

# Fighting diabetes in schools

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**D**O you think puppy fat is cute and tubby kids are cuddly? Do you measure your affection for your family in the number of spoons of sugar you add to those milkshakes and the *paranthas* and *pooris* that you serve up? Have you turned a blind eye to the bread *pakoras* and colas that get consumed as lunch in the school canteen? Are you so completely protective that a car and driver are always on call for your young ones so that they don't have to walk or take buses?

Chances are that you will say a carefree 'yes' to all of the above. After all, what is the big deal about a few extra kilos on a young frame? And which happy family table is complete without *paranthas* and more?

But hold on. Notions of good parenting are changing. Disturbing information on new lifestyles in the past two decades indicates that a whole generation could be at risk of becoming unhealthy in a deep-seated and irreversible way. Diabetes is taking a hold of young lives and with it come fears of heart disease and other illnesses at ages when people in generations gone by were full of vitality and purpose.

For a great many Indian youngsters, particularly those whose families have earned well and acquired many comforts, the future is full of foreboding about their physical well being. Many of these youngsters have access to education and the opportunities to draw on the best in the world. Ideally, they should be in leadership roles when they get into their twenties and thirties. But will their bodies be letting them down just when those important years arrive?

Dr Anoop Misra and his colleagues at the Diabetes Foundation of India (DFI) have begun working with schools in Delhi, Agra and Jaipur to propagate among children newer and cleaner ways of living and eating.

The schools are being encouraged to examine what their canteens serve. Is it possible, for instance, to replace those burgers and *pakoras* with steamed meals? The colas with fruit juices? The packets of chips with apples and oranges?

More importantly, the DFI is working with teachers so that the message about diabetes and the need for better eating habits is not delivered in isolation but along with other lessons and becomes part of a general consciousness.

Right now DFI enters schools in a reformist mode. But if it is to truly succeed, schools have to internalise the change. Teachers will have to take over, parents will need to become more demanding and school managements will have to aspire to a different set of standards.

Dr Priyali Shah, a nutritionist and chief programme coordinator, points out that schools take time in understanding that the health of children should be a part of the whole effort of educating them. Often DFI has a difficult time getting teaching staff to find time in the daily routine for its health messages. Similarly, schools prefer to be academically driven and don't see the importance of allocating time for games and physical activity, especially so in the exam season.

The biggest challenge however remains the school canteen. Schools mostly outsource the running of the canteen. A contractor moves in on certain commercial assumptions. He will only stock food items that sell. Big offenders are bread *pakoras*, *samosas*, greasy burgers and pizza slices.

Often fried items are fried once and then put into boiling oil twice over to keep them hot when children run into the canteen for a bite. There are also the soft drinks that are full of sugar and continued to be gulped down cold in summer months.

"A contractor running a canteen will only keep the things that sell and have long shelf-life. So they prefer deeply fried items. Even if we persuade canteens to offer fruits, they take them off when the students don't go for them," says Dr Shah.

But why all this high voltage concern over schools and children?

