

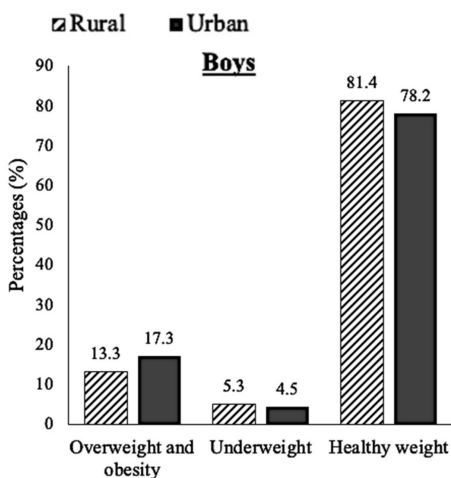
# DIET, PHYSICAL ACTIVITY, & OBESITY IN RURAL-URBAN INDIA AND INDONESIA

Results from a cross-sectional STEPS survey

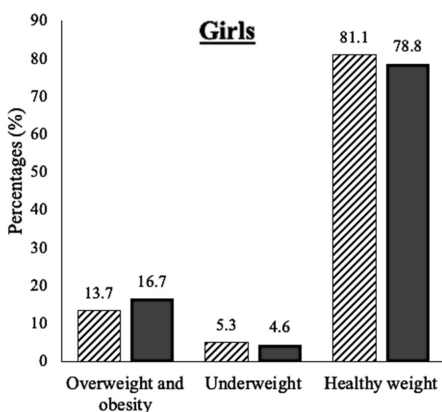


## INDONESIA

In developing countries, like Indonesia, obesity has become a growing problem. The long periods of sedentary activity and increased intake of unhealthy foods are contributing to being at high risk to obesity. This study was conducted to compare the distributions of sedentary activity and dietary behavior with children 10-18 years old across urban and rural areas. The 2013 data from the cross-sectional study compiled from a national survey in 33 Indonesian provinces were analyzed. Logistic regression models were used to calculate odds ratios and it was concluded that daily caffeine consumption was associated with risk of overweight in urban areas. Daily grilled and salty foods were related to obesity in rural, but not urban, areas. Sedentary activity also contributed to obesity in both urban and rural areas, through these studies, it was suggested that education, environmental, and policy interventions should be engaged in urban settings where there is access to processed high-sugar and high-fat foods and drinks.



RESULTS OF THE RISKESDAS STUDY IN 10-18 YEAR OLD CHILDREN & ADOLESCENTS



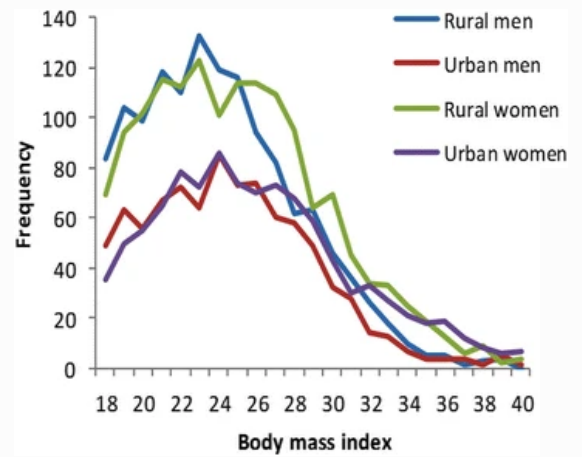


## INDIA

The urbanized lifestyle of unhealthy dietary practices and physical inactivity has led to a rise in morbidity and mortality rates due to non-communicable diseases in urban-rural India. The aim of this study was to assess the urban rural differences in dietary habits, physical activity, and obesity in India. A household survey done in Punjab in a multistage stratified sample of 5127 individuals was conducted.

There was no rural urban difference in the dietary practices and prevalence of obesity except that a higher proportion of respondents belonging to rural areas often add salt when eating as compared to urban areas. Overall 95.8 % of participants took less than 5 servings of fruits and/or vegetables on average per day. Rural females were found to be engaged in vigorous activity more than urban females, and males reported high levels of physical activity in both the settings. Absence of recreational activity was reported by more than 95 % of the subjects and abdominal obesity was found to be significantly higher among females in both the settings compared to males.

Poor dietary practices and a lack of physical activity fuel the non-communicable disease epidemic in India. The rapid urbanization of rural India may be responsible for the absence of a significant urban rural difference.



### Discussion Questions

- What are cost-effective interventions across food systems and food value chains to improve diets and nutrition?
- How do hidden aspects of urban food systems affect demand? For example, the physical urban spatial layout, transport systems/bus routes, informal settlements, and green spaces?
- What role do food industry stakeholders have in shaping future urban food choices and higher-quality diets?
- How can big data on food purchases, prices, locations and food costs, relative to non-food costs, be better used to inform local policy?