

# 20<sup>th</sup> Global Obesity Meeting

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Historically Kenya has been associated with the problem of under-nutrition. During past two decades Kenya has been struggling with the problem of double mal-nutrition namely under-nutrition and obesity. Nutrition in transition has escalated the problem of child obesity which stands at 24%. The main causes of obesity include consumption of fast and street foods which are high in fats and sugars, and sedentary lifestyles. The cultural perception that being “fat is good”, is also a causative factor. The consequences of obesity thus include: High morbidity and mortality, poor self-image, high prevalence of chronic diseases such as type 2 diabetes and cardiovascular diseases. Further, obesity is not currently covered by the Health Insurance Fund. In order to enhance resilience to obesity in children, one must begin early in life when children are forming their eating habits to instill good nutrition. The Ministry of Health has adopted WHO measures to reduce child obesity. These initiatives include: Promotion of dietary diversity, promotion of intake of health foods, promotion of physical activity at an early age, monitoring of preconception and pregnancy weight, nutrition and physical activity in school age children and behavior change in weight management. The Kenyan new curriculum has responded to this problem of child obesity by including nutrition and physical activity as compulsory subjects starting at pre-pre-primary (age 3). The introduction of an annual Kenyan Nutrition and Physical Activity School Children Score Card since 2014 has had a positive impact on obesity reduction. These measures if implemented successfully will go a long way in solving the problem of child obesity.

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