Health problems produced by the globalization of food: a case from a farm village of the Philippines dietary changes and disease

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Key Words: the spread of rice-eating, globalization of food, lifestyle-related illnesses

• Research background

The Philippines was an important exporter of agricultural products such as coconut and sugar. As the international price declined however the export of coconut oil and sugar was turned toward domestic consumption. Each ASEAN country decided that from 1993 to 2008 tariff rates inside ASEAN would be lowered. With the decrease of tariff rates, imports of crops whose competitiveness was formerly weak increased (i.e. from strong ASEAN countries) to the Philippines. One of the typical examples of such a crop is rice. With the influx of cheap foreign-produced rice, rice-eating has quickly spread even in the areas where rice was previously not a staple food. The sudden globalization of food has possibly also led to increase in lifestyle-related illnesses in the Philippines.

• Research purpose and aim

Presently in the Philippines increases in lifestyle-related illnesses such as diabetes and hypertension are becoming a notable problem. The cause of this is an increase is the American type of dietary life which is promoted by fast-food franchises which have spread in cities. However there is almost no data regarding the dietary life of people who live in rural areas and who cannot access medical institutions easily. The purpose of this research is to comprehend the agricultural production, change of dietary life, and tendency of disease in the rural areas. Therefore, in the village where I conducted research in 1999, I attempted to grasp the changes in the farmers' lives.

• Results and achievements of fieldwork

The fieldwork was conduct in Valencia, Negros Oriental state, the Philippines. The city center of Valencia is 8km from the provincial capital. The town is located beside a volcano and altitude inside the town ranges from 200m to 800m. In order to distinguish the circumstances in the farm village, I chose two villages out of five villages which are located in a comparatively high place within the town. In these two villages, the respiratory disease was often discovered, regardless of age. The cause of the breathing disorder is thought to be the extreme change of the air temperature in mountains areas. Presently, hypertension has become a more serious problem. Until recently the staple foods of this area were root crops, banana, and corn. In addition, the peasant ate the leaves and stems of root crops and dried fish as a secondary food. Over the last 10 years dietary life and the transportation system have changed. Rice used to be

considered a luxury food in 1999, and there were few households which always ate rice. But now there are many households which often eat rice. Most of the rice is cheap polished rice which is imported from Thailand and Vietnam. Production of root crops and corn decreased as the consumption of rice increased. Alternative trade with the advanced nations let to a low production of crops of the banana family. Meals which were made up of a combination of polished rice and dried fish increased. Because motorcycles have prevailed as a means of transport even in mountain villages, the amount of every day walking which peasants did decreased rapidly, compared with 1999. It could be foreseen that the drastic change in dietary life and the lack of exercise would combine to cause such diseases as diabetes and hypertension in the farm village in the future.

• Implications and impacts on future research

My research topic would concentrate on change of farm village life such as change of the dietary life, change of agricultural production, and change of amount of exercises. It is said that, in the Asian regions, "diabetes of the poor" will probably become a problem. It is likely that at a diligent continuation of such observations into the changes of farms will form the vital background to research which deals with this kind of disease directly.