



Let's Fix Our Food

PROMOTING HEALTHY FOOD ENVIRONMENT FOR
INDIAN ADOLESCENTS AND YOUTH

COLLABORATORS

TABLE OF CONTENTS

- Let's fix our food -Advancing India's Young People's Right to Healthy Foods and Healthy Food Environment.
 - *Introduction*
 - *Let's Fix Our Food*
 - *Knowledge Products*
 - *The Let's Fix Our Food Survey Highlights*
 - *Key Recommendations*
- Regulating food advertisements will protect children and adolescents from exposure to Foods High in Fat, Salt and Sugar Policy Brief.
 - *Pathways: HFSS Marketing to Lure Youth*
 - *Efforts to Regulate HFSS Food Marketing*
 - *Global Best Practices: Restricting Food Advertisements*
 - *Policies and Guidelines relevant to Advertisements in India*
 - *Policy Analysis*
 - *Key Asks*
 - *References*
- Social Behaviour Change Communication: A Strategy for Addressing Under and Over-nutrition among Indian Children and Adolescents. A Policy Brief.
 - *Context*
 - *Key Recommendations*
 - *References*
- Health Taxes in India: Why, What, and How?
 - *Why Health Tax*
 - *Key Recommendations*
- Nutriguide for Educators
 - *Health Concerns Among School-going Children in India*
 - *Why Should Schools Invest in children's nutrition?*
 - *What schools can do?*

Let's Fix Our Food

Advancing India's Young People's Right to Healthy Foods and Healthy Food Environments

POLICY BRIEF



Let's Fix Our Food

Introduction

A healthy food selection allows adolescents to live well, explore, extend life, form relationships, learn, build economic opportunities and contribute to society. However, easy access of unhealthy food option, inadequate access to nutrition knowledge, the lack of availability and affordability of healthy foods such as fruits and nuts can lead to cognitive decline and a higher likelihood of diseases.

Let's Fix Our Food

'Let's Fix Our Food' is an initiative jointly led by ICMR-National Institute of Nutrition, Public Health Foundation of India (PHFI) and UNICEF in collaboration with consortium partners, including the Institute of Economic Growth (IEG), the World Health Organisation, Deakin University and the World Obesity Federation, to enable adolescents to participate in and create a conducive food environment for children and adolescents in the country. This conversation is critical because 24% of adolescents are underweight in India¹. Over 17 million children and adolescents in India are affected by obesity². This number can cross 27 million by 2030 unless we take proactive action today³. This dual burden of malnutrition can be addressed through common strategies.

This initiative leads to youth participation and ownership of issues as the campaigns are designed and delivered by them. It aims to create health-promoting norms among adolescents, in families, homes and communities and will also support policies that help combat malnutrition comprehensively in India by addressing:



Double Duty Actions



Taxation of High Fat, Sugar and Salt (HFSS) Foods.



Front Of Pack Labelling (FOPL)



Regulate marketing & advertising of HFSS Foods



Adolescent led Nutrition-literacy

The initiative aimed at raising awareness about healthy and unhealthy food environments to empower adolescents from across all Indian states to be meaningfully involved in addressing the existing issues. The Let's Fix Our Food survey (U-report poll) was rolled out to understand the young people's perceptions of what influences their food choices and what in the food environment needs to change. The survey went live in 12 languages for adolescents between the ages of 10 and 19.

Adolescent Engagement

Regular consultations on design and implementation with [Adolescent Cohort](#).

[Nationwide Let's Fix Our Food survey \(U-report poll\)](#) with Adolescents on Let's Fix Our Food issues, insights incorporated into the [Food & Me Report](#).

Regular adolescent engagement for [media interaction](#)

Responsible leadership of [policy discussions](#).

Capacity Building

[Webinars](#) led by ICMR-NIN on Let's Fix our Food themes.

[Training of NGOs team members](#) to lead [content analysis](#) of food advertisements on regional TV channels.

[Module](#) adopted from World Obesity Federation resources for adolescents on prevention and management of obesity.

Capacity building for adolescents via workshops, e-dialogues and media interaction.



Let's Fix Our Food

Knowledge Products

The Let's Fix Our Food initiative created a two-way dialogue platform, where members of the adolescent network from across 36 States and Union Territories shared opportunities and challenges in their food environment that influence their food choices. The input contributed to the development of knowledge products. So, here's what the adolescent network had to say about healthy food environment, wellness and lifestyle.



