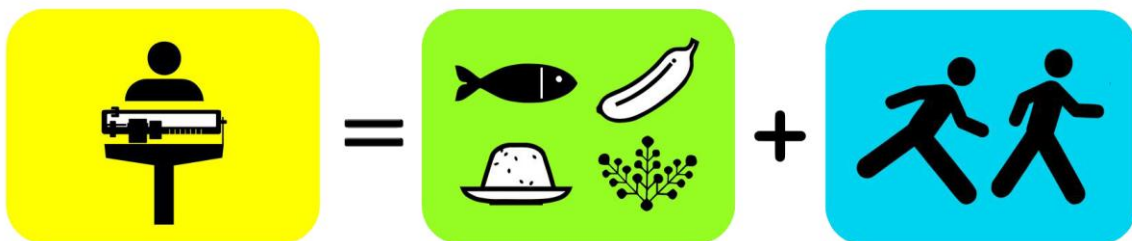


2015 NUTRITION MONTH

TALKING POINTS

***“Timbang iwasto
sa tamang nutrisyon at ehersisyo!”***

(Achieve normal weight through proper nutrition and physical activity.)



2015 Nutrition Month



Prepared by the
NATIONAL NUTRITION COUNCIL
2332 Chino Roces Avenue Extension, Taguig City
Tel. 843-0142 Fax 818-7398
Email: info@nnc.gov.ph
www.nnc.gov.ph

Republic of the Philippines
Department of Health
NATIONAL NUTRITION COUNCIL

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1. What is Nutrition Month?

Nutrition Month is held every July to create greater awareness on the importance of nutrition among Filipinos (Presidential Decree 491 (1974) or the Nutrition Act of the Philippines). The NNC leads and coordinates the nationwide campaign. Each year, a theme is chosen to highlight an important concern on nutrition. The NNC Technical Committee approves the annual theme.

2. What is the theme of the 2015 Nutrition Month?

The 41st Nutrition Month theme is “***Timbang iwasto, sa tamang nutrisyon at ehersisyo!***” (Achieve normal weight through proper nutrition and physical activity.)

3. What are the objectives of the 2015 Nutrition Month?

This year, the problem of overweight and obesity (both refer to overnutrition) is highlighted because of their increasing prevalence not only in the country but the world. Overweight and obesity increase the risk to cardiovascular diseases, type 2 diabetes, various forms of cancer and musculoskeletal disorders like arthritis. Overnutrition also poses risk to having hypertension, dyslipidemia, sleep apnea, breathing problems and liver and gallbladder diseases.

This year’s campaign aims to:

- a. increase awareness on the role and importance of proper nutrition and physical activity in the prevention of overweight and obesity;
- b. encourage Filipinos to make positive decisions towards consumption of healthy diets and be physically active to prevent non-communicable diseases as a result of overweight and obesity; and
- c. encourage communities, national and local governments, non-government organizations, private sector, media, the academe, and other stakeholders to put in place an enabling environment that promotes proper nutrition and physical activity among Filipinos to prevent overweight and obesity.

4. What is overweight and obesity?

Overweight and obesity are defined as abnormal or excessive fat accumulation that may impair health. Overweight means weighing too much for one's length/height or weight-for-length/height or BMI-for-age above the 2 z-score line. Obesity is the condition of being obese or severely overweight or weight-for-length/height or BMI-for-age above the 3 z-score line.

Overweight and obesity are determined using a number of indicators including weight for age for children 0-5 years old and body mass index (BMI) for older children (61 months and above) and adults. The child's age-in-months is plotted against his/her actual weight and then compared to the World Health Organization (WHO) Child Growth Standards (CGS) weight-for-age tables. BMI is a simple index of weight-for-height and is calculated using the following formula:

$$\text{BMI} = \frac{\text{weight in kilograms}}{\text{height in meters}^2}$$

The WHO has identified a BMI classification scheme that correlates with increased risk for developing adiposity-related complications:

Table 1. Body Mass Index Classification

| BMI | Classification | Disease risk |
|-----------|------------------------------|--------------|
| <18.5 | Chronically Energy Deficient | |
| 18.5-24.9 | Normal | Normal |
| 25.0-29.9 | Overweight | Increased |
| 30.0-34.9 | Obese Grade I | High |
| 35.0-39.9 | Obese Grade II | Very high |
| ≥40.0 | Obese Grade III | Very high |

Source: World Health Organization.

To classify between overweight and obesity, a person should measure his/her weight and height and compute for BMI. If the computed BMI is between 25.0 to 29.9, the person is overweight and has increased risk for developing non-communicable diseases (NCDs). However, if the computed BMI is greater than 30.0, the person is classified as obese with high risk for developing NCDs.

