

# **RECOMMENDATIONS AND IMPLICATIONS**

1. The database of school children collated under the study is an addition to the existing collection of information and can be used for deriving national reference standards of growth.
2. Awareness programs on the rising burden dual malnutrition can be a preventive strategy for population across the ages’.
3. Modified CDC guidelines among all schools (government, public and private) across India can improve the education system and school settings.
4. Socio Ecology Model of behaviour change can be a promising and sustainable strategy in other schools. It helps to articulate parents, families and communities to make an intervention effective. Play – way methods and active learning within school curriculum teaches about nutrition, food labeling, health, healthy dietary habits and lifestyle and much more.
5. Constant improvement in the school food services by providing healthy and nutritious food alternatives can increase affinity of children towards healthy dietary habits.
6. Targeting pregnant women for health intervention can break the vicious chain of IUGR-Stunting-Overweight and Morbid Obesity.
7. As a priority measure for early detection of biochemical disruptions, screening of students having parental history of diabetes, CVD hypertension is necessary.

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8. Schools should hire a nutritionist so as to track the growth and health cards of each child and provide dietary counselling and nutrition education to children as well as parents and help in providing improved school food services.
9. A career in sports need to be promoted by the Government and private sectors, so that along with other competitive exams undertaken by children, sports too is considered seriously and PE classes are not considered as free or proxy periods.
10. Local and state level events such as “Khel Mahkumbh” of Gujarat, should be regularized with good prize money, incentives and support by the industries. This will motivate both parents and schools in urban and rural areas to motivate their children in a variety of sports.
11. Institutes such as schools, colleges, industries and public parks should have facility for sports and physical exercise so as to promote moderate to vigorous physical activity on the campus during breaks.
12. Awareness regarding use of bicycles and walk for shorter distances should be undertaken.
13. Parent Teachers Association should be an active club and must be involved in decisions taken by the school, especially those that involve health and development of the children.

## ***IMPLICATIONS***

1. The study implies that small cities such as Vadodara is racing at par with the metro cities of India in acquiring lifestyle disorders and affluent children are following the trend of the metro in the prevalence of DBM.
2. Institutes such as schools are good contact points for intervention activities such as “MARG” for creating awareness regarding the role of diet, nutrition and physical activity for the prevention of diet related non-communicable diseases.
3. Healthy school initiatives need to be pursued using feasible models such as SEM using a variety of activities in the MICRO, MESO and EXO systems.
4. An “Active Sports Club” with 90 min MVPA conducted prior regular school hours, is feasible in schools and should be adopted for improved physical and mental status of children.