Exercise Promotion in Rural Areas

Sir.

We read with great interest the Bondge study, which showed significant correlations of indices of physical activity with obesity and lipid levels among healthy subjects in central rural India.[1] Bondge et al.[1] suggested that lifestyle changes, specifically exercise, could reduce the burden of obesity and lipid disorders in that area.[1] Because exercise is well-known to improve the outcomes of chronic diseases, their suggestion is reasonable. I would like to further add the comments as a researcher on rural healthcare. In general, people with chronic diseases who live in rural areas have poorer outcomes relative to those in urban areas^[2] and resolution with various methods, including lifestyle intervention, is required. However, many studies on exercise promotion have been also conducted in urban settings. [2,3] Therefore, data from rural settings, like the Bondge study,[1] would be valuable information for the development of rural exercise programs and related healthcare systems.

There appears to be a popular belief that rural people are physically active relative to urban people; indeed, rural people are physically inactive due to several issues seen in the rural settings, such as fewer exercise specialists, less accessibility to preventative and treatment services and facilities, as well as limited initiatives for built environments (e.g., street layout, parks).^[2,3] Exercise programs should be provided under conditions specific to the rural setting.^[2,3]

Bondge *et al.*^[1] reported that their study findings supported the utility of promoting exercise advocacy and screening for subjects with a high disease risk. Such promotion is reasonable as a basic action at the individual and population levels. Additionally, depending on the reality and cultural context of rural communities, the social cohesion of residents and willingness to share resources seem to contribute to exercise promotion.^[2] The establishment of lifestyle that includes an exercise habit from childhood^[4] as well as the application of new concepts, such as communication technology and nudge principles,^[5] in rural communities are other points to be considered. When rural-specific measures to promote exercise as intervention against obesity and lipid disorders make more progress, some rural—urban disparities associated with chronic diseases may be addressed.

Financial support and sponsorship

Conflicts of interest

There are no conflicts of interest.

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Submitted: 06-May-2022 Accepted: 29-May-2022

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Published: 20-Sep-2022

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How to cite this article: Kotani K. Exercise promotion in rural areas. Indian J Endocr Metab 2022;26:391.

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