

OBESITY AMONG COLLEGE STUDENTS IN NORTHERN PHILIPPINES: INPUT FOR A NATIONAL POLICY AND UNIVERSITY ANTI-OBESITY PROGRAM


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Presentation Trail



Exposition of the RESEARCH GAP on obesity and the research questions

Brief overview of the methodology

Salient findings of the study

Ramifications to local and national policies on anti-obesity



OBESITY

A study done in Cebu, Philippines in 2005, published in Nutritional Diabetes in July 2013 by a collaboration of foreign and local authors, showed a **trend of an increasing number of obese and overweight young adults aged 18-24 years.**

Harrison (2012) found out that the **school environment encourages behavior** related to diet, physical activity, and **obesity.**

Hirschman (2012) believed that the **school food environment** must be in **congruence to the standards of government regulations** for food and nutrition requirements in schools **for better health and nutrition of students.**



RESEARCH GAPS

Among the developing countries, **school health programs are limited** only to the diagnosis and treatment of infectious diseases rather than on the preventive side (Jamieson, 2006).

The **focus of school health programs** is more on the **prevention of infectious diseases.** For non-infectious diseases like obesity, these agencies only give information dissemination, and the prevention aspect is left to the individual or the family.

Moreover, the current Philippine laws and policies focus only **on school health programs limited to basic education institutions** (Peltzer et al., 2014; World Health Organization, 2020). In the context of tertiary and higher education institutions, food choices were left to institutional management.

This study aimed at answering the following research questions:

1. What is the demographic profile of college students in terms of age, sex, and BMI?
2. What is the prevalence rate of overweight and obesity?
3. What is the status of the university health program to prevent the prevalence of obesity?

DESIGN

- Descriptive-Evaluative

PARTICIPANTS AND DATA SOURCE

- 68.89% university student population
- Annual Medical/Dental Records

DATA ANALYSIS

- Comparison of data
- Computation of Percentages
 - Prevalence was computed according to the Public Health Epidemiology formula of several cases divided by the total population times 1000.

ETHICALITY

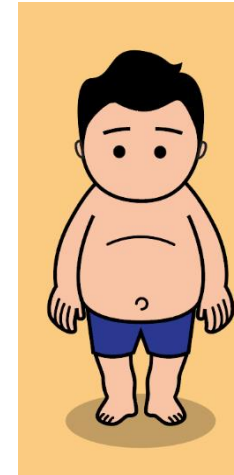
- Confidentiality
- Seeking of appropriate permission

Demographic Characteristics & Distribution of BMI

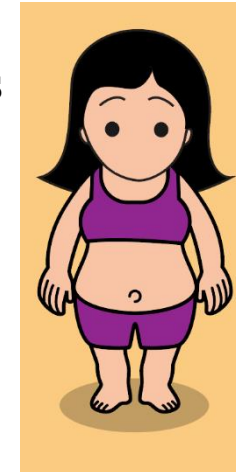
Table 1: Distribution of Body Mass indices according to Demographic Profile

BMI	Underweight	Normal	Overweight	Obese 1	Obese 2
Male n=1020	113 (11%)	467 (46%)	152 (15%)	216 (21%)	72 (7%)
Female n=1823	286 (16%)	1043 (57%)	210 (12%)	201 (11%)	83 (5%)
AGE					
15	48	106	24	11	6
16	123	346	66	62	35
17	94	307	55	70	19
18	49	253	54	73	26
19	41	187	64	72	36
20	24	150	49	46	10
21	12	76	21	38	15
22 & >	11	79	30	44	9
TOTAL	402 (14%)	1506 (53%)	363 (13%)	416 (15%)	156 (5%)

Prevalence of Overweight and Obesity



Prevalence rate of overweight is 14.9% (obese 1 is 21.2%, and obese 2 is 7.1%).



Prevalence rate of overweight is 11.5% (obese 1 is 11.0%, and obese 2 is 4.6%).

The prevalence of overweight and obesity per 1000 population of males are 149 overweight, 212 obese 1 and 70.6 obese 2 and for females are 115 overweight, 110 obese 1 and 46 obese 2.



University Health Program against Obesity



- ☐ no specific component that combats the prevalence of obesity in the university
- ☐ lacks a policy on what food should be sold to the students and the employees
- ☐ Physical activity within the campus is dominated by those in the curriculum
- ☐ There is a slight increase in the physical activity about one to two months before the foundation day of the University

- ☐ There is less physical activity with older age group students (Peltzer et al., 2017; Tapera et al., 2017) since there are no more Physical Education classes starting from the third-year level (Lowry, et al., 2002; Sparling, 2003).
- ☐ College life predisposes students to factors favoring the occurrence of obesity. (Tapera et al, 2017).
- ☐ A university health program be formulated not only to prevent infectious diseases but also to help control lifestyle illnesses such as obesity (Townsend, 2013; Wilksch, 2011).



SALIENT IMPLICATIONS

School Health Programs include **nutrition and healthy lifestyles**; however, there is **no distinct or specific program on preventing or controlling obesity** (Hirschman & Chriqui, 2012; Story, Kaphingst, & French, 2006).

No national law on anti-obesity program that embraces all levels of education from kinder to higher education (Gita, 2018). This may be one health concern that could be addressed in the Philippine context today.

With the university's prevalence rate of obesity at 33% being higher than the national prevalence rate of 2015 of 31.1% by the Philippine FNRI-DOST (Gumaru, 2020), reviewing the current strategy of the university health program is deemed needed (Townsend & Foster, 2017).

Crafting of a national framework to fight obesity in all levels of education is deemed timely and appropriate.

Schools and universities create people that our country needs. Let us empower the academic institutions in producing healthy citizens of the country—in both mind and body.



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