Globalisation: its effects on nutrition

by Priennie Ranatunga

People's development depends on *decisions taken at* international and national levels, and activities at community and local levels. Internationally globalisation, a market friendly paradigm, governs the world.

The forces of globalisation permeate the other 3 levels. Thus national, community, and NGO efforts at household and community levels in poorer countries tend to become diluted by its force. The nutrition status especially of women and children of the Third World, is systematically affected. Now the rich are also affected.

On the international scene there is heavy transport over long distances, of a large volume of goods in search of markets. Fuel, a non-renewable resource is used up. More land is cleared to construct highways and warehouses to transport and store goods. TNCs produce most of these goods with state-of-the-art technology. TNCs are a stateless, borderless force, accountable to and governed by no one. Most have immediate interests. They control the market. Media networks amply support TNCs, promoting a consumerist society.

At the national level, poor countries are urged to specialise in exporting a few commodities and engage in services which they can do well to meet world demand. This is called "comparative advantage". Good land is used for export crops, golf links, classy hotels, etc. These satisfy the wants of the rich rather than the needs of the poor. In Sri Lanka an ever-shrinking land base has to meet the food needs of a growing population. Eg. coconut land and paddy fields are used for roads and buildings.

In local communities globalisation helps consumerism of goods, foods and services of TNCs. War related toys and computer games help children learn to solve problems by fighting and destroying. Packeted milk foods in Sri Lanka sell at about Rs. 120 (400g makes 3.1 litre). That is, Rs. 39 per litre. Local milk producers sell fresh cow milk around Rs. 15-18 per litre. Beauty parlours are now offering expensive cosmetic beauty even to poorer village girls.

Globalisation also induces cultural change by eroding moral and religious values and simple lifestyles. It feminises labour in production plants and factories, because women's labour is cheap and compliant. There is also an attempt to draw women into the money-oriented model to enhance consumerism. These factors tend to destroy human relationships, sense of community and sister/brotherhood.

Finally globalisation destroys ecosystems. Trees, water and air support life. Overlogging and pollution of water and atmosphere do not support sustainability of ecosystems. By overuse of renewable resources and extraction of non-renewable resources for development now, we abdicate our responsibility to the generations to come.

The result of these influences are the following:

1. Mostly Women (life bearers and carers) and children (progenitors of humanity) malnourished.
2. Upcoming lifestyle diseases of the affluent are increasing and
3. There is greater vulnerability of both rich and poor to disease and malnutrition.

Malnourished

Malnutrition, the tip of the iceberg of social imbalance, now has two peaks in Sri Lanka. One is the malnutrition precipitated by lifestyles of over indulgence by the rich. The other, a result of "poverty" of the poor. The common denominator is the globalisation of the economy which polarises society, both within nations and between nations. The benefits of globalisation - the availability of goods and services, fast communications, instant transfer of monies, etc. are enjoyed mainly by the affluent. The majority in the population have no entitlements to participate in the system. They are not only marginalised, their very lives are penetrated by the evil effects of globalisation.

Malnutrition in children under 5 is still around 30 percent in Sri Lanka. The health services have done an impressive job in reducing communicable diseases and mortality rates. Infant mortality rate is about 17/1,000 live births and under-5 mortality rate is about 19/1,000 live births (UNICEF 2001). If a baby did not die in the first year, it is interesting to see how the balance 83/1,000 survivors fare.

The unacceptable malnutrition rate of 30%, indicates that there is a "rising pool of sub-standard survivors with impaired stamina, poor productivity and increased susceptibility to infections" presenting a challenge to nutrition policy planners. We are now in a transition phase. This requires new modes of thinking and action. Clinic based programs must give way to community based services.

For example, a mother should be able to take her child any day, any time, to a well-trained village health volunteer to check the temperature of her child, to weigh her baby, dress a simple cut/wound or get some advice on simple health/nutrition problems.

Thus more promotional programs need to be developed for mothers in rural, estate and other less served areas. Mothers still do not knew enough about child health, baby care and feeding practices.

A low nutrition status paves the way for regular fevers and diarrhoeas compounded by inadequate household water use, lack of sanitary latrines and poor household finance management. How come, that Home Economics is not given its due place in Sri Lanka? An attempt at reducing malnutrition by the National Development Trust Fund (NDTF: 1991-96) showed trends towards improving birth weights in project areas. This was brought about by a vibrant mother-education program via NGO volunteers.

Wrong eating practices are now producing another malnutrition among the rich. Consumption of fast foods, fatty foods, processed meats influenced by the media especially TV, and inadequate intake of fresh fruit and vegetables are contributory causes. Sedentary lifestyles (eg. travel by car always, working at the computer and munching fried food) and stressful living aggravate the condition. Medical personnel say that stress, sedentary lifestyles and media influenced eating practices and lifestyles give rise to cancer, heart diseases, diabetes, gastric ulcers and obesity. Thus we have two malnutrition peaks; that due to affluence and wrong values, and the other to poverty. Weisskoff states that "the neuroses of 'status seekers' and of 'pyramid climbers' are symptoms of this disequilibrium".

The 2 peaks are evidence that globalisation works inexorably to polarise society. Polarisation is not only in incomes but more so in knowledge, services, information, access to resources and now nutrition. Gaps in knowledge, services and information are far greater than the gap in incomes. This is especially so for women and girls. A reversal of this trend requires a deeper understanding of how globalisation creates such inequality.