[Creative expression document](#)



[Let's Fix our Food podcast](#)

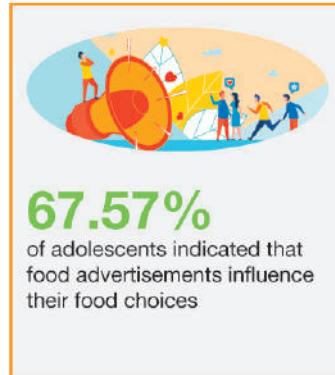
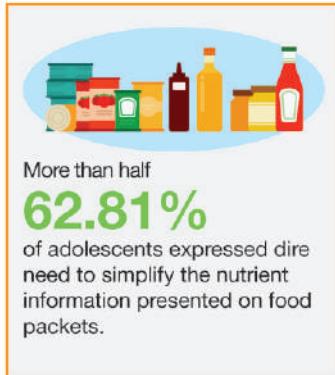
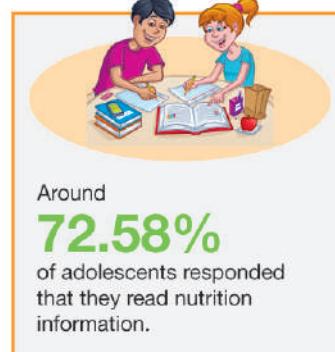


[Testimonial video](#)



The Let's Fix Our Food Survey Highlights

The survey draws on nationwide data across 36 Indian States capturing factors influencing the food environment of 1,43,906 adolescents who participated in the Let's Fix Our Food survey (U-report poll) in 2022.



Key Recommendations

The data collected from the survey has helped in identifying the critical focus areas that must be addressed to enable healthy choices for children and adolescents.

Government

- Ensure stricter regulation of advertisements and marketing of HFSS foods targeted at children and adolescents.
- Regulate the consumption of HFSS foods and develop guidelines to provide nutrition information on front-of-pack of packaged foods.
- Implement health tax on HFSS foods
- Monitor the ban of HFSS foods in the canteens and the vicinity of the educational institutions (schools, colleges) as provided in guidelines by the Food Safety and Standards Authority of India (FSSAI).
- Ensure adolescents' meaningful engagement (co-creation) in decision-making during the process of making health policies targeting them.
- Develop "My plate for the Day" specific for adolescents to promote the consumption of a balanced diet.
- A comprehensive Social Behaviour Change Communication strategy addressing key drivers of obesity at all levels i.e. individual, interpersonal, community, organization, and policy needs to be developed at the national level to prevent overweight and obesity alongside addressing underweight (double-duty actions) among Indians.
- Implement a program aimed at making healthy foods more affordable and accessible to all segments of the population.
- Implement easy-to-comprehend front-of-pack warning labels on packaged foods high in sugar, salt, and unhealthy fats.

Development Partners

- Amplify the voices of adolescents by providing platforms to share their lived experiences and ensure meaningful engagement at all levels to foster a healthy food environment.
- Generate evidence for planning, implementation, and monitoring of programmes and policies on fostering healthy food environment.
- Leverage a healthy environment for advancing adolescent health and well-being through innovative ways, including capacity building and adolescent-led campaigns.
- Observe conflict of interest and reject partnerships with corporations promoting HFSS foods among adolescents.

Educational Institutes

- Promote the consumption of a safe and balanced diet as per the "My Plate for the Day" recommended by the National Institute of Nutrition (NIN).
- Ensure adequate nutrition education through school curriculum to improve nutrition knowledge, dietary practices, and eating behaviour among adolescents.
- Enable easy and affordable access to healthy food options for students in the canteens and the vicinity of the educational institutions.
- Regular communication and reinforcement on the importance of eating healthy and staying physically active and to

Let's work together to strengthen our food environment.

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Regulating food advertisements will protect children and adolescents from exposure to Foods High in Fat, Salt and Sugar (HFSS)