Both generalized and abdominal obesity are related with increased risk for mortality and morbidity. Waist circumference and waist-to-hip ratio are measures that reflect abdominal adiposity which is an independent risk factor for developing NCDs.

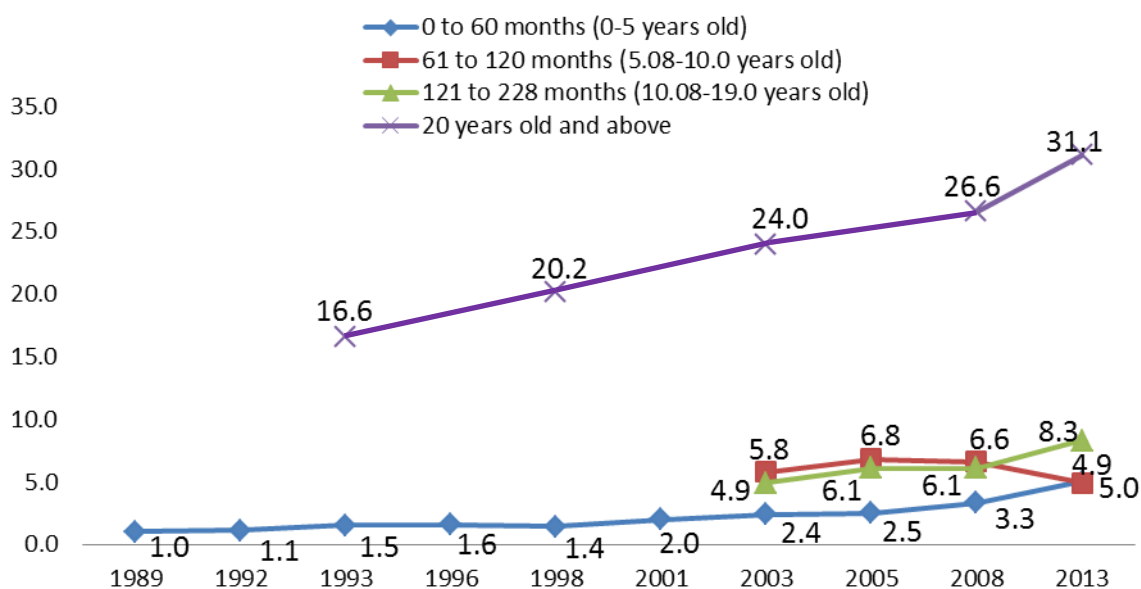
Waist circumference (WC) is a measurement of the abdomen around the top of iliac crest (or the middle point between the last rib and the pelvic bone). There is increased risk of developing NCDs for men with WC ≥ 102 cm and for women with WC ≥ 88 cm.

Waist hip ratio (WHR) is the value computed by dividing waist circumference by hip circumference. Hip circumference is a measurement taken around the widest portion of the buttocks. The WHO cut-off for WHR for men is 1.0 and 0.85 for women. WHR higher than the cut-off is associated with increased risk of developing NCDs.

5. What is the state of overweight and obesity in the Philippines?

Overweight and obesity prevalence has been steadily increasing in the last two decades (Figure 1). Among adults, the prevalence has almost doubled from 16.6% in 1993 to 31.1% in 2013. Among preschool children, the prevalence has been below 2% from 1989 to 1998 but has gradually increased to 4.9% in 2013. For children 5.08 to 10 years old, the prevalence is higher at 5.8% in 2003 but has gone down to 5% in 2013. Among the 10.08-19 years age group, the prevalence has increased from 5.8% in 2003 to 8.3% in 2013.

Figure 1. Trend of prevalence of overweight and obesity among various age groups (1989-2013)



Source: National Nutrition Surveys, FNRI-DOST.

Table 2 shows the 2013 prevalence of overweight and/or obesity for children and adults by region. Among children, regions NCR, CAR, Central Luzon and CALABARZON have consistently shown higher prevalence of overweight and/or obesity compared to the national average. Among adults, the regions with prevalence higher than the national prevalence are NCR, CAR, 3, 4A, 6, 10, 11 and CARAGA.

