

PART 2 of 3: Shereen Ann Ali looks at what experts say from science and the economics of the food industry on why we pack on the pounds.



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Fat: Why are we getting so roly-poly?

Reasons for our ballooning weight problems

“The devil has put a penalty on all things we enjoy in life. Either we suffer in health or we suffer in soul or we get fat.”

– Scientist Albert Einstein

Confusion often reigns for many of us with weight problems. What really causes us to put on excess weight? Is it our own fault, or are there other reasons and circumstances that aid and abet our tendency towards fatness?

Fatness is no longer a personal issue – it’s a national and global health problem and is having direct effects on the increasing numbers of patients with fat-related diseases admitted to hospitals. And the trend starts from young: a February 2019 meeting of T&T’s Joint Select Committee on Social Services and Public Administration revealed that at least half of TT’s primary and secondary school children are overweight and are at risk of becoming diabetics. This should be a wake-up call to start organizing our daily lives differently. But before we can take action, it helps to truly understand the problem.



The Wee Fit Camp ran for four days in Trinidad in July 2012, promoting healthy lifestyles and reducing overweight and obesity in school-aged children. It was run by the Health Education Department of the Ministry of Health and paediatricians of the Wendy Fitzwilliam Paediatric Hospital and School Nurses of the St. George East County. Photo: Ministry of Health

A key truth is that there is no single overwhelming reason we get fat. Many factors together affect human health and weight. The good news is that most of those factors are environmental, not genetic – which means we can do something about it: our food and activity choices (both individually and at national policy level) can profoundly affect our health.

Genetics: ‘...but I was born big’

It is true that there are very rare single-gene forms of obesity. It is also true that some people are naturally bigger and carry more body fat than others depending on their genetic family history and ethnic biology.

However a group of Harvard scientists emphasize that your genes are not your destiny. Even people predisposed to be fatter for a complex variety of genetic factors do not necessarily become so if they are active and eat sensibly. In the article *Genes Are Not Destiny* (published online by Harvard TH Chan School of Public Health), a team of scientists write: “Overall, the contribution of genes to obesity risk is small, while the contribution of our toxic food and activity environment is huge.”

Culture & imbalanced eating habits



All the flour in a huge dhalpouri roti and the fatty sauces that often come wrapped inside it are not good for your health if you eat too much of this favourite Trini food. According to the app MyFitnessPal, one chicken roti wrap is about 779 calories, most from the flour carbs in the roti skin.

In the Caribbean, there is often a profound connection between the food we eat, family and cultural traditions of togetherness, the circumstances of history in which our ancestors survived, and our health. Many West Indians have a heritage of poor nutrition because of the colonial deprivations of ex-slave or ex-indentured laboring societies. Our ancestors received the scraps and had

to make the best of them, relying on free or very cheap or home-grown food sources, often with nutritional deficiencies.

In some cases, foods grown in home gardens provided a healthy addition to diet including peas, beans, vegetables and backyard chickens. In other cases, foods our grandparents or great grandparents used to eat no longer serve our current lifestyles and are, in fact, unhealthy for us today, even though we may still love this way of eating.



Dr Nilash
Ramnarine, internist
and homeopathic
doctor, Ishtara
Centre, Chaguanas

Dr Nilash Ramnarine makes precisely this point in a recent interview with Newsday. Dr Ramnarine is a medical doctor and holistic health practitioner who works at the Chaguanas-based Ishtara Centre.

He says:

“A patient might say: ‘But doctor, we’re accustomed to eating roti and fried aloo in the morning for breakfast for generations in our family.’ But your grandfather who was eating that way used to go out and cut cane. Do you go out and cut cane ? ‘No’.

And what do you do? ‘Oh, I drive to work, I sit down in an office for eight hours for the day, then I sit in my car and drive back home.’

“So roti and fried aloo should **not** be the diet for you. That is a labourer’s diet: it’s high in calories which a worker will sweat and burn out. But you still have people that are eating culturally even though they’re not working in ways which that diet used to serve.”

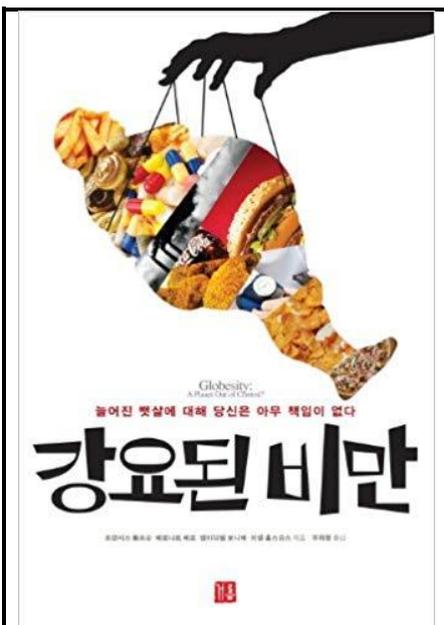
Comfort eating tied to culture, family, and food rituals of survival are still big in Trinidad, regardless of how unhealthy the meals may be.