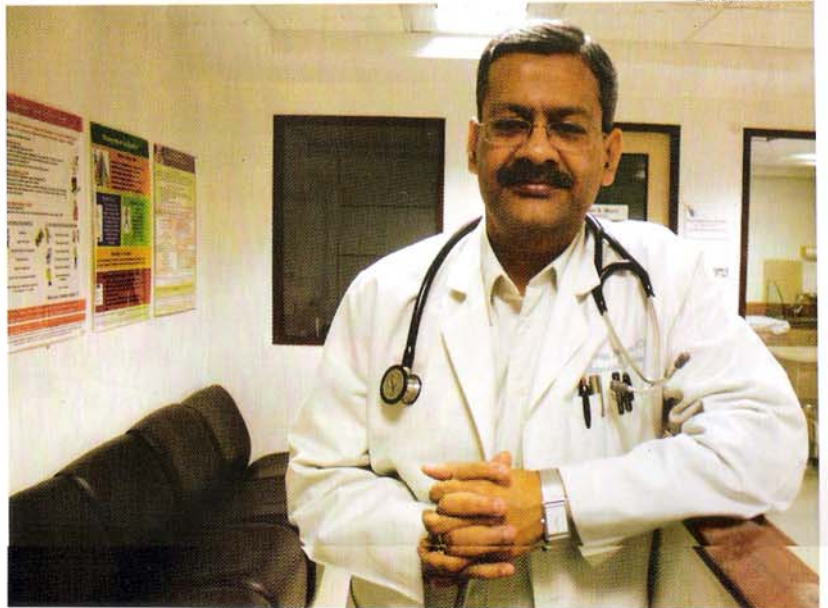
Dr Misra's work with DFI was preceded by studies he took up while at AIIMS and with funding from the Department of Science and Technology (DST). His research showed that the young were very vulnerable because of their eating habits and sedentary lifestyles.

The studies showed children were consuming more and more junk food and doing less and less by way of physical activity. The TV remote is a symbol of the new inertia. Many hours are spent before computers while surfing the Internet. The deep frying of foods in typical Indian homes, together with the wider exposure to fast foods and processed products, have similarly made a whole generation especially vulnerable to diabetes.

Earlier studies in slums by Dr Misra revealed that the poor too were affected. This was the first time people in slums were studied for diabetes, high cholesterol and so on.

"Clearly the important thing was to begin a movement in schools," says Dr Misra. He first found support from Rotary and started a programme called Chetna. Next came financial assistance from the World Diabetes Foundation. Both programmes run concurrently.

Dr Misra's team reaches out to 15 private schools and 15 Kendra Vidyalayas run by the government. The progress at individual schools varies, but as word gets around and the ideas gain currency the interest in what Dr Misra's team is offering grows. For instance, the entire Delhi Public School (DPS) network seems to be ready to enrol. Tagore International has been keenly interested, so has St. Paul's in the Safdarjung Development Area, DPS International and DPS RK



Dr Anoop Misra

Puram. Work at the Kendriya Vidyalayas will begin in April.

In a school the first step is to assess the students: their eating habits, body weight, levels of physical activity and so on. This has so far only confirmed fears that the children don't have the right nutrition and together with inadequate exercise they are strong candidates for becoming diabetic in coming years.

The next stage in a school is creation of awareness for which the DFI has several posters and other publicity materials that go up on notice boards. Talking to the students is an important part of awareness building.

The challenge is always how to involve children and hold their attention. Speaking to them about obesity and diabetes is not easy. Dr Misra says he uses cartoons, Garfield the lazy cat for instance, and rock music.

In fact, DFI is constantly searching for relevant communication tools that would help it send home its message to the young. It has also appealed to the creators of Garfield to make the laidback cat more health conscious.

But these are early days in the DFI campaign. It has already caught the imagination of some schools and teachers. Dr Misra's research projects have thrown up information that has been highlighted. The realisation is gaining ground that diabetes is a huge and growing problem across income levels in India. Requests from schools are trickling in and teachers and administrators realise the need to act.

But finally, a much larger frame of reference is needed. Dr Misra admits that there is a big role for the government. It could mandate that soft drinks should not be sold or that fruits should be propagated – as has been done in California. It is also essential to put health messages into curricula. For instance, there is need for a better understanding of the dangers associated with cooking mediums.

Dr Misra's team is playing a big part in debunking the notion that only western fast foods are bad for the health. Deep-fried *pooris* and *paranthas* are as bad. Dr Shah points out that even a good oil like mustard is overheated to the point where it becomes injurious. Similarly *samosas* and other snacks are full of trans fats. Biscuits and cookies come laden with calories. Roadside eateries use vegetable cooking mediums that are harmful.

Changing the way people eat really means helping them think differently about food. The real dividends are in beginning with the young.