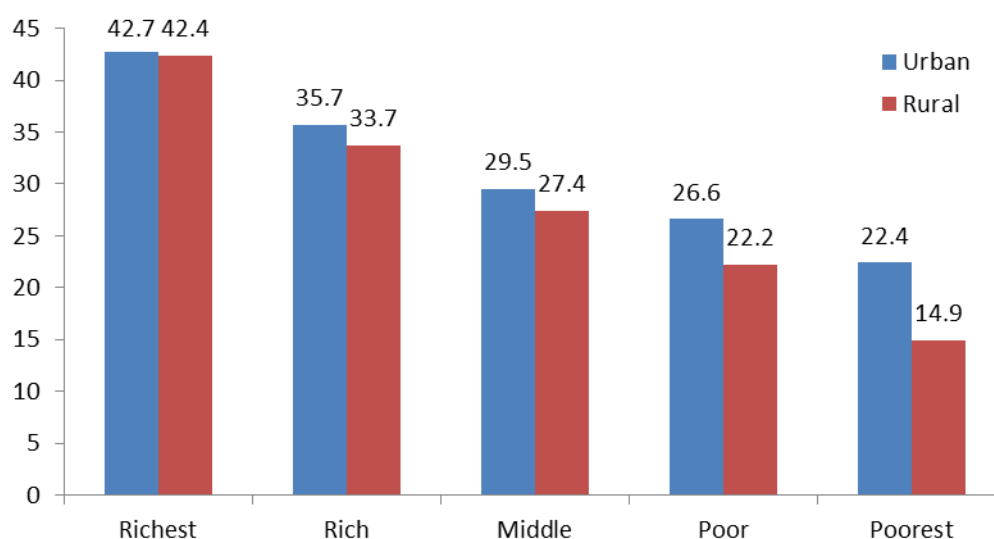
The survey further revealed that prevalence of overweight and obesity increases as wealth increases (Figure 2). There is a direct relationship between wealth index and number of overweight and obese where richer families tend to have higher prevalence of overweight and obesity in both urban and rural areas.

Table 2. Prevalence of overweight and/or obesity among children and adults by region, 2013

| Region | 0-5 years (0-60 months) | 5.08-10 years (61-120 months) | 10.08-19.0 years (121-228 months) | 20 years old and above |
|----------------------------------|-------------------------------|--|--|---------------------------|
| Philippines | 5.0 | 4.9 | 8.3 | 31.1 |
| 1 – Ilocos Region | 5.4 | 4.8 | 8.6 | 27.3 |
| 2 – Cagayan Valley | 5.7 | 5.2 | 7.7 | 25.1 |
| Cordillera Administrative Region | 6.1 | 7.8 | 11.7 | 34.4 |
| 3 – Central Luzon | 6.2 | 5.6 | 10.8 | 32.5 |
| National Capital Region | 6.5 | 8.1 | 14.7 | 39.9 |
| 4A – CALABARZON | 6.6 | 5.7 | 9.6 | 33.2 |
| 4B – MIMAROPA | 5.5 | 3.4 | 4.7 | 24.7 |
| 5 – Bicol | 3.8 | 2.8 | 4.1 | 24.7 |
| 6 – Western Visayas | 4.6 | 2.8 | 5.5 | 22.8 |
| 7 – Central Visayas | 3.6 | 4.2 | 6.0 | 30.1 |
| 8 – Eastern Visayas | 3.2 | 3.8 | 4.9 | 32.9 |
| 9 – Zamboanga Peninsula | 2.6 | 3.0 | 4.8 | 25.9 |
| 10 – Northern Mindanao | 4.8 | 3.6 | 7.0 | 33.9 |
| 11 – Davao | 3.4 | 3.6 | 7.1 | 32.8 |
| 12 – SOCCSKSARGEN | 3.5 | 3.8 | 5.7 | 27.3 |
| 13 – CARAGA | 3.7 | 4.1 | 6.8 | 35.0 |
| ARMM | 3.9 | 2.8 | 5.3 | 23.2 |

Source: National Nutrition Surveys, FNRI-DOST.

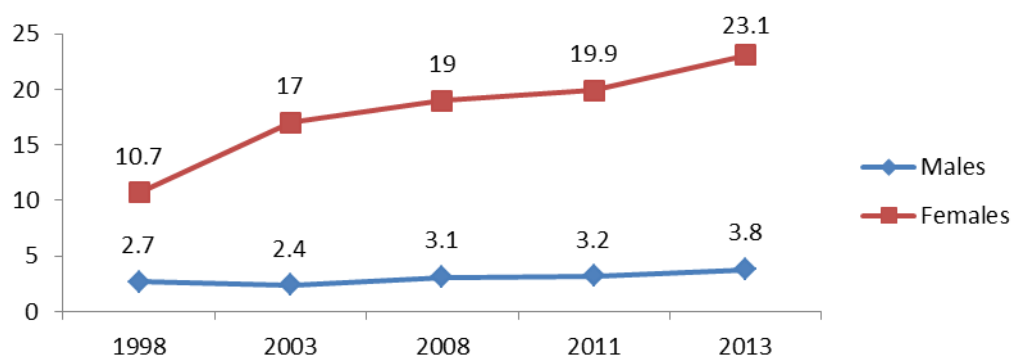
Figure 2. Prevalence of overweight and obese adults by place of residence and wealth index, 2013