Many of us eat too many products made from flour – rotis, breads, and pastas – and for the carnivores, many of us eat too much fatty meats, so it’s not surprising there is a fat epidemic in Trinidad.



Prof Dilip Dan, Head of the Department of Clinical Surgical Sciences at UWI

Trinidadian Professor Dilip Dan is unequivocal about this: “We eat badly with fast food and carbohydrates (especially sugar) being the preferred source. We eat late and eat heavily late. Social gatherings and family events centre around food as opposed to activity. There is a very simple equation for weight – when calories eaten are greater than calories expended. There are also medical and genetic reasons for weight gain, and these must be investigated, but this is generally in the minority.”



Book cover for the 2012 paperback Korean edition of the 2009 book “Globesity: A Planet out of control” by Francis Delpeuch, Michelle Holdsworth, Bernard Maire and Emmanuel Monnier.

Economics of the global food industry

The globalisation of poor-quality, cheap food options combined with poverty make it tempting to buy cheap, nutritionally poor foods that become toxic to our bodies over time. This is another huge reason we get fat and become disease prone. It means that a person can be malnourished and fat at the same time because they are eating too much of the wrong types of foods.

The 2009 book “Globesity: A Planet Out of Control” by Francis Delpeuch, Michelle Holdsworth, Bernard Maire and Emmanuel Monnier says the causes of

obesity are primarily socio-economic and the result of a distorted agricultural and food production and supply system. Fast food giants may be partly to blame, but so are farmers, consumers, supermarkets, town planners and the media. Governments are also at fault: the book notes subsidies on grain and livestock products in so-called First World countries, for instance, have created enormous overproduction in the developed world. That glut must go somewhere, so boosting public consumption of cheap foods is a must for these agro-industrial food systems, the book says.

So to address “globesity” meaningfully, individual societies must rethink and reconstruct the ways they produce and make available healthier, preferably local, food choices.

However, vibrant local agricultural systems producing more healthy, affordable, easily available whole food sources is often not meaningfully encouraged or facilitated by national policies in T&T. A 2019 Forbes report by Daphne Ewing-Chow acknowledges the “marginalization of locally grown foods and the proliferation of unhealthy— high-sodium, high fat, highly processed — diets” in the Caribbean, leading to many public health problems.

Bad Science: A tale of toxic sugars, trans fats & engineered food addictions

"We live in a toxic environment," says Kelly Brownell, director of the Yale Center for Eating and Weight Disorders, quoted in an August 2004 National Geographic article by Cathy Newman. "Bad food is cheap, heavily promoted, and engineered to taste good. Healthy food is hard to get, not promoted, and expensive. If you came down from Mars and saw all this, what else would you predict except an obesity epidemic?"

Many food corporations spend a lot of money on the chemistry of food and taste research to re-engineer a range of processed sweet and fatty foods to appeal to us and hook our taste buds. Often this involves manipulating fat, sugar and salt levels in ways that are unhealthy, as writer Elizabeth Kolbert noted ten years ago in her July 20, 2009 New Yorker article “XXXL: Why are we so fat?”

Kolbert in her article referred to the book “The End of Overeating” by David A. Kessler, a former commissioner of the US Food and Drug Administration. In the book, Kessler coins the term “**conditioned hypereating**” to describe how people respond to these laboratory-designed foods as if they were drugs. Kessler says we may become so addicted to fake foods and overly sweet, fatty and salty treats that we may actually need a food rehabilitation programme to get us back on track to nutritious, wholesome eating. The American tendency to “supersize” portions also conditions us to overeat.

Trans fats in particular are very bad for us. “Denmark was among the first countries to ban the sale of products containing trans fats in 2003. Since that time the European Union has taken a stance to reduce trans-fats in the food supply and, at the same time, the US Food and Drug Administration ruled in 2015 that partially hydrogenated oils are no longer generally recognized as safe and should be removed from the food supply” says the 2017 article: “A Healthy Approach to Dietary Fats” by Liu et al, in the Nutrition Journal.

