Unit for Biocultural Variation and Obesity

UBVO Opinion Paper Series

#01

Obesity in the Pacific Islands

Amy K McLennan
DPhil student, Institute of Social and Cultural Anthropology
University of Oxford
amy.mclennan@anthro.ox.ac.uk

Published online 2011

The Pacific Island nations are homes to some of the highest rates of obesity in the world. While there is ongoing debate about the accuracy of the measurement of obesity and the creation of cutoff points for different categories of individual fatness (or thinness),[1] data are useful insofar as they provide a crude indication that population obesity has risen across time and space. Approaching obesity as a social entity whose locus is the population leads us to consider the broader context in which population health changes. I recently returned from carrying out ethnographic fieldwork in one Pacific island nation with a high rate of obesity. I did not go with the objective of identifying a 'cause' for obesity, but rather with the aim of better understanding the shifting political, social and economic landscapes that have been synonymous with a changing health landscape and population morphology. Here, I offer a few reflections from my fieldwork, inspired by Jake and Dinos Chapman's imitation-ethnographic sculpture. I will conclude with a comment on the sculpture itself.

I originally went into my own fieldsite with some concern that my topic of study was obesity, a culturally-defined description of body shape. I was aware of the stigma attached to obesity and did not want to be perceived as just another health researcher who had not problematised the medical category. Obesity data from the Pacific Islands are frequently cited, especially by the international media, in ways that sensationalise body size or as a means of offering critical commentary about peoples' lifestyles. Such references are well known to Pacific Islanders, who highlight that foreigners ought to spend more time looking at their own country's health rather than criticising others; or if they really must focus on Pacific Island health, then they ought to focus on the real health concerns of the region and not simply aesthetics. I recall one story in particular that I read about my own fieldsite in the UK newspaper *The Independent*. The author informed readers that a popular local snack was a whole fried chicken and bucketful of Coke (this could not have been much further from reality), implying rather forcefully that people were entirely to blame for their country's obesity rates. All of this aside, changing body morphology at a population level can inform us about the health impacts of social change, and this was, and continues to be, my central interest.

When beginning my fieldwork, I was equally aware that population obesity has been well linked to increased risk of a range of comorbidities (including heart disease, stroke, kidney failure and diabetes mellitus). The international concern about the human and economic costs of these complications is well-founded and should not be ignored. This is not to say that every obese individual will have a heart attack before they are fifty. Instead, population obesity can be one of the first, and most easily identified, signs that increased health risk exists. This said, I was not entirely prepared for the reality of living in a small country with rate of obesity far in excess of the USA or UK. And an equally high rate of co-morbidities. By using an ethnographic approach to studying an obese population, population health data began to have faces, families,

[1] For example, the epidemiological J curve linking body mass index to increased risk is likely to be shifted to the right for some Pacific island populations. This is because Pacific islanders tend to have a larger, more muscular frame at a given BMI than Europeans upon which obesity categories are typically defined. This means that, while over-fatness is still linked with risk of developing co-morbidities, that risk occurs at a slightly higher body mass index (BMI).

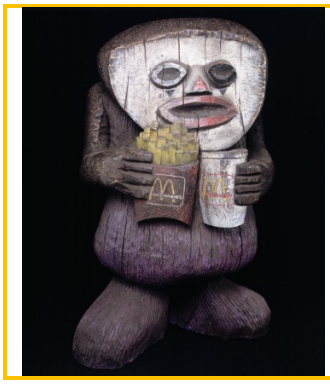
communities and histories. Numbers and statistics became people who experienced happiness at times, but also a great deal of pain and loss. I was at the hospital one evening when a young mother was rushed in following a heart attack. Her family accompanied her in the car that screamed up to the Emergency Ward; children and adults wailed as her body was wheeled away on a steel table, and one of her teenage sons cried out loud and punched the wall so many times that he drew blood. Amputations resulting from diabetes complications were not uncommon, on more than one occasion I met someone younger than me who was about to have their foot amputated. At the same time, if you have an amputation, in a way you're lucky; I also knew of several people who had died from sepsis resulting from gangrenous limbs that weren't amputated quickly enough. Some simply didn't go to the doctor in time, while others refused to let them take their limb, and with it, their life as they knew it. I met another woman who described the night her husband passed away from a heart attack just after having had an argument with his son. He didn't even have time to tell his son how much he loved him. Or another, a forty-one-year-old father who had a heart attack while his wife and children were overseas celebrating a birthday. He had only tried to climb a few stairs. Diabetes-related eye problems meant that many people were losing their sight. Some older people had to undergo dialysis for four hours every second day; those who refused dialysis (I knew of several) passed away quickly. I knew of at least one funeral every week; at times there would be two or three in one day. And these people were not necessarily elderly. Quite often they were middle-aged women and men who had children, jobs and families. The life expectancy for this population remains barely fifty for men, and sixty for women; and despite economic, medical and technological advances, as well as a sharp decrease in deaths resulting from infectious disease, the life expectancy has barely changed since the end of the Second World War. This is mainly a result of what are generally termed 'preventable' diseases. But are they really preventable if, forty years later, we still have not prevented them?