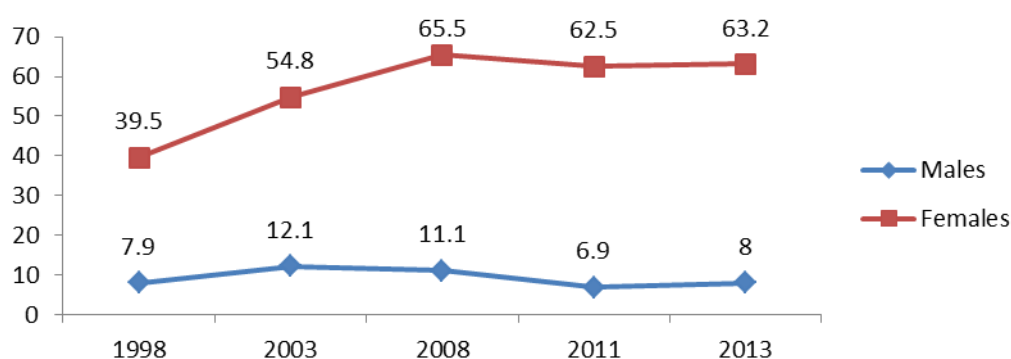
Source: 8th National Nutrition Survey, FNRI-DOST (2014).

Among adults 20 years and older, the prevalence of high waist circumference among males is 3.6% while among females is much higher at 22.2% in 2013. This means that adult females have higher risk of NCDs than males. In terms of high waist hip ratio in the same age group, again, females have higher risk with a prevalence of 61.5% compared to males at 7.6%. In terms of trends, the FNRI reported that high waist circumference increased among males from 2.7% in 1998 to 3.8% in 2013 while among females, the same increase is noted from 10.7% in 1998 to 23.1% in 2013 (Figure 3). The same increasing trend is true for waist hip ratio where females registered a prevalence of 39.5% in 1998 to 63.2% in 2013. Among males, high waist-hip-ratio has not changed much at 7.9% in 1998 to 8.0% in 2013 (Figure 4).

Figure 3. Trends in high waist circumference among adults, 20 years and older, 1998-2013



Source: 2013 National Nutrition Survey, FNRI-DOST (2014).

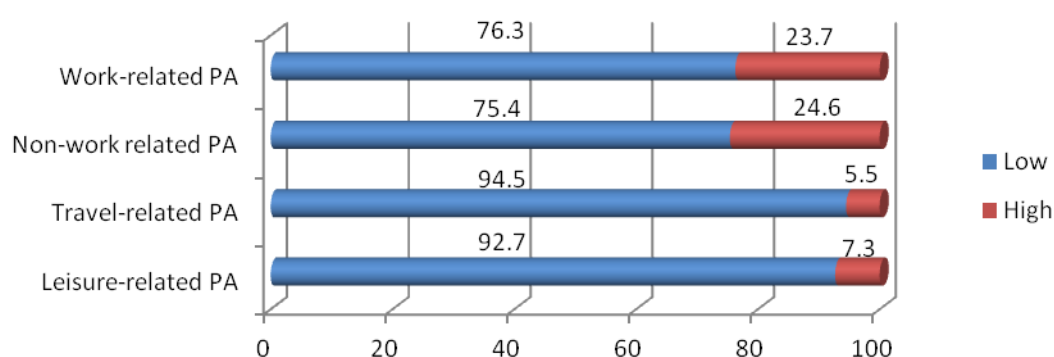
Figure 4. Trends in high waist hip ratio among adults, 20 years and older, 1998-2013

Source: 2013 National Nutrition Survey, FNRI-DOST (2014).

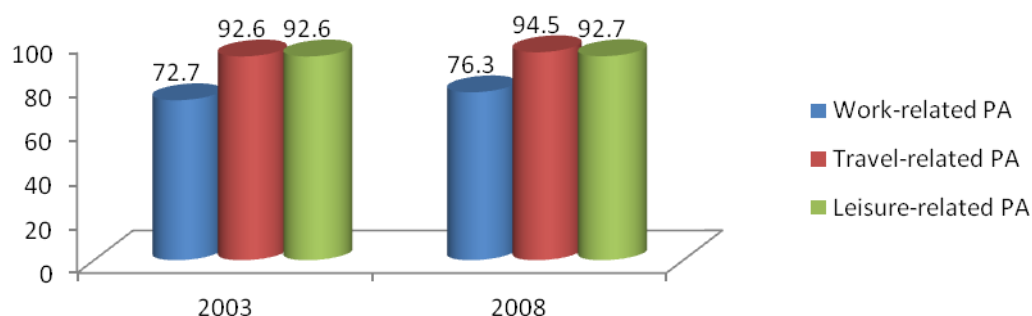
6. What are the possible reasons for overweight and obesity in the Philippines?

a. *Physical inactivity*

Data show that a major factor in the increasing obesity prevalence in the Philippines is the lack of physical activity. FNRI reported that in 2008, about 93% of Filipinos did not engage in leisure-related physical activity and about three-fourth of adults or 75.4% and 76.3 did not engage in non-work and work-related physical activity, respectively (Figure 5). The same low physical activity among Filipino adults is observed in the previous survey period in 2003 (Figure 6).