Sugars are very, very bad indeed, even worse for us than fats. UK cardiologist Dr Aseem Malhotra wrote a frank editorial: “Sugar is the New Tobacco: So Let’s Treat It That Way”, published October 31, 2016, in which he outlines exactly how bad sugars are. He refers to an

econometric analysis of 175 countries which revealed that for every additional 150 sugar calories available for consumption, there was an 11-fold increase in the prevalence of type 2 diabetes in the population. This is compared with 150 calories from another source such as fat or protein and independent of body mass index (BMI) and physical activity levels.



And if you reduce your sugar intake, your body gets healthier rather quickly, another study found. Dr Malhotra, citing this study, said: “In a study of 43 Latino and African-American children with metabolic syndrome, keeping total calories and calories from carbohydrate identical, a reduction from a mean of 28% of calories from added sugar

to 10% significantly reduced triglycerides, LDL cholesterol, blood pressure, and fasting insulin within just 10 days.”

So how much sugar is safe? The World Health Organization (WHO) currently recommends **no more than five or 10 teaspoons of free sugar** (sugar you add to foods or drinks) a day for adults. That includes glucose and dextrose, fructose, household sugar (sucrose), as well as malt sugar (maltose) and sugars that are found in honey, syrups, fruit juices and fruit juice concentrates.

Sugars are added to 80% of processed foods we buy in groceries, including sauces like ketchup, as well as to soft drinks and foods from caterers and restaurants. A single 12-oz can of regular cola contains about nine teaspoons (or 39 grams) of sugar. Having two or more colas a day puts you way above safe sugar consumption – and that’s just from the soft drinks, not from anything else you may eat for the day.

Trinidad doctor Dr Nilash Ramnarine notes that many food industry businesses have reduced or removed fats from their products to make them seem healthier, but at the same time, they’ve added sugars in ways we often do not realize. “Labels may say zero percent fat, or fat-free, or zero cholesterol as marketing gimmicks to make people feel that the food is healthier, when actually sugar content has been increased as fats have been decreased.”



Dr Aseem Malhotra,
British cardiologist and
campaigner against
excess sugar
consumption.
His web and blog site:
<http://doctoraseem.com/>

British activist against excess dietary sugar
Dr Malhotra believes the WHO should adjust its recommendations for safe sugar consumption to no more than **three percent of an adult's daily calories**, which is about **three teaspoons** a day– not the current five to 10 teaspoons.

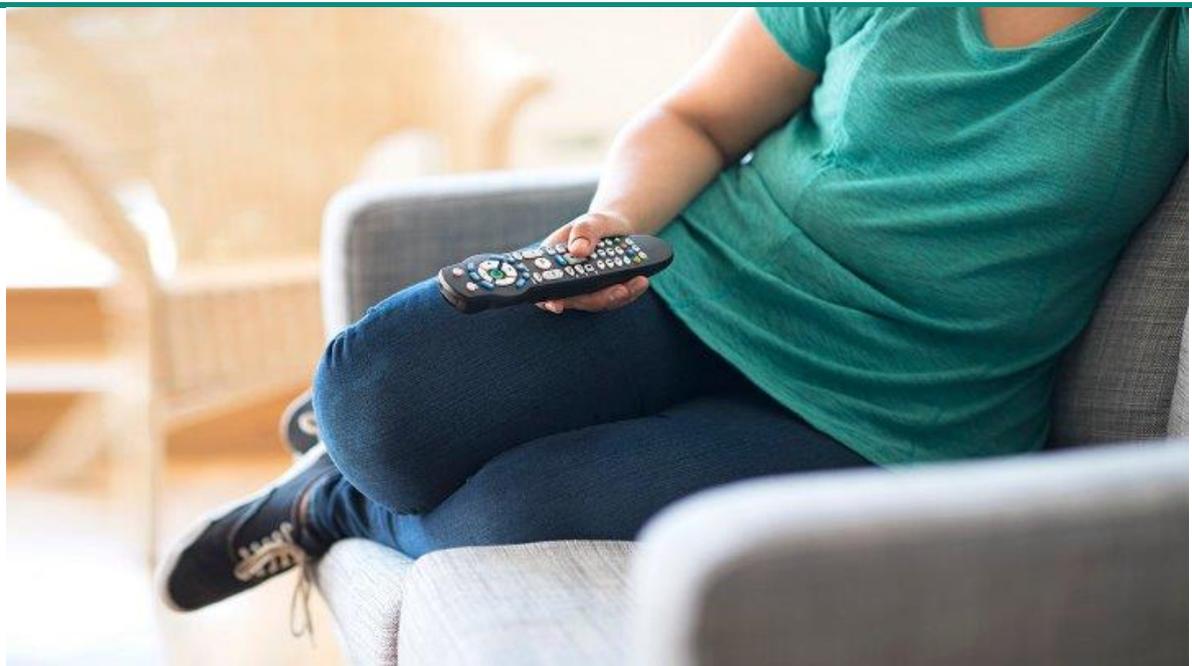
In his 2016 “Treat Sugar Like Tobacco” article, Dr Malhotra writes: “The recent calls by the WHO to tax sugary drinks are very welcome news for health campaigners. The public health messaging, however, has to be clearer. There is nothing wrong with the occasional treat, but sugar has no place as part of a healthy balanced diet. Similar to smoking, any further regulatory measures to reduce sugar consumption, such as banning of sugary drink advertising and dissociating sugary drinks with sporting events, will have a further impact on improving population health within a short time.”

