



Child Nutrition Report 2025

For Prelims: [UNICEF](#), [Obesity](#), [Ultra-processed foods](#), [Fit India Movement](#), [Eat Right India Campaign](#), [Indian Nutrition Rating](#), [Food Safety and Standards Authority of India](#)

For Mains: Nutrition and Public Health, Food Policy and Regulation, Health Economics

[Source: TH](#)

Why in News?

A [UNICEF](#) report titled ***Feeding Profit: How Food Environments Are Failing Children*** reveals how unhealthy food environments are contributing to the worldwide surge in [overweight and obesity in children and adolescents](#).

What are the Key Findings of Child Nutrition Report 2025?

- **High Prevalence of Overweight and Obesity: One in five children and adolescents (5-19 years) are living with overweight.**
 - Obesity is **rising faster than overall overweight rates**. In 2025, for the first time, **global obesity prevalence** among 5-19-year-olds (9.4%) surpassed underweight (9.2%).
 - Obesity poses greater health risks and is harder to reverse, making this trend particularly concerning.
- **Unhealthy Food Environments: Children face increasing exposure to ultra-processed foods and sugary beverages.**
 - School food environments, instead of promoting health, are contributing to poor dietary habits.
 - UNICEF's U-Report poll (2023) in eight South Asian countries found that unhealthy foods and drinks were more commonly available in schools than fruits or vegetables.
 - Children in **poorer areas face greater exposure to unhealthy food displays** (sugary cereals, snacks, sweetened drinks) than wealthier peers.
- **Weak Legal Protections: Only 18% of 202 countries studied have mandatory nutrition standards for school meals.**
 - Only 19% of countries impose national taxes on unhealthy foods and sugar-sweetened beverages.
 - Most countries rely on voluntary or fragmented measures, leaving children vulnerable to unhealthy food systems.

DEFINITIONS: NUTRITIONAL STATUS OF CHILDREN AND ADOLESCENTS

Children aged less than 5 years:

- **Overweight** is defined as a weight-for-height greater than 2 standard deviations above the WHO Child Growth Standards median
- **Obesity (or severe overweight)** is defined as a weight-for-height greater than 3 standard deviations above the WHO Child Growth Standards median
- **Severe wasting** is defined as a weight-for-height less than 3 standard deviations below the WHO Child Growth Standards median

Children and adolescents aged 5–19 years:

- **Overweight** is defined as a body mass index-for-age (BMI-for-age) greater than 1 standard deviation above the WHO Growth Reference median
- **Obesity** is defined as a BMI-for-age greater than 2 standard deviations above the WHO Growth Reference median
- **Thinness** is defined as a BMI-for-age less than 2 standard deviations below the WHO Growth Reference median. In this Brief, thinness is referred to as **underweight**

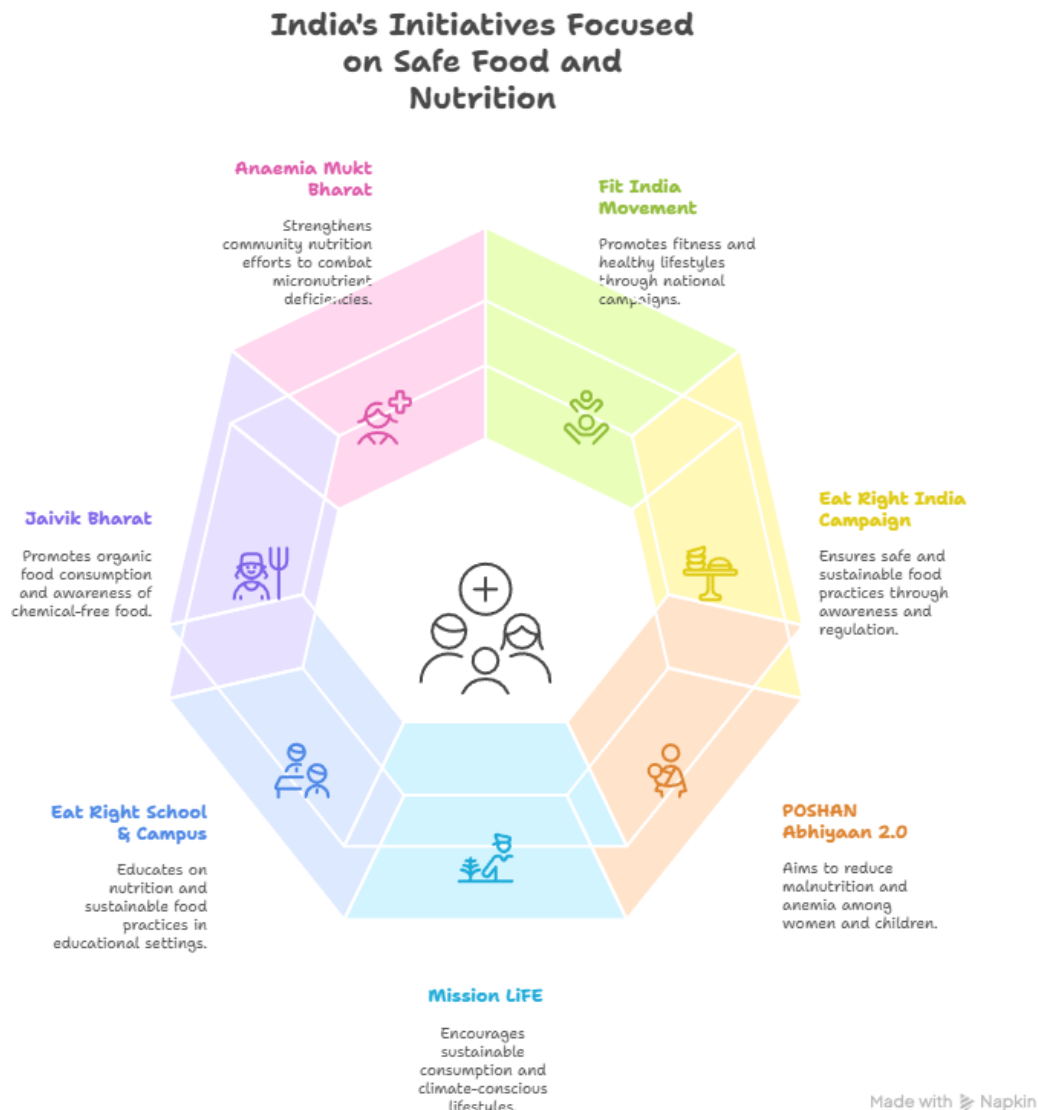
What are the Trends in Childhood Nutrition and Obesity in India?