Figure 5. Distribution of adults 20 years and older, by physical activity level, 2008

Source: Philippine Nutrition Facts and Figures 2008, FNRI-DOST.

Figure 6. Comparison in low physical activity among adults 20 years and older, by domain, 2003-2008

The Global School-based Student Health Survey conducted in the Philippines showed that only 13.9 % of students were physically active for a total of at least 60 minutes per day on five or more days during the past seven days. Only 22% of students went to physical education (PE) class on three or more days each week during the school year. More students (32.3%) spent three or more hours per day during a typical or usual day doing sitting activities.

b. Changing dietary patterns

In terms of diet, there has been a shift in the dietary pattern of Filipinos in terms of quality and quantity over the years as seen in Table 3. The typical diet consists mainly of cereals which are sources of carbohydrates. The consumption of meats and eggs has also increased. However, the consumption of vegetables and fruits has continued to decline. The low consumption of vegetables and fruits is among the top 10 selected indicators for global mortality according to the WHO.

Table 3. Per capita food consumption pattern of Filipinos, 1978-2013

| Food group | Consumption (gram), raw as purchased | | | | | | |
|-----------------------------|--------------------------------------|------|------|------|------|------|------|
| | 1978 | 1982 | 1987 | 1993 | 2003 | 2008 | 2013 |
| Cereals and products | 367 | 356 | 345 | 340 | 364 | 361 | 387 |
| Starchy roots and tubers | 37 | 42 | 22 | 17 | 19 | 17 | 31 |
| Sugars and syrups | 19 | 22 | 24 | 19 | 14 | 17 | 16 |
| Fats and oils | 13 | 14 | 14 | 12 | 18 | 15 | 16 |
| Milk and products | 42 | 44 | 43 | 44 | 49 | 42 | 7 |
| Fish and products | 102 | 113 | 111 | 99 | 104 | 110 | 101 |
| Meat and products | 23 | 32 | 37 | 34 | 61 | 58 | 58 |
| Egg | 8 | 9 | 10 | 12 | 13 | 14 | 17 |
| Dried beans, nuts and seeds | 8 | 10 | 10 | 10 | 10 | 9 | 9 |
| Vegetables | 145 | 130 | 111 | 106 | 111 | 110 | 120 |
| Fruits | 104 | 102 | 107 | 77 | 54 | 54 | 44 |
| Miscellaneous | 21 | 32 | 26 | 19 | 39 | 29 | 34 |

Source: National Nutrition Surveys, FNRI-DOST.

Pedro, Benavides and Barba (2006) reported that the changes in the dietary patterns of Filipinos may be attributed to (a) increasing urbanization with association to increasing Westernized food habits such high fat diets, processed foods and consumption of refined carbohydrates; (b) globalization which increased trade liberalization, making available a wide variety of processed and fast foods; (c) increased frequency of eating away from home; (d) use of computers and computer games; and (e) influence of mass media.

The Global School-based Student Health Survey conducted in the Philippines in 2011 showed that among students aged 13-15 who participated in the survey, 42% usually drank carbonated soft drinks one or more times per day during the past 30 days.

c. *Child undernutrition*

Studies have also shown that child undernutrition, particularly during the first 1,000 days of life, can lead to obesity in adulthood. Optimum growth in the first 1,000 days of life is also essential for prevention of overweight. Evidence suggests that infants who experienced growth failure early in life and had rapid weight gain in childhood might be at particular risk of adult obesity and non-communicable diseases.

d. *Poor breastfeeding practices*

Various studies on the association between breastfeeding and obesity in adulthood showed that breastmilk has protective factor against obesity and non-communicable diseases in adulthood. According to the studies, various biological mechanisms, some behavioral patterns, and some physiological influences may explain the protective role of breastfeeding on obesity. It was noted that breastfeeding improves feeding method and affects infant's appetite and satiety, which would eventually enhance children's appetite later in life. In addition, there are physiological differences between breast milk and artificial formulas in terms of nutrient and hormone content.

7. **What are the consequences of overweight and obesity?**

Overweight and obesity pose serious health consequences. Both are strongly associated with having non-communicable diseases including type 2 diabetes, cardiovascular diseases (heart disease and stroke), several forms of cancer (endometrial, breast and colon), and musculo-skeletal disorders like osteoarthritis. Maternal obesity has been linked to increased risk of congenital abnormalities. Consequently, these diseases are related to increased health care costs, and decreased productivity, premature death and substantial disability, and, economic retardation. Overweight and obese individuals tend to have reduced quality of life.