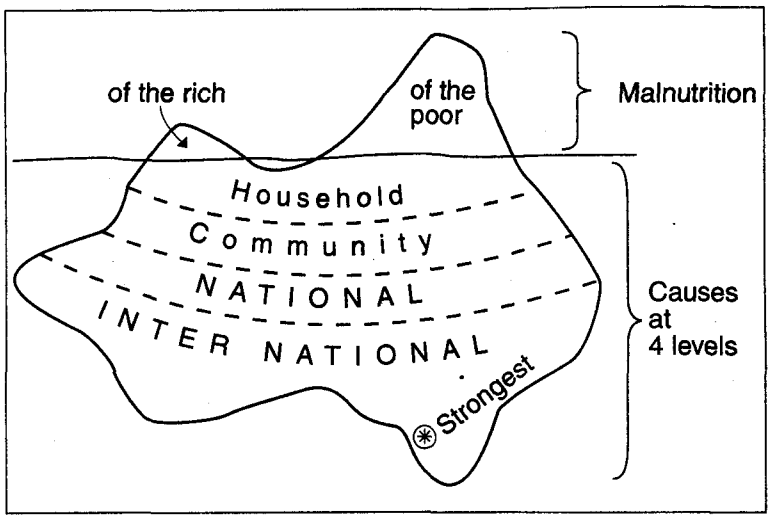

Figure 1 shows the 2 malnutrition peaks; the visible tips of the iceberg, and the causes below the surface at 4 levels; household, community, national and international.

Reserving

In Sri Lanka our existing good literacy rate is a strong resource base. However literacy alone is not the same as "education required for development". Many women ("O" and "A" levels) cannot state the normal temperature of a human person and have not had adequate education in health, nutrition, baby care, food preservation and home gardening, etc., so necessary to bring about better nutrition status. Such education is the need of the hour.

It helps to bridge the literacy gap in basic sciences and promotes good nutritional outcome. This should be followed by organising women to establish service centres in their own communities. An alternate development model will then follow, where women offer basic community services to their own communities. Health education and promotion, education on low cost nutrition with local foods, baby care, promotion of home gardening and backyard animal husbandry, time management, external beauty care with good nutrients and hygiene, inner beauty of wholesome values, etc, could minimise the destructive effects globalisation has on the poor. The proper use of incomes has to be learnt by both the poor and the rich. The current trend of widespread credit to the poor through NGOs for "poverty alleviation" could result in greater malnutrition in poor families if their newly generated incomes are spent on unnecessary consumer goods encouraged by TNCs and fast food advertisements on TV. While income generation by the poor is very important, beneficiaries in credit systems should be trained to build up their endosomatic capital such as health, nutrition and knowledge, values, and skills etc. with their newer incomes.

Likewise the affluent needs training to reduce their consumption patterns of food, energy and other resources. They must reduce stress, enjoy simple lifestyles, stop competing with others and share their wealth, knowledge and other gifts with those who have less. The rich must live more simply so that the poor may simply live. Religious sages have preached exactly this. Thus quality training of a large mass of people is necessary to reverse the malnutrition trend and eliminate the two peaks.

Some local NGOs have built up educational programs to promote awareness on the effects globalisation has on the poor. However NGOs do not cover the whole country. Therefore formulation of national training policies to reduce malnutrition (both peaks) needs to be broadbased. Media, Training Institutions and face to face communication methods should be used. For example, strong media messages on the unsatisfactory effects of fast and processed foods, hormone "injected" foods, etc. should be directed to the affluent.

People should be trained and encouraged to grow food even in small home garden plots and to eat fresh foods. National policies for establishing Regional Training Centres for poorer women and girls on health, nutrition and home management need to be established. The Departments of Agriculture and Animal Production & Health have established Training Centres for training farmers in agricultural practices, home gardening and animal husbandry. Similar regional training centres could be established for training women in nutrition, home based food preservation, health, child care and home management.

Nutrition is too important a subject to be just a part of any one Ministry. It is time to consider a separate authority, because the "Science of nutrition" and the "practice of nutrition" are two different entities. The latter requires a cross fertilisation of all the nutrition-related sciences with sociology and its management in the communities. The nutrition-related sciences range from food and milk production to health, sanitation and child care. It is this complex nature of "nutrition" that has made successive governments unable to handle the subject. A Nutrition Authority could co-opt the NGO sector, because NGOs themselves focus on multidisciplinary activities (from credit, leadership development to community infrastructure and baby care) in small geographic areas. Such an authority could link up NGOs and Community Based Organisations (CBOs) with the separate Ministry officers at the level of the Divisional Secretariat. Corrective programs can then be well-targeted on the most needy.

NGO experience is that there is a great thirst among women for basic technical knowledge. The final thrust for nutritional improvement lies in the empowerment of women (rich and poor), with high quality training. The rich can be reached via mass media. The poor are widely distributed, often in less accessible areas. Volunteers from such areas can be trained in all nutrition related disciplines so that they could multiply that knowledge among other women and men. The well-equipped residential training centres in both government and NGO training institutions could be used for this purpose.

Too often we have tried temporary (and often unsuccessfully) measures to push down the malnutrition peak of the poor, with food hand outs. While it has had its successes at a time when there was unconcealed malnutrition, a satisfactory solution for hidden malnutrition (as we have today) can be found only if the contributory causes are identified and minimised. NGOs which have had the Janasaviya experience know how to analyse household and community causes scientifically in small geographic areas. They need to be supported by a Government/NGO collaboration to carry that program islandwide. When nutrition becomes a community-based program, when a large number of volunteers link up communities, when people themselves want to change the nutrition status quo, we forge a civil society movement. Then we shall have hope.

An old adage goes - "Seeing is believing". If we can build up a threshold of people who wish to humanise globalisation, who believe that it can be done and work towards it, then we can say that "Believing is seeing". Globalisation has the power to engulf us only to the extent that we, the people, yield to it. We, the people, can reclaim it, can humanise it. This article is meant to multiply such believers.

The answers to the problems discussed above have to be worked out by all of us. I only share my long experience, views and hopes for a balanced world and a well nourished Sri Lanka.

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