In my fieldsite during the 1970s and 1980s, government officials discarded health reports flagging obesity and diabetes as serious issues; every five years another report would be presented to the government, and every five years this report would be disregarded in preference for more pressing matters of international relations, transport and investment. Their interests did not lie specifically in the long-term biological health of their people, but rather in the growth of their nation into a post-Independence 'citizen of the world' to ensure future prosperity. Likewise, people disregarded health warnings and pursued corporeal satisfaction and enjoyment. 'But I feel fine!' was, and still is, the common refrain. However, perhaps population health change is not about the individual feeling fine or not, but rather about the society. It is not clear whether social illness is phenomenologically experienced in the same way as individual illness, nor is it clear how, or if, it impacts health outcomes in the case of obesity.

Obesity is intimately linked with the food we eat, and food is a substance which links the political,environmental and social with and bodily growth and physiology. So it is possible that obesity has the potential to as an indicator of simultaneously health and social change. In saying all of this, we should not single out Pacific Island countries. While their population obesity figures are high, current trends suggest that many other countries are not that far behind. Valuable lessons could be learned from their experiences.

Talking point: *The Chapman Family Collection* (2002)

The carved wooden sculpture, from *The Chapman Family Collection* (Jake and Dinos Chapman, 2002), mimics early figurative art, examples of which can be found across ethnographic collections from the past two centuries. People of different cultures, including those of the Pacific islands, choose to represent the body in different ways. These representations can tell us something about human experience. The Chapmans' work is no exception.



Jake and Dinos Chapman
CFC76311561
2002
Wood and paint
36 1/4 x 22 13/16 x 19 5/16 in.
(92 x 58 x 49 cm)
© the artists
Photo: Stephen White
Courtesy White Cube

The juxtaposition of a symbol associated with 'the old' or 'traditional' with a potent symbol of 'the new' or 'modern' makes the sculpture appear a little counterintuitive: how can symbols from two different places have somehow come together and been carved from the same lump of wood? On the one hand, the sculpture immediately calls us to consider the transnational penetration of industrially-produced food to some of the remotest parts of the world within the global market liberal system. Some of the earliest works of anthropology were based on long-term study carried out in island populations whose relative isolation led to a certain level of cultural preservation. Yet even then, the academic ideal of fixed cultural authenticity was set against a messy reality of importation, innovation and constant cultural change.

On the other hand, this sculpture does not simply represent a being that has had commodities forced upon it, rather one who has ventured from its native setting, chosen items, and acquired them from somewhere. It is not just commodities that move, but people too. Ongoing advances in transport and communications technology following the Second World War, combined with independence from colonial rule, rising incomes and increased freedom to choose how to spend these incomes, have permitted people and populations to become ever more engaged global citizens. In a way, this first wave of independence and freedom of movement in islanders' lives preceded the second wave of the penetration of the global free market. People engaged with their changing conditions, travelled, purchased foreign goods, and intermarried with people from all over the world. They did not simply wait for the world to come to them.

In reality, islands are not isolated. Geographical or political borders today are highly permeable, and people, ideas and commodities alike can pass across them. This idea is not yet well captured in our thinking about obesity. Theories of genetic or phenotypic maladaption to new environmental conditions posit that the ecological context has changed around a population which has remained largely static and passive, be it culturally, geographically, socially or biologically. It is striking to set these scientific notions against an islander's understanding that diabetes is genetically-derived 'because all those foreigners married into our population and brought their bad genes with them'.

For me, though, one of the most potent messages in this sculpture is the subtler social one. The figure clutches individual serves of food and drink tightly to its own body. Its food is not a commodity intended to be shared; neither production nor consumption will in any way contribute to forging or reinforcing social bonds. In adopting the clinical description of obesity as energy imbalance, we are led to focus primarily on energy intake (eating) and energy expenditure (activity); these activities are decontextualised from the social and political landscapes in which they are located in order that they can be better quantified and universalised. However, market liberal and capitalist ideologies and a focus on material wealth have also been concurrent with changes in the way people relate to each other. Food is not simply a source of energy, but also a means of building and maintaining social relationships, and reinforcing community cohesion. Today, industrial production, global markets and reduced collective consumption has changed the social value inherent in food. Could it be that increasing consumption is, in part, an attempt to compensate for the decreased social value of food?

It is becoming increasingly clear that obesity (and its co-morbidities) is not simply a product of individual behaviour; rather, obese populations are socially-produced following significant structural, economic, political and ecological changes. At the centre of obesogenesis is food, which lies at the intersections between global political economy, sociality, sensory experience and physiological outcomes. Yet it is too easy to focus on the little obese body clutching McDonald's fries and count calorie content, and much more conceptually challenging to look at the wider significance of that same image.