Inactive lifestyles

How inactive we are is a massive reason we are getting fat. And it's not just a case of laziness or sloth.

Social and technological advances have changed the way we work and play. We don't walk so much anymore, but instead drive (or are transported) to school, work or play. Many of us work in seated office jobs instead of more active jobs requiring physical effort. To entertain ourselves, we tend to sit and watch TV or streamed video content on our

computers or electronic devices instead of doing active things outside the house. And as we passively watch, many of us indulge in “mindless eating” of junk food, even as TV bombards us with ads for unhealthy foods. And in what an increasing number of experts are seeing as an unethical practice, many food companies deliberately target young children with colourful ads for unhealthy, sugary foods and drinks, creating appetites for toxic foods that will make children fat and sick.



A sedentary or inactive lifestyle with too little physical motion is one of the biggest reasons people get too fat.

Many of our children play video games or watch YouTube instead of playing sports or outdoor games. And in Trinidad, historically many schools have never taken very seriously the importance of Physical Education for lifelong personal health, although many schools may run token PE classes.

Some statistics from the US demonstrate some of the sweeping lifestyle trends that are global. This data is from a wide ranging, very in-depth report on obesity prevention by the Harvard TH Chan School of Public Health (HCSPH). It says that in the United States, in 1950, 30 percent of Americans worked in high-activity occupations; by 2000, that proportion had dropped to only 22 percent. Meanwhile, the percentage of people working in low-activity occupations rose from about 23 percent to 41 percent. Driving cars increased from 67 percent of all trips to work in 1960 to 88 percent in 2000, while walking and taking public transit to work decreased. About 40 percent of U.S. schoolchildren walked or rode their bikes to school in 1969; by 2001, only 13 percent did so.

These inactivity trends, combined with an explosion of bad eating habits, meant that Americans gained a lot of weight from the 1980s to now. Today, fully a third of all US people are obese, a rate projected to rise to 50% by 2030, says one HCSPH page of statistics. And it's not just the US. The HCSPH reports that worldwide, the rate of obesity has doubled since 1980, with just over 200 million adult men and just under 300 million adult women obese.

Other reasons we get fat

Inactivity and poor adult food choices are two of the biggest reasons we get fat. But there are others.

Trinidad paediatrician Dr David Bratt has long sounded the alarm for the bad effects of poor maternal nutrition for babies developing in the womb: he has said pregnant mothers who gorge themselves and put on too much weight have fat babies.



Feeding commercial formula to babies can lead to fatness and unbalanced food tastes. It is far better to breastfeed for the first and even the second year of life.

In a July 8, 2012 newspaper column, Dr Bratt also pointed to the bad impacts of baby formula feeds on infant health: formula is associated with fatness in babies, while breastfeeding is far healthier, he said. He cited studies done by the US Centers for Disease Control and Prevention (CDC): “Experts at the CDC in Atlanta estimate that 15% to 20% of obesity could be prevented through breastfeeding. The American Academy of Pediatrics recommends exclusive breastfeeding for the first six months and continued breastfeeding with the addition of appropriate foods up to at least one year of age. WHO goes even farther and recommends breastfeeding for up to at least two years.”

In the same article, Dr Bratt also strongly criticised high caloric commercial baby foods and the feeding of fast foods to young children.

Apart from bad child nutrition practices, other reasons we get fat include simple ignorance of good eating habits, healthy nutrition, and healthy food preparation and cooking techniques. These are not seriously taught or promoted widely in schools, communities or via public health campaigns. And in some cases, people may have difficulty accessing a wide range of healthier whole foods that are also affordable.

Next – Part 3: Fat: How to lose it and be healthier