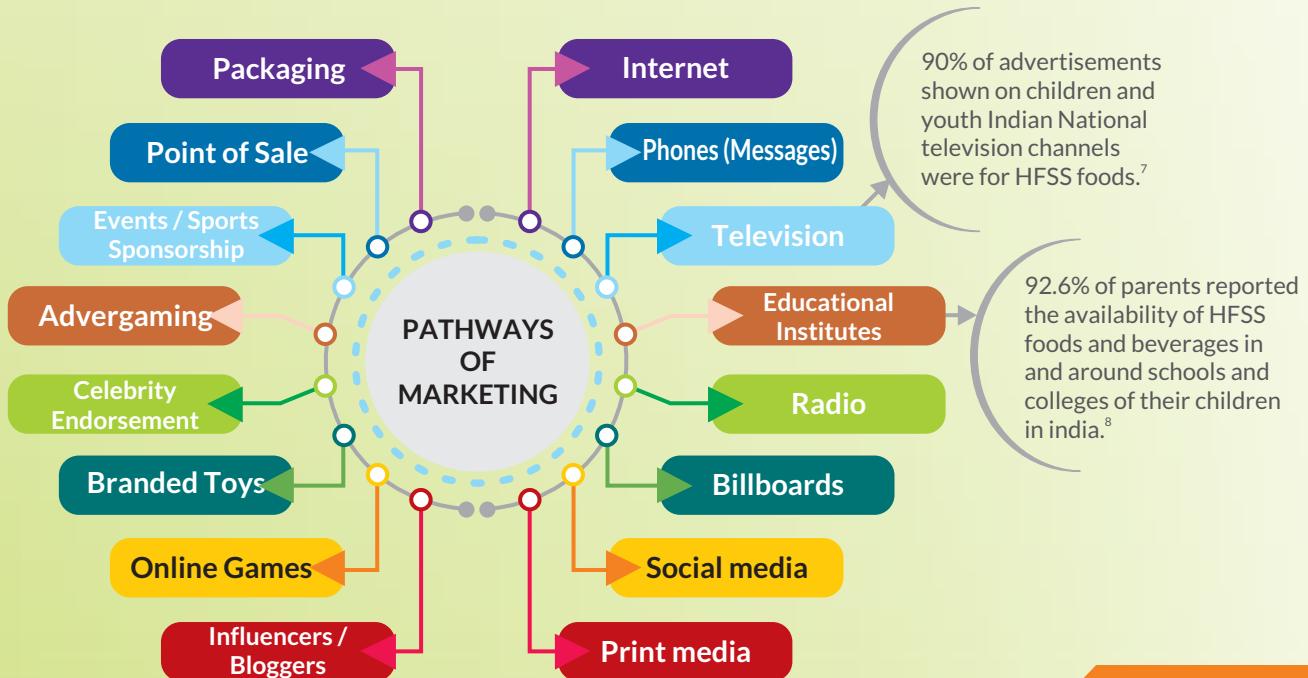
A Policy Brief

Food marketers target adolescents and youth as consumers because of their spending power, their purchasing influence, and as a future adult consumer.¹

Marketing of food items high in added saturated and/or trans-fat, sugar, or sodium (HFSS) negatively affects consumption patterns, and increases the risk of overweight, obesity and Non-communicable diseases (NCDs).^{2,3}

- A Range of food marketing techniques (brand images, celebrity endorsements, product placements, viral marketing) significantly increased perceived impact on food choices in India.⁴
- Evidence from a global review revealed that children exposed to food advertising on television and advergames, consumed an average 60 kcal and 53.2 kcal respectively more than children exposed to non-food advertising.⁵
- Children who watched cartoon food advertising, ate 45% more (Mean = 28.5 grams) than children who saw non-food advertising, in United States (Mean = 19.7 grams).⁶

Pathways: HFSS Marketing to Lure Youth



Efforts to Regulate HFSS Food Marketing

Self-Regulatory

A group of food industries commit themselves to restrict the marketing of unhealthy food products by setting their own strategies, independent of the government.

Mandatory Approach

Legislation is passed by the government to establish the general legal framework of principles to which the relevant stakeholders are required to adhere to. A robust legal framework would also include enforcement mechanisms such as fines to ensure compliance.

Government-led mandatory measures with effective compliance mechanisms are shown to be more effective than voluntary actions such as industry self-regulation⁹

Global Best Practices: Restricting Food Advertisements

Chile

- In 2016, banned the use of figures and characters popular among children, children's music, toys, or situations that represent children's daily life for food advertising
- HFSS food advertising restriction on television between 6:00 to 22:00 hrs
- The child-directed strategies decreased significantly after the implementation of law (2015: 36% and 2017:21%)¹⁰

South Korea

- Mandatorily prohibited HFSS food advertisements aired between 5:00 to 19:00 hrs and during children's TV programmes
- The number of unhealthy food advertisement placements declined significantly by 81% from 2009 to 2010¹¹

United Kingdom

- Restricted food advertisement to children (4 to 15 years) on television before 21:00 hrs
- Children were exposed to 37% fewer HFSS advertisement promoting products in 2007 compared to 2005¹²