- **Rising Overweight and Obesity in India:** Prevalence of overweight and obesity among Under-Five Children rose 127% (from 1.5% in [National Family Health Survey \(NFHS\) 3, 2005-06](#) to 3.4% in [NFHS 5, 2019-21](#)).
 - Adolescent girls' overweight/obesity increased by 125% (from NFHS 3 to NFHS 5), while boys' increased by 288% during the same period.
- **Future Burden:** By 2030, India may have 27 million children and adolescents (5–19 years) with obesity, accounting for 11% of the global burden.
- **Key Drivers of the Epidemic:**
 - **Dietary Shifts:** [Ultra-processed foods \(UPF\)](#) and sugary beverages are replacing traditional diets rich in fruits and vegetables.
 - UPFs consumption surged from USD 900 million (2006) to USD 37.9 billion (2019), growing at over 33% annually.
 - **Marketing Influence:** Aggressive and targeted marketing, especially digital ads, creates constant exposure and temptation for children and adolescents.
 - Growth in supermarkets, hypermarkets, and convenience stores has increased access to unhealthy foods. These outlets facilitate widespread availability and aggressive promotion of such foods.
 - **Early Life Factors:** Poor maternal nutrition, inadequate breastfeeding, and childhood dietary practices contribute.
 - **Social Norms:** Adolescent girls and women often eat least and last, exacerbating nutritional inequities.
 - **Lifestyle Factors:** Low physical activity, increased screen time, and high consumption of UPF.
- **Health and Economic Implications:**
 - **Health Risks:** Childhood obesity increases risk of diabetes, cardiovascular disease, hypertension, and certain cancers.
 - **Economic Costs:** In 2019, obesity cost India nearly USD 29 billion, or 1% of [Gross Domestic Product \(GDP\)](#). By 2060, this could rise to 2.5% of GDP, without urgent action.
 - **National Burden:** Unhealthy diets contribute to 56% of India's disease burden.

Initiatives Taken by India to Tackle Overweight and Obesity

- **Government Initiatives:** [Fit India Movement](#), [Eat Right India Campaign](#), [POSHAN Abhiyaan 2.0](#), and [Mission LiFE \(Lifestyle for Environment\)](#).
- **Stop Obesity Campaign:** Urged families to reduce cooking oil consumption by 10%, emphasizing that such small changes can significantly impact public health.

- **Policy & Regulatory Actions:** Placement of [sugar and oil boards](#) in schools and offices to guide consumption.
 - India is the first lower-middle-income country to adopt [World Health Organization \(WHO\) best-practice policy limiting trans-fat](#).



Global Best Practice in Curbing Obesity

- **Chile's Black 'High in' Labels:** Warning labels, such as Chile's black 'high in' labels (**High in saturated fats**", **"high in sodium"**, **"high in sugar"**, **"high in calories"**), have been shown to reduce consumption of **unhealthy foods by 24%**.
 - Replacing the **star rating with mandatory 'high in' warnings** would give consumers clearer information on the health risks of a product.