8. What are some current efforts to address overweight and obesity?**A. Policies and Plans**

The Philippine Plan of Action for Nutrition (PPAN) 2011-2016 targets that by 2016 there shall be no increase in the current prevalence of overweight and obesity among children and adults. To halt overweight and obesity, the PPAN recommends the promotion of a healthy lifestyle anchored on healthy eating, increased physical activity, managing stress, no smoking and drinking of alcohol in the community, school and workplace. The nutrition component of the healthy lifestyle package includes these interventions:

1. Multimedia campaign on increased consumption of vegetables including root crops, and fruits
2. Wellness programs with a nutrition component in elementary and secondary schools and in the workplace
3. Enforcement of the school policy regulating school canteens on the sale of cola drinks and snack foods in line with the promotion of good nutrition
4. Installation of appropriate infrastructure like walking and running lanes, bicycle lanes to promote physical activity
5. Use of a network for referrals for a comprehensive program for weight reduction
6. Network of nutritionist-dietitians, pediatricians, child psychologists for overweight and obese children, teen centers for adolescents and network of nutritionist-dietitians and endocrinologists for overweight and obese adults
7. Appropriate nutritional care of older persons

The DOH has also issued Administrative Order 2011-003 “National Policy on Strengthening the Prevention and Control of Chronic Lifestyle related NCDs” as the policy on non-communicable diseases that addresses the four shared risk factors including having healthy diets, physical activity, cessation of smoking and alcohol consumption. The DOH is expected to release the Multi-sectoral Action Plan to Prevent and Control NCDs.

B. Programs**1. Healthy lifestyle campaign**

The Department of Health spearheads the nationwide healthy lifestyle campaign called “**Pilipinas Go 4 Health**” which aims to inform and engage the youth and young adults in forming healthy habits and

practicing a healthy lifestyle through the promotion of physical activity, proper nutrition, and the prevention and cessation of smoking and alcohol consumption. Pilipinas Go 4 Health has four (4) components:

- GO smoke-free;
- GO slow *sa tagay*;
- GO *sustansiya*; and
- GO *sigla*

The DOH and the NCD Coalition conduct biennial search for the Outstanding Health Lifestyle Advocacy Award to recognize institutions and local government units for implementing healthy lifestyle programs.

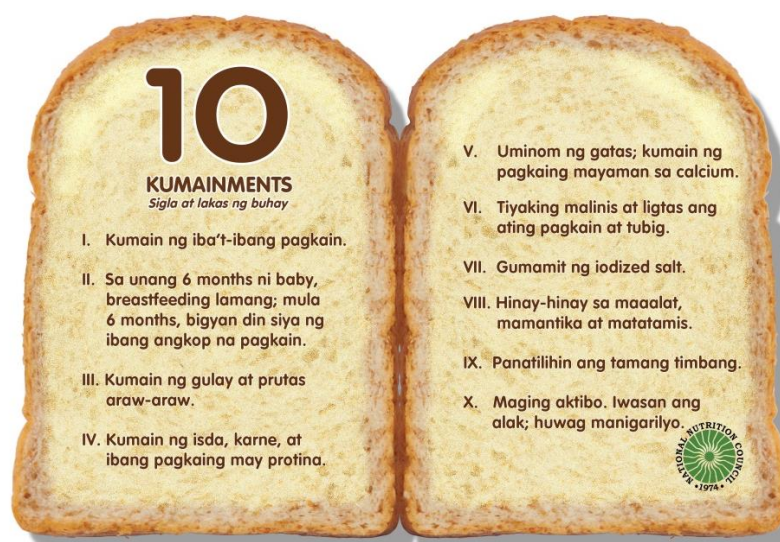
The DOH also developed the Belly Gud for Health program in 2012 which promotes the attainment of the recommended waist circumference among its employees. Prior to the program, waist circumference is measured and recorded every month and after six months, the waist circumference is again measured and compared with the initial measurement. The program includes promotion of physical activities such as walking and jogging, lectures on healthy diets and stress management during and outside work hours. Personnel with the most reduced waist circumference are declared as winners and given prizes.

The DOH was able to launch the National Guidelines on Physical Activity but has not been sustained.

2. Promotion of proper nutrition. The NNC leads the **Promote Good Nutrition** (PGN) program to address hunger and malnutrition in the country. The PGN program includes conduct of nutrition counseling and nutrition education sessions to improve infant and young child feeding practices through promotion of exclusive breastfeeding and appropriate complementary feeding; and the promotion of the Nutritional Guidelines for Filipinos (NGF) using multi-media to encourage Filipinos to adopt a healthy lifestyle through good nutrition and active lifestyle.
3. Food- Based Dietary Guidelines. The Nutritional Guidelines for Filipinos, developed by a technical working group organized by the FNRI-DOST, was approved by the NNC Governing Board. The NGF provides key messages in promoting health through proper nutrition and adoption of healthy lifestyle.

