Urban diabetes in India

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It is estimated that the overall prevalence of diabetes in India is about 7.3% if both the urban and rural population is taken into consideration. In addition, according to the newly released IDF Diabetes Atlas, 8th edition (2017), the national prevalence for diabetes (20-79 years) in India is estimated to be 8.8%. One consideration is certain: the prevalence of diabetes in urban India seems to be higher among those states which are economically stronger. An important observation seems to be the fact that in some of the economically well-to-do states, the prevalence of diabetes among the urban poor appears to be going up.

This fact probably reflects the higher genetic susceptibility of Asian Indians to diabetes. Since the urban poor also have this higher genetic susceptibility, they seem to develop diabetes when the environmental factors become favourable. These factors include weight gain with increased food intake and reduced physical activity when those who are economically below the margins get a two wheeler like a motorcycle or scooter to ride to work.

However, the fact remains that the urban poor have a meagre income to take care of their daily needs and have difficulty to pay for diabetes care. Though the government hospitals do provide minimal care for diabetes, it becomes difficult for some people to access free or subsidised diabetes care. Another important factor that needs to be investigated is whether the urban poor have a higher prevalence of diabetes due to air pollution. There have been studies which have shown an association between air pollution and type 2 diabetes.

The risk factors for diabetes among the urban poor seem to be significant in studies from India. The prevalence of obesity was 57.3% in a study conducted from South India and the reason seems to be related to unhealthy diet and physical inactivity. The diet pattern among the urban poor also seems to be quite contrary to the healthy diet advised for all. The high carbohydrate intake, with less fruits and vegetables which are expensive, seem to contribute to the higher obesity rates among them.

It is also important to note that the cost of diabetes care in India has been reported to be high. A Study from South India looking at the socioeconomics of diabetes showed that most of the patients (60%) spent money from personal savings account for their diabetes care. None of the patients from the low- and middle-income group had insurance while only 2% of the high income group were dependent on insurance. Most of the low-income group borrowed money or mortgaged their properties to meet their expenses, which again is a reminder to the policy makers...
Efforts could be taken with the help of public–private partnership opportunities to provide greener spaces for people to take a walk as part of their physical exercise—such spaces are lacking in most of the urban areas in India. The air pollution which is quite high in urban cities has to be reduced in developing countries by appropriate legislation, in order to reduce the burden of respiratory disorders and also noncommunicable diseases. A multi-pronged approach is required for improving the dietary habits and physical activity of the urban poor and by reducing the air pollution in our cities. Efforts for improving the environment and access to healthy food will go a long way in reducing the burden of diabetes among this population in urgent need of help.

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