

## ABSTRACT

**Background** Sri Lanka, as a self-sufficient and agriculture-based civilization in the historic times, possessed a well-managed food system. Sri Lankan traditional food system (TFS) supports a wide variety of foods produced from the different agro-ecological zones. Properly prepared and combined, traditional foods can assure nutrition security even in all segments of the society and traditional diets have always been recognized of reducing health risks for instance non communicable diseases as well. It is however sad that a large segment of the population is shifting to less nutritious high energy urbanized diets leading to emergence of obesity occurring under nutrition and nutritional deficiencies. As traditional eating habits are still preserved in some rural areas fortunately, it is imperative to study TFSs and have a particular interest in the food, nutrition and health of people still preserving traditional food habits.

**Methods** Study was designed as a cross sectional study including 60 households, 20 from each of three major agro-ecological zones in Sri Lanka. Remote GS divisions still preserving traditional food habits namely Kanogama (intermediate zone), Kottukachchiya (dry zone) and Nugawela (wet zone) were selected for data collection. Pre tested questionnaire based, interviewer administered data collection was performed regarding socioeconomic status, food consumption, food security, nutrition status and health status of households.

**Results** The results demonstrated that the percentages of food secured households in intermediate, dry and wet zone were 90%, 60% and 95% respectively. Highest DDS was obtained in wet zone and mean DDSs of intermediate, dry and wet zone were 7.55, 7.45 and 8.5 respectively. In all three zones, the household dietary intakes of both macro and micronutrients were significantly contributed by own produced food stuffs. The energy contribution from own produced food stuffs were 62%, 74% and 27% in intermediate, dry and wet zone respectively. Household food security was associated with maternal education and it was not related to household income level and the amount of expenditure on food stuffs. Monthly expenditure on food stuffs was significantly associated with DDS.

**Conclusion** Majority of the households were food secured and dietary intakes of nutrients were significantly contributed by own produced food stuffs. In addition dietary diversity of the households was satisfactory.

**Key words** Traditional food system; nutrition security; non communicable diseases; urbanized diets; rural areas