The NNC developed the popular version of the NGF called “10 Kumainments” which consists of shorter and simpler messages for better recall and understanding (Figure 7).

Figure 7. 10 Kumainments



Source: National Nutrition Council.

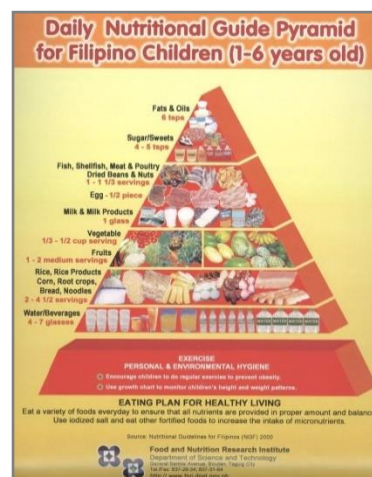
The NGF is translated into a food guide which has recently been updated and is now called *Pinggang Pinoy* (Figure 8). It complements the Daily Nutritional Guide Pyramid developed by FNRI in 2005 (Figure 9). The *Pinggang Pinoy* is an easy-to-understand guide that uses a familiar food plate model to convey right food group proportions on a per-meal basis to meet energy and nutrient needs of Filipino adults.

Figure 8. Pinggang Pinoy Food Plate



Source: FNRI-DOST.

Figure 9. Sample Daily Nutritional Guide Pyramid



Source: FNRI-DOST.

4. **Nutrition labelling.** The government through the Food and Drug Administration (FDA) now requires mandatory nutrition labelling of all processed food products as per DOH Administrative Order 2014-0030. Each food product shall bear the Nutrition Facts at the back panel (Figure 10.) FDA has also issued Circular 2012-015 on voluntary front-of-pack labelling for caloric content of processed foods. These nutrition labels provide information for consumers on the nutrient content of food products.

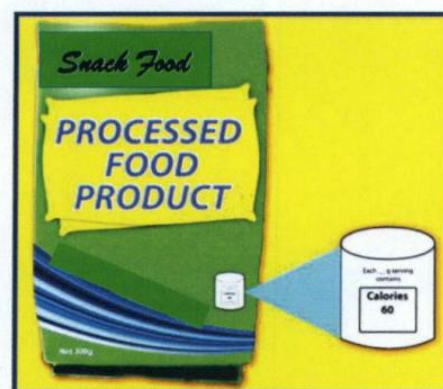
Figure 10. Sample Format for Nutrition Facts Declaration

| | |
|--|---------|
| Nutrition Facts | |
| Serving Size: | |
| No. of Servings per container/pack: | |
| Amount per Serving: | % RENI* |
| Calories (kcal) Calories from Fat | |
| Total Fat (g) | |
| Saturated fat** (g) | |
| Trans Fat (g) | |
| Cholesterol (mg) | |
| Sodium (mg) | |
| Total Carbohydrates (g) | |
| Dietary Fiber (g) | |
| Sugar (g) | |
| Total Protein (g) | |

*Percent RENI values are based on FNRI reference adult requirement of 19- 29 years old. However, if a product is specifically intended for a different age bracket group, percent RENI values are based on the appropriate FNRI reference requirement.

**For coconut products, Medium Chain Triglycerides (MCTs) is predominant.

Figure 11. Sample of Principal Display Panel



Source: Food and Drug Administration.

5. **Promotion of desirable infant and young child feeding practices**
Current efforts are to promote the practices of exclusive breastfeeding in the first six months of life and introduction of complementary foods starting at six months while continuing breastfeeding. Policies have been passed including Executive Order 51 or The Milk Code which regulates the marketing of breastmilk substitutes; RA 10028 or the Expanded Breastfeeding Promotion Act of 2009 to promote rooming-in, establish lactation stations in the workplace, breastfeeding breaks for mothers; strengthen breastfeeding promotion. The Mother-Baby Friendly Hospital Initiative was strengthened through issuance of DOH Administrative Order 2007-0017. The IYCF National Plan of Action on IYCF 2011-2016 was also developed.
6. **School-based interventions to prevent obesity.** The Department of Education has existing guidelines that allow healthy foods to be sold in school canteens and bans the sale of soft drinks. Health, nutrition and physical education are integrated in the school curriculum. Nutritional assessment of children is determined at the start and end of each school year.

9. What are interventions to prevent overweight and obesity?

On an individual level, overweight and obesity can be prevented by achieving an energy balance between intake and use of calories. The WHO recommends that “people can limit intake from total fats and shift fat consumption away from saturated fats to unsaturated fats; increase consumption of vegetables and fruits as well as legumes, whole grains and nuts and limit intake of sugars.” To increase caloric use, people can increase their levels of physical activity to at least 30 minutes of regular, moderate-intensity activity on most days of the week.