Policies and Guidelines relevant to Advertisements in India

S. No	Policies and Guidelines	Issuing Authority	Regulatory Approach
1	Guidelines for Prevention of Misleading Advertisements and Endorsements for Misleading Advertisements, 2022, read with the Consumer Protection Act, 2019	Central Consumer Protection Authority	Mandatory
2	IT (Intermediary Guidelines and Digital Media Ethics Code) Rules 2021, issued under the Information Technology Act 2000	Ministry of Electronics and Information Technology	Mandatory
3	Universal Self-Regulation Code for Online Curated Content Providers, 2020	Internet and Mobile Association of India	Self-Regulatory
4	Cable Television Network Rules, 1994 Cable Television Network (Amendment) Rules, 2021 Read with the Cable Television Networks (Amendment) Act, 1995	Ministry of Information and Broadcasting	Mandatory
5	Guidelines for Influencers Advertising in Digital Media, 2021	The Advertising Standards Council of India	Self-Regulatory
6.	Food Safety and Standards (Advertising and Claims) Regulation, 2018	Food Safety and Standards Authority of India	Mandatory
7	Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992	Ministry of Women and Child Development	Mandatory
8	Telecom Commercial Communications Customer Preference Regulations, 2018	Telecom Regulatory Authority of India	Mandatory
9	ASCI Code on Self-regulation guidelines of advertising of foods and beverages, 2013	The Advertising Standards Council of India	Mandatory for cable service
10	Indian Broadcasting Foundation Content Code & Certification Rules, 2011	Indian Broadcasting Foundation	Self-Regulatory
11	Code of Ethics and Broadcasting Standards, 2008	News Broadcasters and Digital Association	Self-Regulatory
12	Norms of Journalistic Conduct, 2010 under Press Council Act, 1978	Press Council of India	Mandatory
13	Advertising Code of the Prasar Bharati (2022) under the Prasar Bharati (Broadcasting Corporation of India) Act, 1990	Ministry of Information and Broadcasting	Mandatory

Policy Analysis

- 13 policies related to advertisements exist in India.
- Nine of these required mandatory adoption and implementation and four were self-regulatory.
- The Guidelines for Prevention of Misleading Advertisements and Endorsement of Misleading Advertisements, 2022, is the only policy instrument in India to restrict the advertisements of HFSS foods to children across all media.
- The guidelines:
 - Are comprehensive, apply to all forms, formats, and media.
 - Address key challenges including 'bait advertisements', 'free claim advertisements' and 'child targeted advertisements'.
 - Specifically precludes advertisements of 'junk foods', during a 'program' or on a 'channel' meant exclusively for children.
 - Forbid celebrity endorsements for products that require health warnings for such advertisements or that cannot be purchased by children.
 - Prohibit unsubstantiated health claims in advertisements targeting children and advertisements that condone or encourage practices detrimental to children's physical health or mental well-being.
- These guidelines fall short of limiting children's exposure to HFSS food advertisements due to ambiguities:
 - No clear definition of 'junk foods'.
 - Ambiguity regarding terms used i.e 'program' or 'channel meant' exclusively for children.
 - Lack of description of what amounts to an advertisement that addresses or targets or uses children.
 - Lack of specific objective criteria for defining 'brand extension' and 'indirect advertisement'.

Key Asks

The recently introduced Guidelines for Prevention of Misleading Advertisements and Endorsements for Misleading Advertisements, (2022) offer the most promising opportunity to strengthen food advertising regulation in India, across all media and settings.

To attain stronger protection of children and adolescents from the detrimental impact of food advertising, it is recommended to further strengthen the existing Guidelines for the Prevention of Misleading Advertisements and Endorsement of Misleading Advertisements, 2022 by:

- Introducing a more stringent implementation and robust enforcement mechanisms to ensure their effectiveness.
- Broadening the regulatory scope by shifting the scope of policies from 'child-directed' advertisements to all advertisements to protect not only vulnerable children and adolescents but the population at large.
- Adopting a clear definition of junk food, which could be based on the WHO Nutrient Profile Model for Southeast Asia Region or the NOVA food classification system (as recommended by FAO, according to the level of processing).
- Strengthening decision-making skills to make informed, health-conscious food choices.

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Social Behaviour Change Communication: A Strategy for Addressing Under and Over-nutrition among Indian Children and Adolescents

A POLICY BRIEF

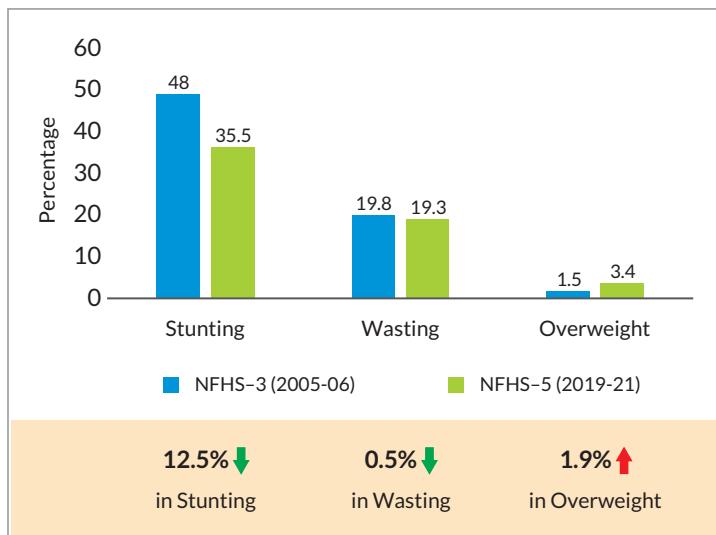
Context

Successive rounds of the National Family Health Surveys have revealed the co-existence of undernutrition and overnutrition.

