Often, people are fat simply because they enjoy the sensual pleasures of eating—sight, smell, and taste of food. In many cases, these factors completely over-power us and leave us helplessly out of control.

TEMPTATIONS AND OBESITY

Many of the women lost count of the number of times their resolve and will-power melted away at the mere sight or aroma of food.

Genetic influences sometimes contribute to the development of obesity, either directly by transmission of a rare disease, or indirectly by providing a predisposition toward obesity. Hormonal imbalances are very rarely the primary cause of obesity but can sometimes provide a link to its development.

Many women had often tried their fatness by saying they had hormone or "gland" problems. Another physiological factor, which can lead to obesity, is damage to the appetite control centre of the brain. It has been conclusively demonstrated in animal studies that "when this portion of the brain is altered, eating behaviour—often leading to morbid obesity—is markedly affected."⁶

Emotional and psychological factors, which lead to obesity, are generally considered to be more common than the physiological factors. A poor mother-child relationship originating early in childhood is sometimes responsible for the compulsive

eating behaviour of some obese people. For many people, food is associated with comfort and affection; therefore, eating becomes a way to cope with stress, anxiety, depression, and loneliness.⁷ This has been the problem of many women not only in Asia but all world over.

Environmental factors leading to overweight and obesity are very common. One of these is socio-economic status. Studies done in the United States indicate that adult fatness can be related to education and income. As the level of education and income increases, so does fatness in males. The opposite is true for females; they become thinner with more education and wealth. But comparatively at all levels, males and females are fatter than previous generations.

In June 1990 the National Fitness survey was published by the British health Education Authority. The survey was carried out to assist the UK Government in developing policies and targets for increasing the activity and fitness of the population and to increase individual awareness of the benefits of 'active living'. The survey confirmed that the British are getting fatter, lazier and unhealthier. The report also said that 48 percent of men and 40 percent of women are over weight, and three in four people risk dying early through circulatory diseases related to lack of exercises.⁸ Modern living has made so many food easily available. And there are many enticements to buy and eat this food; television and radio commercials, newspapers and magazines with sumptuous-looking pictures and recipes.

Food advertising has become tempting and seductive in its ploys to market and sell the product. The highly advertised products are cakes, candy, soft drinks, fast foods, and similar products. It seems that the higher the fat and sugar content the higher the advertising budget. Social events are incomplete without a lot of high calorie refreshments. Indeed, a guest is considered ill mannered if he does not partake of all the food provided. Pakistan and East Asian people are good example in this context. These things and many others contribute to the problem.

DRASTIC MEASURES:

Some people are so desperate to lose weight and at the same time so powerless to control their intake of food that they resort to very drastic measures to get rid of the fat.

Jejunioileal bypass surgery is restricted to the morbid obese person and is used only as a last resort when the health risk of obesity is greater than the risk of the surgery. This form of surgery involves bypassing most of the absorptive capacity of the intestines, reducing the length from about 22ft. (7 meters) to 1½ ft. (half meter). It is not without health risks, the most serious of which is liver failure and death. Malnutrition is common because nutrients, as well as calories, fail to be absorbed."⁹

Gastric bypass surgery, or stomach stapling, reduces the capacity of the stomach the patient voluntarily reduces food intake because too much food causes great discomfort, nausea, and vomiting. This procedure also has many risks associated with it. With both these surgical procedures, weight loss does occur, but in most cases the body weight stabilize at a point well above the ideal weight. The added stress of many other physical problems associated with the surgery make these methods of weight control highly undesirable for most people."¹⁰

Another drastic procedure is known as jaw wiring. The mouth is wired shut and only liquid foods can be consumed. Because there is no change in eating habits or activity patterns, weight gain is inevitable once the jaw is unwired."¹¹

Most diets are, in essence, the same jaw wiring; a terminal process for weight loss and the reward is to return to previous habits. Almost all the diets we hear about do produce weight loss: the Pritikin Diet, the Scarsdale Diet, the Grapefruit Diet, the Drinking Man's Diet, the Beverly Hills Diet. Even an ice cream and cake diet can produce weight loss. But not only is the weight loss temporary, much of the weight that is lost is fluid and lean body tissue.

There are basically five components of systematic course of treatment for successful weight loss, such as:

1. **ANALYSIS OF PRESENT DIET.** This is extremely important to discover where your personal pitfalls lie in, what you eat and how much you eat. Any nutrient deficiencies will be revealed in the analysis.
2. **BEHAVIOUR MODIFICATION.** This involves analysis of the where, when, and why you eat. For instance, do you eat in the private small room while watching television, do you skip breakfast and snack throughout the morning, do you eat because you're bored or depressed?
3. **EDUCATION.** You should learn and understand why you should eat certain foods, limit your intake of some foods, and totally eliminate others from your diet. Some good, solid nutrition education is necessary to give you some new reasons for the "why's" of eating.
4. **MOTIVATION.** You have to sustain your motivation over a lifetime. It is easier to start with a group of people or may be just a friend with a similar goal. After a period of time you will be better able to sustain yourself on the inner motivation that comes from looking good feeling good, and actually being a healthier and more vibrant person.
5. **EXERCISE.** This is an essential element to any health improvement pursuit, and especially so for weight loss. Not only in Asia but also throughout Euro-American world, a sedentary life style (inactivity) is now recognized as a major cause of ill health. Inactivity slows down the metabolism, consequently one feels tired and lethargic.

