

The Sarpanch Syndrome and Sociobesity: Social Norms for Healthy Weight

SANJAY KALRA*, MADHUR VERMA†, NITIN KAPOOR‡

NORMALITY AND SOCIAL NORMS

Each society has different norms for beauty and health. This is especially true in relation to body habitus and weight. The definition of a 'beautiful' woman, for example, varies from culture to culture. In fact, this definition can change over time, even within a particular society¹. There is increasing awareness and appreciation of the adverse effects of obesity on human health. Our understanding of central obesity and normal weight obesity has also improved. This is reflected in recent statements clarifying that obesity is a disease², and in guidance, which gives weight management equi-status with glucose control in diabetes care³.

While physicians work to translate these recommendations in practice, they face significant social challenges. Social perception of obesity as a sign of health, or mark of prosperity, is one such challenge⁴.

THE SARPANCH SYNDROME

We have noticed one specific group in our diabetes practice, which requests for weight gain, even if already obese (KgA1c paradox)⁵. These are the sarpanches or elected village chiefs. The Sarpanch wields significant power and has immense responsibility, in the Indian context. This is even more true in African and Pacific Island societies, where the village chief or headman is the top authority of the clan. To exert this authority, and to meet the demands of their job, they have to appear physically strong.

Working in traditional environments, these officials feel that the respect they get is directly proportional to their weight, or body mass index. Therefore, while seeking diabetes therapy, they specifically request for weight gain, rather than weight optimization or loss. We term this as the Sarpanch syndrome.

SOCIOBESITY

The Sarpanch syndrome is clinically significant, as it hampers efforts to reduce weight and optimize cardiovascular outcomes. It is also noted in persons from other walks of life, such as policemen, government officials, and community leaders (personal communication). We term this phenomenon as sociobesity. Sociobesity can be used to describe the endemic nature of obesity in a particular society (*"This region has sociobesity; overweight is endemic here"*) or the social desirability of obesity in community (*"Obese grooms are prized; their phenotype guarantees that they have enough grain to feed their wife-to-be"*).

OPPORTUNITY FOR HEALTH EDUCATION

The Sarpanch syndrome, and its underlying sociobesity needs to be addressed. The individuals involved are societal leaders, and can act as ambassadors of health⁶. It is imperative that they receive the right health messages, so that these can be disseminated to the rest of society. At the same time, it is necessary that their concerns and needs are acknowledged and addressed, in a person-centered manner. The Sarpanch syndrome can be viewed as an opportunity to discuss the importance of improving muscle mass, so as to increase body weight in a healthy manner. The difference between visceral fat and subcutaneous fat can also be explained.

SPORTS AND HEALTH

One way of highlighting the concept of optimum weight is to share rules from kabaddi. It is a popular game, especially in rural South Asia, and is respected as a metaphor for agility and fitness⁷.

The rules of Kabaddi mandate a maximum weight of 85 kg for men, 75 kg for women and boys, and 65 kg for

*Treasurer, International Society of Endocrinology (ISE); Vice President, South Asian Obesity Forum (SOF); Bharti Hospital, Karnal, Haryana, India

†Dept. of Community/Family Medicine, All India Institute of Medical Sciences, Bathinda, Punjab, India

‡Dept. of Endocrinology, Diabetes and Metabolism, Christian Medical College, Vellore, Tamil Nadu, India; Noncommunicable Disease Unit, Baker Heart and Diabetes Institute, Melbourne, Victoria, Australia

Address for correspondence

Dr Madhur Verma

Dept. of Community/Family Medicine, All India Institute of Medical Sciences, Bathinda, Punjab, India

E-mail: drmadhurverma@gmail.com

girls. This information can be shared with sarpanches, to encourage them to aim for a healthy, rather than heavy weight. Kabaddi players and other athletes can also be used as ambassadors to promote the cause of metabolic well-being. It is important that we explain the methods of achieving this as well. All patients must be informed about the socially acceptable, feasible and effective means of exercise⁸. Sensitization about the utility of games such as Akhara wrestling, and tools such as Mugdars (the Indian club bell) encourage their use at a mass level.

THE WAY FORWARD

Educational strategies such as this are required to make a difference in social preferences and practices. Effective use of these methods should create a novel Sarpanch syndrome, defined as the phenomenon in which a healthy Sarpanch, leading by example, is able to make his or her co-villagers healthy as well. This, in turn, should aim to make sociobesity a term of the past.

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