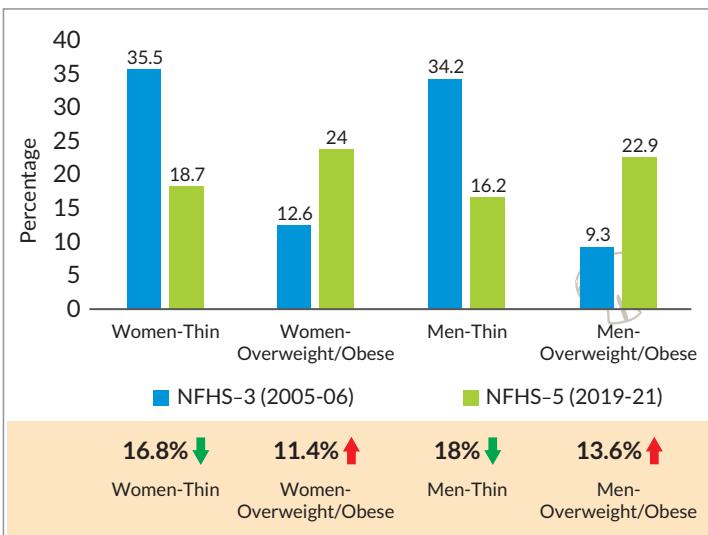
Comparison of NFHS-3¹ and NFHS-5² highlights:

- Prevalence of undernutrition (stunting) among children under 5 years declined from 48% in NFHS-3 to 35.5% in NFHS-5.
- Prevalence of thinness among adults (aged 15-49 years), decreased by 16.8 percentage points among women and 18 percentage points among men.
- Overweight/obesity is on the rise in all age groups, including children under 5 years by 1.9 percentage points, women by 11.4 percentage points, and men by 13.6 percentage points.

Prevalence of Underweight and Overweight in Children (0-5 years)



Prevalence of Overweight/Obesity among 15-49 years old



- Behaviour change techniques are effective for obesity prevention , which is more cost effective than management and treatment.^{3,4}
- Social Behaviour Change Communication is a well-suited approach to address complex nutrition practices and behaviours.^{5,6}
- It addresses social and contextual dimension of behaviour at multi-stage level.⁶

Solution to Overweight and Obesity: Social and Behaviour Change Communication

Key drivers of overweight and obesity				Examples of communication initiative at each level	Example of communication approach at each level
POLICY/ENABLING ENVIRONMENT	Guidelines for Misleading Advertisements 2022 ⁷ , FSSAI Regulations 2020 ⁸ , Fit India Initiative 2019 ⁹ , FSSAI Regulation 2018 ¹⁰ , National Nutrition Strategy 2017 ¹¹ , Goods & Services Tax ¹²	Policies & laws to regulate environments to support people to choose and adopt healthier diets and physical activity	Campaigns to encourage additional health taxes on SSBs and HFSS food.		
ORGANISATIONAL	Obesogenic food environment ^{13,14} , obesogenic cultural environment, inadequate physical activity facilities. ¹⁵	Policies & information structures in local shops, schools, cafes, restaurants etc. to support healthier diets and physical activity	Community, adolescent and parents' networks to reduce access to HFSS.		
COMMUNITY	Obesogenic food environment ^{13,14} , obesogenic cultural environment, inadequate physical activity facilities. ¹⁵	Norms on child weight, diet and physical activity in school networks and communities	Community-wide multimedia campaign to promote healthy weight and physical activity and reinforce these at regular intervals.		
INTERPERSONAL	Maternal and paternal nutritional status ¹⁶ (Underweight & Overweight), inadequate breast feeding practices, education status, household income ¹⁵ , social-economic status ¹⁵ , obesogenic home environment ¹⁷	Behaviors and attitudes of family and friends towards weight, diet and physical activity	Discussion groups with parents about healthy eating and focus on low-cost, locally available healthy food options.		
INDIVIDUAL	Age, gender, ^{18,19} inadequate physical activity ¹⁵ , unhealthy food habits ⁵ , under nutrition in early life ⁵ , nutrition literacy. ²⁰	Child's knowledge, behaviours, attitudes and beliefs towards weight, diet and physical activity	<ul style="list-style-type: none"> • Lessons and educational resources for children and adolescents on healthy eating • Nutrition literacy for children and adolescents for reading and understanding food labels. • Empowering adolescents with skills to resist marketing tactics 		