PHYSICAL ACTIVITY AND DIET

Almost all the world over especially in USA, a sedentary life style is now considered so bad that the American Heart Association now lists it as a major 'risk factor' on a par with

high blood cholesterol, high blood pressure and cigarette smoking. And the exercise most recommended to get fit, loss weight and reduce the factors that contribute to heart disease is physical activity in the form of balanced exercise and diet.

Physical activity enhances physical and mental well being and improves physiological efficiency as evidenced by increased endurance, strength and agility. "The more demand placed on the normal heart and circulatory system to move blood to active regions of the body, the more efficient they become."¹² Evidence from research is accumulating to show that physical inactivity is a factor in today's health problems.

Unfortunately, as an individual becomes more obese he is likely to become increasingly inactive as his bulk and weight make exercise difficult for him, both physical and physiologically. The high mortality rate associated with obesity suggests that obesity contributes to organic degeneration. A large part of this excess mortality can be attributed to coronary artery disease, vascular lesions of the central nervous system and diabetes mellitus."¹³

As requirements for physical activity in modern living have decreased, deaths and disability from cardiovascular diseases have increased. Although a causal relationship has not yet been established, a number of studies indicate that physical inactivity may be one of possibly many factors involved in the increasing prominence of coronary heart disease.

The importance of regular physical activity throughout adulthood as well as in youth should be emphasized. The skiers who continue to exercise have life expectancy seven years longer than that of the general population. In another longevity study of Asian women, 16 of the 18 surviving women over 80 years of age were regularly active. Further, it revealed that the majority of women in Asian countries do not continue to be active after marriage or attaining over 40 years of age, and no effect on longevity has been seen in those who have participated in strenuous sports.

The coordination and controlled expenditure of energy required in physical activity performance are matters of endowment and training and are not significantly influenced by variations in the normal diet. The principles of good nutrition are the same for women as for the male.

Diet and exercise together act in a synergistic way to enhance weight loss. The human body resists weight loss by dieting alone. By many mechanisms, the body is programmed to maintain a certain level of fat. This is called the "set point". To change this programmed set point by diet alone is to defy the body; and the body resists.¹⁴

It responds by lowering its energy expenditure for necessary functions thereby making further weight loss slow and difficult by most means short of starvation. Additionally, it bombards the brain with the message "send more food". Will power is no match for a stubborn set point. However, when diet and exercise are combined, the set point is easily changed. The basal metabolic rate is increased and calories are burned up at a much faster rate for many hours after the exercising period. Appetite is suppressed by biochemical influences related to exercise and it is therefore, much easier to maintain a lower intake of food.

CONCLUSION

The only way to achieve sensible and permanent weight loss is by changing eating habits and activity patterns-not for a temporary period of time, just until the weight is lost-but for a life time. A weight loss life-style must be followed and it should be the same as any healthy lifestyle. The reason people are fat is because of unhealthy living habits, and changing the habits of a life-time is difficult, as old habits die hard.

It is said that the road to hell is paved with good intentions. Well, so is the road to fatness. You cannot drive down the road to slimness and health in air-conditioned comfort, and it's not paved with French fries and chocolates. It is a hard road to follow, but it is easier when you do it the sensible way with determination.

REFERENCES

1. Asia Week. **Price of Beauty,**
(Hong Kong: August 2. 1996 issue) p.41
2. Callan Pinckney. **Complete Callanetics,**
(London: Leopard Books, 1993) p.23
3. _____ A group of Asia-Pacific women (including myself) attended the course on Women's Health at the Key Centre, University of Melbourne. Australia in Jan-Feb. 1994, where women's problem of fat and obesity was studied and revealed the percentage of obese women in various states of Asia.
4. Ibid.,
5. Callan Pinckney. Op.Cit.. p.171
6. Asia Week. Op. Cit., p.42
7. Tom Trauer. **Coping with Stress,**
(New York: Salamander Books Ltd., 1988), p.20
8. Robert Mechikoff **Sports Psychology for Women,**
& Virginia Evans (London: Harper and Row, 1991) p.192
9. Kim Meade, **Heavy bodies in a thin World,**
(Halifax: Boulders Press, 1990). p. 102
10. Ibid., p.104
11. Ibid., p.105
12. Pat Baikie. **1000 Health & Beauty Hints,**
(London: Treasure Press. 1990). p.236
13. Charles Butcher. **Dimensions of Physical Education,**
(St. Louis: CV. Cosby Co., 1974), p.74
14. Pat Baikie. Op. Cit., p.242