To prevent overweight and obesity in children, evidence-based interventions for infant and young children include promoting exclusive breastfeeding for the first six (6) months and instructing mothers to accept their child’s ability to regulate energy intake rather than feeding until the plate is empty.

For older children and adolescents, the following have been found to be effective:

- a. promoting an active lifestyle;
- b. promoting intake of vegetables and fruit and restrict intake of energy-dense micronutrient poor foods;
- c. introducing mass media campaign targeting parents/care providers, caregivers, schoolchildren and adolescents;
- d. introducing and implementing legislation to support healthier composition of foods;
- e. developing policies to encourage consumption of healthier food products and increase access to recreational physical activity; and
- f. providing an enabling environment to support active commuting and space for recreational activity.

10. What are recommended actions to prevent and control overweight and obesity?**A. Individual/Family**

1. Eat a variety of foods everyday with emphasis on vegetables and fruits, legumes and other fiber-rich foods.
2. Prepare food inside the home as often as possible.
3. Exclusively breastfeed newborns up to six (6) months, then give appropriate complementary foods while continuing breastfeeding.
4. Monitor and manage weight of family members.

5. Have regular exercise with the family. Encourage children to play games which increase physical activity.
 6. Limit exposure of children to television, computers and other electronic gadgets to no more than 2 hours a day.
- B. Community leaders
1. Grow vegetables and fruit-bearing trees within the community.
 2. Organize regular exercise activities that encourage participation of community members.
 3. Provide access and support to community members to be able to measure and monitor their weight.
 4. Encourage mothers to exclusively breastfeed infants and practice appropriate complementary feeding practices.
 5. Provide safe play area for children and other supportive infrastructure to encourage physical activity.
 6. Mobilize youth groups to conduct sports activities and to have healthy diets.
- C. School Administrators
1. Serve healthy food choices in school canteens and cafeterias that include vegetables and fruits, legumes and other fiber-rich foods. Avoid serving sugar-sweetened drinks like juice drinks, soft drinks, etc.
 2. Grow fruit-bearing trees and vegetables in schools.
 3. Include enjoyable physical activities and sports events in schools.
- D. Local policy makers and program managers
1. Formulate local policies to support consumption of healthy diet and increase access to recreational physical activity.
 2. Implement wellness programs or conduct regular exercises for community members.
 3. Recreate physical environments to support active commuting like walking or biking.

- E. Employers
 - 1. Serve healthier food choices during meetings, seminars, conferences, and other events.
 - 2. Conduct seminars/lectures on the importance of healthy diet and active lifestyle.
 - 3. Implement wellness programs for employees such as the Belly Gud for Health.
- F. Food industry
 - 1. Self-regulate marketing of foods and non-alcoholic beverages to children.
 - 2. Reformulate food products to reduce saturated fats, sodium and sugars.
 - 3. Follow nutrition labelling guidelines.
- G. National government agencies
 - 1. Develop and implement food and agriculture policies to have adequate supply of food particularly vegetables and fruits at affordable prices.
 - 2. Disseminate information on good nutrition and healthy lifestyle.
 - 3. Strictly enforce the Milk Code, RA 10028 and implement policies that promote, protect and support appropriate infant and young child feeding practices.
 - 4. Use sin taxes to fund health promotion activities, nutrition education and promotion of physical activity.
 - 5. Regulate advertisements on consumption of high-fat, high-sodium and high-sugar products.
- H. Legislators
 - 1. Enact legislation to regulate the marketing of foods and non-alcoholic beverages to children.
 - 2. Enact legislation to increase taxes of sugar-sweetened beverages.
 - 3. Develop policies on rural and urban planning and transport to create facilities that support physical activity.

11. What are ways to celebrate Nutrition Month?

The 2015 Nutrition Month celebration should be able to highlight the importance of proper nutrition and healthy lifestyle in the prevention and management of overweight and obesity. The celebration should not only be done in July, but it should be done year-round to help decrease prevalence of overweight and obesity.

- A. Hang streamers on the Nutrition Month (design can be downloaded from www.nnc.gov.ph) .
- B. Conduct seminars and other fora to discuss overweight and obesity.
- C. Conduct activities to promote sustained exercise and physical activity including backyard production of vegetables and fruits.
- D. Implement wellness programs such as the DOH Belly Gud for Health.
- E. Conduct nutrition assessment and nutrition counselling sessions.

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**For comments, suggestions and more information on
the 2015 Nutrition Month, contact**

National Nutrition Council
Nutrition Building, 2332 Chino Roces Ave. Extension, Taguig City
Telephone number: (02) 843.0142 Facsimile: (02) 818-7398
Email address: info@nnc.gov.ph
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