Adapted from: SBCC for prevention of childhood overweight and obesity: a toolkit for country team - UNICEF



KEY RECOMMENDATIONS

Policy Level



- A comprehensive Social Behaviour Change Communication strategy addressing key drivers of obesity at all levels i.e. individual, inter-personal, community, organisation and policy needs to be developed at the national level to prevent overweight and obesity among Indians.
- Double duty action needs to be integrated in health programmes and policies, to tackle multiple forms of malnutrition through diet, services and caregiver practices and double duty messages and campaigns can be included in POSHAN 2.0.



Organisational Level



- Increasing availability, accessibility and affordability of healthy food options in and around educational institutes, workplaces etc.
- Infrastructure and physical environment policies at educational institutes and workplaces to be promotive of physical activity.



Community Level



- Social marketing can be integrated into multi-level ecological approaches, utilizing multiple "P" (Price, Place, Product and Promotion) intervention strategies to support environmental changes that promote healthy behaviours in children. This can be achieved by delivering health messages that encourage individual behaviour change and foster changes in the community norms.
- Use of mHealth technology (AI based empowerment tools) should be promoted to raise awareness and support the Government of India's 'Digital India campaign', by enabling effective interpersonal communication and nutritional counselling with community members in both rural and urban areas.



Inter-Personal Level



- Healthcare workers need to sensitize family members about overweight and obesity, caring and feeding practices using flyers, infographics, health cards, cooking demonstration sessions, digital resources and discussion groups.



Individual Level



- Promoting a healthy diet and physical activity through health literacy initiatives. Messaging should be context-specific, non-technical, and translate into local dialects.



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Health Taxes in India

Why, What, and How?

Unhealthy Foods: Major contributor to obesity and related diseases

Sugar sweetened beverages (SSBs) and foods high in fat, salt or sugar (HFSS) are important contributors to the rising burden of obesity, non-communicable diseases, and tooth decay, globally and in India^{1,2}

Globally overweight and obesity account for four million deaths annually. Almost three-fourths of these deaths are in low- and middle-income countries.³

Between 2000 and 2010, increase in per capita consumption in India (grams per day):⁴

Sugar: 22 to 55 grams/day; Current estimate (2021) 68 grams/ day

Table salt: 9 to 12 grams/day

Total fat: 21 to 54 grams/day



Why Health Tax

WHO recommends taxation as one of the most cost effective tools:

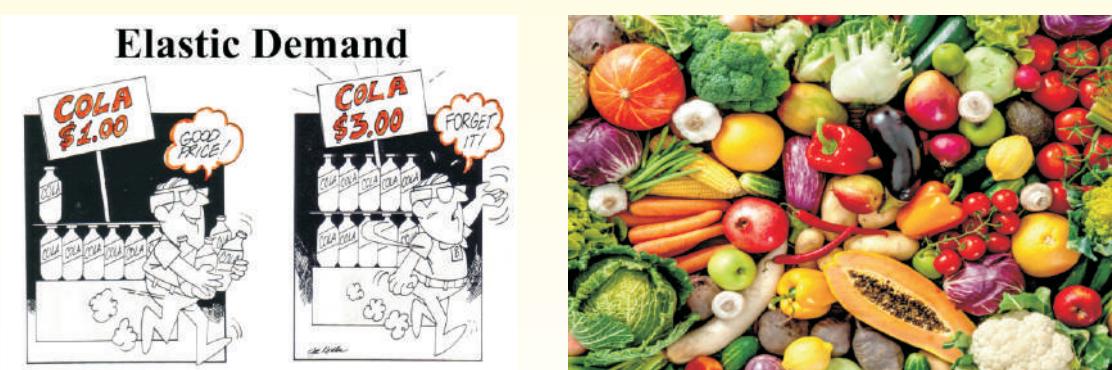
Over 70 countries are using health tax as an effective tool for reducing consumption of SSBs and unhealthy foods.⁵

Increase in SSB prices by 20% may lead to reduction in consumption of around 20% (WHO-NMH, 2017)⁶.

20% increase in SSB Prices may reduce overweight and obesity by 3% and type 2 diabetes by 1.6% in India⁷.

Taxes will increase revenues for the government and can be used to subsidize healthy food options (Fruits & Vegetables).