What are the Challenges in Ensuring Childhood Nutrition in India?

- **Lack of Clear Definitions:** FSSAI has yet to define **HFSS** or **UPFs**, making it difficult to regulate foods that should be restricted or flagged for high sugar, salt, and fat content.
- **Ineffective Food Labeling Systems:** The [Indian Nutrition Rating \(INR\)](#) system, where half a

star represents the least healthy option and 5 stars signifies the healthiest.

- However, it misleads consumers, as foods high in fat, salt, and sugar (HFSS) still score 2–3 stars despite being unhealthy.

▪ **Industry Lobbying and Influence:** Food industry representatives dominated the **stakeholder meetings**, sidelining scientific input, leading to a **system that favors industry interests over public health** which further contributes to rising obesity rates.

- The [Food Safety and Standards Authority of India \(FSSAI\)](#) ignored its own **2021 draft regulations** recommending 'traffic light' color-coded and mandatory warning labels, instead opting for the star system due to **industry lobbying**.

▪ **Weak Regulatory Framework for Advertising:** India's laws aimed at curbing misleading or surrogate advertising of HFSS/UPFs, are largely ineffective.

- The **Consumer Protection Act (2019)** deems it "misleading" if a product hides important information, but **FSSAI does not mandate nutritional disclosure in advertisements**.
- **Despite recommendations from the National Multisectoral Action Plan (2017) to amend these laws and restrict HFSS food ads, no regulatory action has been taken.**

What are the Key UNICEF Recommendations for Improving Child Nutrition?

- **Protect Breastfeeding & Infant Feeding:** Implement the **International Code of Marketing of Breast-milk Substitutes** (aims to stop the aggressive and inappropriate marketing of breast-milk substitutes), restrict digital marketing, and end promotion of **unhealthy infant foods**.
- **Mandatory Legal Measures:** Enforce laws on school food standards, food marketing restrictions, clear labelling, **taxes on unhealthy foods**, and reformulation to cut harmful ingredients.
- **Improve Access to Nutritious Foods:** Redirect subsidies and incentives towards healthy foods, promote local production, fortify staples, and ensure safe drinking water in schools and communities.
- **Safeguard Policymaking:** Exclude ultra-processed **food industry actors from policy processes**, introduce **conflict-of-interest safeguards**, and mandate transparency on lobbying.
- **Promote Behaviour Change:** Empower families and communities with awareness campaigns, highlight the harms of ultra-processed diets, and build public support for strong laws.
- **Strengthen Social Protection:** Expand food, cash, and voucher transfers; support affordable childcare, parental benefits, and labour market programmes to ensure access to healthy diets.

Conclusion

The rapid rise in obesity from unhealthy foods is increasing **non-communicable diseases** among children. Urgent action like front-of-pack labelling, regulating junk food marketing, **health taxes**, and nutrition education is needed to protect child health. Governments, civil society, businesses, and communities **must ensure every child's right to good nutrition**.

Drishti Mains Question:

Q. "Ultra-processed foods are undermining child nutrition in India." Discuss.

UPSC Civil Services Examination, Previous Year Questions (PYQs)

Q. A company marketing food products advertises that its items do not contain trans-fats. What does this campaign signify to the customers? (2011)

1. The food products are not made out of hydrogenated oils.
2. The food products are not made out of animal fats/ oils.

3. The oils used are not likely to damage the cardiovascular health of the consumers.

Which of the statements given above is/are correct?

- (a) 1 only
- (b) 2 and 3 only
- (c) 1 and 3 only
- (d) 1, 2 and 3

Ans: (c)

Q. Which of the following is/are the indicators/ indicators used by IFPRI to compute the Global Hunger Index Report? (2016)

- 1. Undernourishment
- 2. Child stunting
- 3. Child mortality

Select the correct answer using the code given below:

- (a) 1 only
- (b) 2 and 3 only
- (c) 1, 2 and 3
- (d) 1 and 3 only

Ans: (c)

Q. With reference to the provisions made under the National Food Security Act, 2013, consider the following statements: (2018)

- 1. The families coming under the category of 'below poverty line (BPL)' only are eligible to receive subsidized food grains.
- 2. The eldest woman in a household, of age 18 years or above, shall be the head of the household for the purpose of issuance of a ration card.
- 3. Pregnant women and lactating mothers are entitled to a 'take-home ration' of 1600 calories per day during pregnancy and for six months thereafter.

Which of the statements given above is/are correct?

- (a) 1 and 2 only
- (b) 2 only
- (c) 1 and 3 only
- (d) 3 only

Ans: (b)

Mains

Q. How far do you agree with the view that the focus on lack of availability of food as the main cause of hunger takes the attention away from ineffective human development policies in India? (2018)

