

ADDRESSING UNHEALTHY DIETS IN INDIA

Reducing intake of unhealthy foods is critical to reducing the burden of NCDs and saving lives

Health impact of unhealthy diets

Suboptimal diets that are high in fat, salt and sugar (HFSS) and low on fruits and vegetables are associated with increased risk of non-communicable diseases (NCDs). Globally, poor diets were found to be responsible for more deaths than tobacco or any other risk factor (1). Diets high in sodium have the largest impact on health due to their effect on blood pressure and cardiovascular diseases. 175,000 deaths per year are attributable to high sodium diets in India (2).

Prevalence of NCDs and consumption of unhealthy diets in India

NCDs are estimated to account for 63% of all deaths in India, where people between the ages of 30-70 years face a 23% risk of dying from NCDs(3). 24% of women and 23% of men who are between 15-24 years of age are overweight or obese (BMI ≥ 25.0 kg/m²) per NFHS 5(4). [ICMR- INdia DIABetes \(INDIAB\) Study](#) found that 11.4% of adults aged 20 years or older have diabetes, 15.3% have prediabetes, 35.5% have high blood pressure and 81% have dyslipidemia(5). NNMS data also suggests nearly three out of ten adults (aged 18-69 years) had raised blood pressure and 9% had raised blood glucose(6). 10% of school-age children and adolescents are pre-diabetic, 1% are diabetic, and 5% of adolescents have high blood pressure(7).

In India, the consumption of HFSS foods is increasing (see box), a shift characterized by a departure from traditional cooking and eating practices, an increasing trend of eating out, and a growing intake of unhealthy, ultra-processed food (UPF). This nutrition transition contributes to the triple burden of malnutrition, including micronutrient deficiencies and overnutrition. While undernutrition has traditionally been the primary focus of research, policy, and programming in India, the new dimensions of malnutrition underscore the need for a more comprehensive approach that considers the broader 'food environment' and addresses both demand and supply side factors influencing dietary choices.

Rising consumption of unhealthy diets in India

- Average salt intake per day per adult is between 8 -11 gms (more than twice the recommended limit) (3,6,14). 80% of this intake is through food consumed at home(14).
- Average daily fat intake amongst in seven metropolitan cities was 33gm/day (>50% higher than recommended)(15).
- Indians consume 25 kg sugar per person per year (all sources)(16) more than the global average of 22 kg. Sugar consumption in India is expected to increase(17) .
- Processed food accounts for 10-30% of Indian's average total caloric intake(18) , and the UPF sector grew at a compound annual growth rate (CAGR) of 13.4% in retail sales value from 2011-2021(19).
- Nearly one-fifth of adults reported consuming food cooked outside home in the past week, with an average three meals outside the home(6).

Interventions to reducing intake of unhealthy diets are cost-effective and feasible

Strategies aimed at decreasing the consumption of unhealthy foods are recognized as WHO NCD 'best buys' and considered most cost-effective and feasible for implementation in low-and lower middle-income countries(8). Owing to the growing levels of unhealthy food consumption and linked rise in NCD prevalence, it is now essential to expand nutrition policy to include interventions that combat the risk of obesity, hypertension, diabetes and other NCDs.

Comprehensive and effective policy package targeting all sources of unhealthy food consumption

I. Packaged Foods

- 1. Front-of-pack labelling:** Front-of-pack labels empower consumers to identify unhealthy food and make healthier purchase decisions. They also encourage product reformulation. Research suggests that a warning label would be most effective in helping Indian consumers identify unhealthy foods(9,10).
- 2. Fiscal policy measures:** Implementing taxes on unhealthy, processed and packaged foods and subsidizing healthier foods has positive health and economic impacts (11,12). It encourages consumers to make healthier food choices, reduces demand for unhealthy packaged food products(13) and motivates the food industry to reformulate products.
- 3. Restrictions on marketing unhealthy food to children and adolescents:** Children and adolescents are more susceptible to the targeted marketing of HFSS foods. Regulations are required cover the use of child-friendly imagery, marketing tactics and advertisement of HFSS foods on television, print, online and social media. Misleading advertising of unhealthy food targeted towards parents and children requires restrictions.

Note: The above policies should be based on a consistent, scientifically designed nutrition profile model that clearly defines unhealthy or HFSS foods.

II. Food consumed outside the home

- 1. Healthier diets under public procurement programs:** Schemes like Pradhan Mantri Poshan Shakti Nirman (PM-POSHAN), Integrated Child Development Services (ICDS) and food services in Indian railways, government office canteens and public hospitals cater to a large number of Indians every day. Ensuring availability of healthier meals by reducing salt and sugar content, using healthier oils and fats, and increasing fruits and vegetables can improve the health and wellbeing of a large segment of the population.
- 2. Healthier school environments initiatives:** Improving the nutritional standards of school meals within the PM-POSHAN scheme will involve setting and implementing standards for salt, sugar and fats in meals provided. In addition, restricting marketing and availability of HFSS foods in schools and promoting nutrition literacy amongst school students can promote healthier diets. This can be achieved by effective implementation of Food Safety and Standards (Safe Food and Healthy Diets for School Children) Regulations, 2020.

III. Food consumed at home

- 1. Promoting nutrition literacy:** Through locally relevant mass awareness campaigns focused on the importance and benefits of healthier diets.
- 2. Focusing on healthier diets as a key component of NCD programs:** Including diets and lifestyle changes in NCD programs and leveraging existing contact opportunities for inter-personal communication can encourage behaviour change. Ayushman Bharat presents a unique opportunity to accelerate this through community, facility, and school-based initiatives.

Additional evidence-based strategies to address salt content in home-cooked meals include replacing regular salt with low-sodium substitutes. This simple modification has the potential to significantly decrease salt intake across the population, while requiring minimal effort from consumers.

Transforming Indian diets demands a concerted effort spanning multiple sectors, necessitating collaborative engagements from policymakers, public health experts, medical professionals, researchers, industry stakeholders and consumers. A healthier food environment for Indians across all age groups is pivotal to realizing better health and nutrition outcomes for everyone. This entails empowering consumers to make informed food choices, implementing data-driven policy solutions tailored to local socio-cultural context,

encouraging product reformulation, fostering inclusive dialogue among diverse stakeholders, and focused execution of recommended policy measures. These are some of the integral steps toward reshaping dietary preferences and practices in India.

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