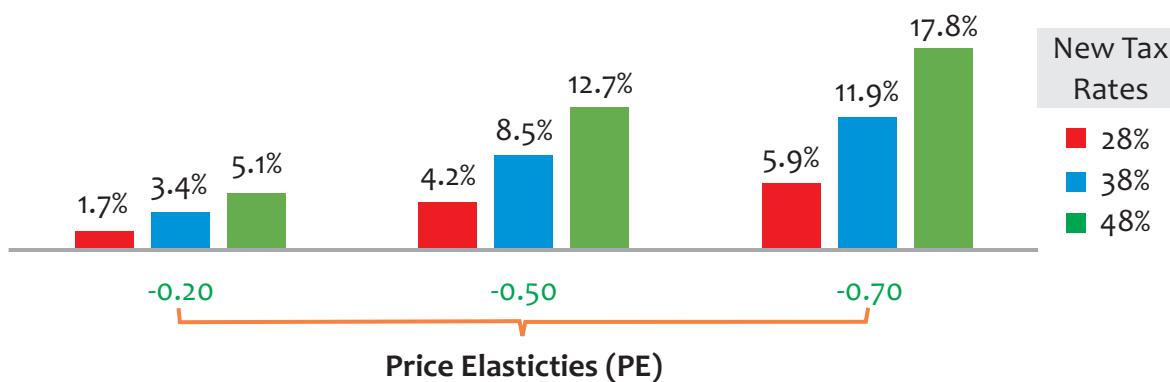
No clear Health Tax policy in India: the existing goods and service tax (GST) in India does not differentiate between healthy and unhealthy foods.



How Health Tax Works?

Analysis used price elasticities for sugar (1984/85 to 2011/12) (estimated) and for SSBs and HFSS (literature) to estimate the impact of health tax (HT) on prices and then on demand of these products.

Reduction in Sugar Consumption due to Tax Increase in India

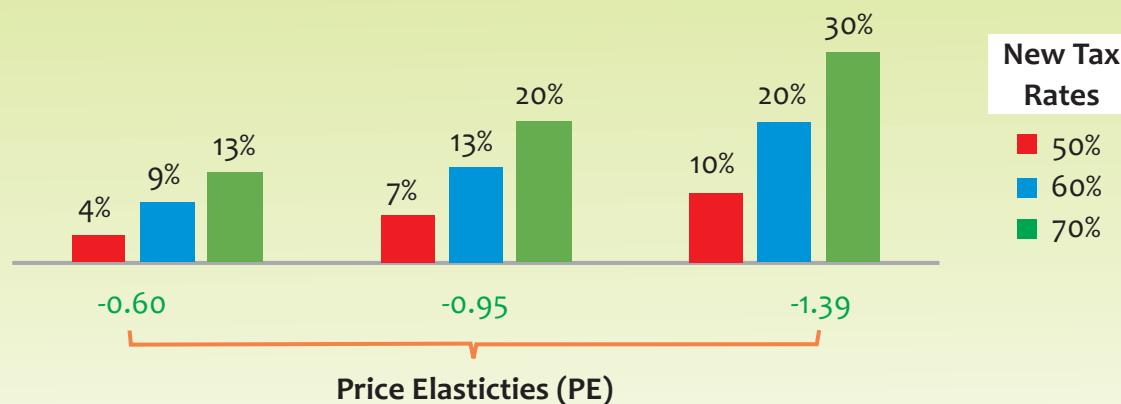


For Households: Keep current GST 18%, no change in demand

For Bulk manufacturers of sweets and confectionaries (-0.7 PE):

- GST 18% + 20% HT: Demand may reduce by 12%
- GST 18% + 30% HT: Demand may reduce by 18%
- Government Revenues to increase by 46% to 120% with proposed Health Tax

Reduction in SSB Consumption due to Tax Increase in India



Current GST 28% +12% cess

Possible options (PE – 0.95)

1. GST 28% + 22% HT: SSB Demand may reduce by 7%
2. GST 28% + 32% HT: SSB Demand may reduce by 13%

Government Revenues to increase by 17% to 40% with proposed Health Tax

KEY RECOMMENDATIONS

Alternatives of sugar, like non-nutritive sugar supplements and artificial sweeteners taxed at the same rates

Additional Health tax of 20–30% to be considered on sweets and confectioneries
Health tax of 32% to be considered for SSBs

Incentivize manufacturers to reduce the quantity of sugar, salt, and fats in their products

Health taxes must be regularly adjusted for inflation and average household incomes to discourage consumption of HFSS food

Incentives to farmers to increase production of fruits and vegetables

Increase awareness and access to and subsidies for non-sweetened beverages like fruit juices, clean water, fruits and vegetables

Restrict marketing of unhealthy food and beverages

Introduce effective food labelling policy



To halt the epidemic of obesity and diabetes, India needs a comprehensive action plan that combines taxation with restriction on marketing of unhealthy foods, improved food labelling, and increased awareness and information about unhealthy foods.

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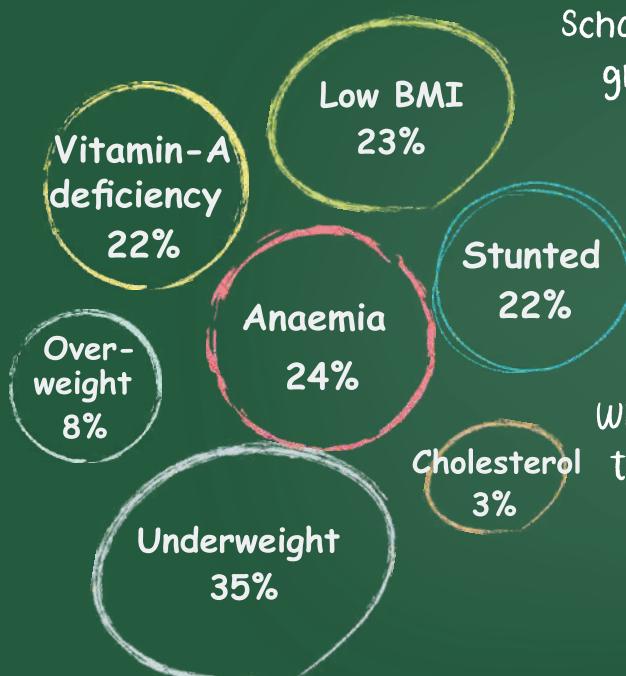
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Nutriguide for Educators

Fusing Nutrition & Education



Health Concerns Among School-going Children in India



School children and adolescents in the age group **9-17 years** are not consuming a balanced and diverse diet.

Over 70% children consume packaged food items in schools or buy from or near schools.

While some children bring their lunch to school, over half still consume or buy **High Fat, Sugar, Salt (HFSS)** packaged foods nearby.

Source: Centre of Science & Environment, 2018

Source: CNS, 2016-18

WHY SHOULD SCHOOLS INVEST IN CHILDREN'S NUTRITION?

Over 33 million children in India are currently dealing with high Body Mass Index, and without immediate action, this number is expected to reach 83 million by 2030.

(Obesity Atlas 2024)



➤ Schools investment in child nutrition can improve cognition, academic performance and attention span.

➤ Children spend most of their time in schools. The perfect place to instill lifelong healthy eating habits.

➤ Schools can contribute to building a healthier India, by preventing burden of non-communicable diseases.

WHAT SCHOOLS CAN DO?

5 E's of Action

Evaluate



Educate



Empower



Enable



Engage



Evaluate: Regularly evaluate health status of school children in collaboration with Health Departments

1 Check BMI and growth charts to asses physical development.



3 Examine students' eating habits to ensure they are receiving the necessary nutrients.



2 Examine signs of vital nutrient deficiencies.

- **Iron deficiency:** Pale skin, pale tongue, loss of attention, fatigue, chappy lips
- **Zinc deficiency:** Slow growth, Hair loss
- **Vitamin-A deficiency:** Dry eyes, Night blindness



4 Score and report the results and make them aware of their own health status.



Educate: Schools should foster lifelong wellness through nutrition education

1 Make them aware of their own health status and long-term consequences.

2 Tailor the curriculum for age-appropriate learning.

3 Integrate nutrition lessons into biology, physical education, home science and dedicate weekly nutrition classes.

4 Equip students with essential food safety skills and knowledge on food labeling.



★ **EMPOWER** : Schools should equip the students with practical life skills



1 Budgeting & selecting food items



2 Meal planning



3 Cooking



4 Kitchen gardening



5 Enrich their learning through field trips to local farms and food processing facilities.

★ **ENABLE** : Schools should enable a healthier school environment



1 Promote healthy food choices at the cafeteria



2 Educate staff about food handling and proper portioning.



3 Encourage students to bring own homemade meals.



4 Prohibit sales of HFSS foods near schools.

★ **ENGAGE** : Enhancing nutrition through engaging students and parents



1 Engage students through interactive quizzes and games related to nutrition.



2 Collaborate with experts for informative sessions.



3 Encourage parents' participation through family cooking competitions and nutrition-themed events.

Let's Fix Our Food

Developed by:

**The Let's Fix Our Food (LFOF) Consortium
Jointly led by ICMR-NIN, PHFI and UNICEF**

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