

POSHAN GHAR OP-ED

# Promoting Healthy Diets for Young Children

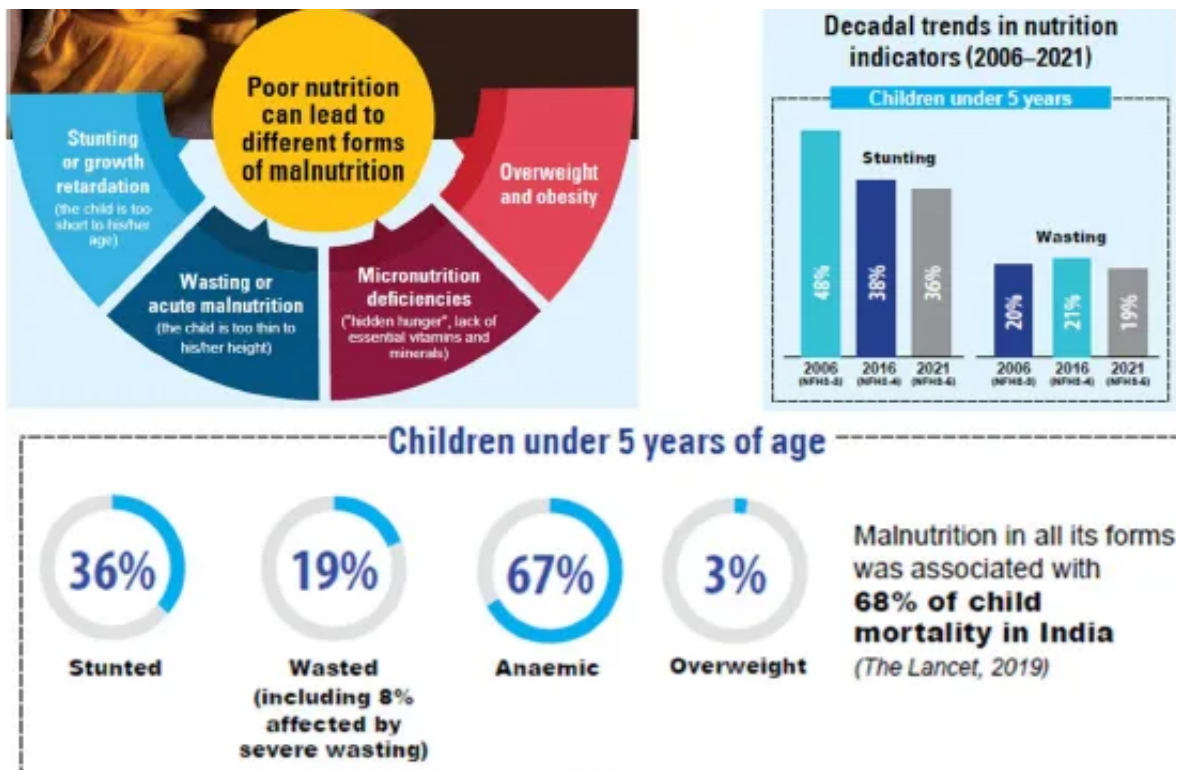
Advocacy for Healthy Diets: Nutrition Brief Series by UNICEF India (1 of 6)

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*Poshan Ghar is amplifying key messages from UNICEF India's Advocacy for Diets: Nutrition Brief Series. Part 1 of the six-part series outlines what constitutes a healthy diet for infants and young children, highlights barriers faced by families in ensuring optimal nutrition, and identifies priority areas where strategic actions can accelerate progress. Click [here](#) to access the full brief 1.*

Good nutrition during early childhood lays the foundation for physical growth, cognitive development and long-term wellbeing. Early initiation of breast and exclusive breastfeeding during the first six months provide essential nutrition and immune protection. As children grow, continued breastfeeding up to two years or more alongside diverse and nutrient-dense complementary foods becomes essential to meet increasing energy and micronutrient needs. Poor nutrition during this critical window has lasting consequences. After two years of age, stunting is largely irreversible and can lead to reduced educational attainment, lower productivity and a higher risk of non-communicable diseases later in life. Despite significant progress over the last decades on child malnutrition indicators such as from 2006 to 2021 stunting has reduced from 48% to 36%. However, there's a need for stronger systems, improved awareness and sustained support for caregivers. Recognising this need, global and national nutrition strategies increasingly emphasise optimal Infant and Young Child Feeding (IYCF) practices as a cornerstone of child health.



Source: NFHS, 2021

## What Constitutes a Healthy Diet for Young Children?

Healthy diets for young children are guided by optimal IYCF practices.

- **Early initiation of breastfeeding** should occur immediately after birth within the first hour. Breastmilk is natural, safe and easily digested. Colostrum produced during the first three to four days, is rich in proteins, vitamins, minerals and protective antibodies.
- **Exclusive breastfeeding (EBF)** for the first six months means feeding only breastmilk, without water, other liquids or solid foods, except for medicines, vitamins, minerals or oral rehydration solution when required. It reduces the risk of diarrhoea and respiratory infections, supports healthy development and strengthens immunity.
- **Complementary feeding** should begin at six months while continuing breastfeeding up to two years of age or beyond. Infants aged six to 1

months require approximately 650–720 kilocalories and 9–10.5 grams protein per day. Their micronutrient needs are significantly higher than adults relative to body weight. Complementary foods should therefore be nutrient-dense, safe and age-appropriate. Meals can include cereals, eggs, flesh foods where available, milk, fruits, vegetables, nuts and seeds. Sugar is not recommended, and only small amounts of iodised salt should be used. Foods should be mashed, pureed or semi-solid rather than watery consistency. From around eight months, children can be introduced to thoroughly cooked eggs, fish and meat in small quantities. By one year, children can gradually transition to the family diet, provided meals are nutritionally balanced and enriched with additional sources of energy, ghee, and micronutrients from milk, fruits and healthy fats.

Optimal feeding practices must be supported by good hygiene, sanitation, immunisation and caregiver awareness. Unsafe food preparation and poor storage can increase the risk of diarrhoeal diseases, which reduce nutrient absorption and hinder growth.



Source: UNICEF

## Multilevel Barriers to Healthy Diets for Young Children

Despite growing awareness of healthy feeding practices, many families face structural barriers that limit their ability to provide nutritious diets. Key barriers include:

- **Availability:** Nutritious foods are not always accessible to those most in need.
- **Affordability:** Healthy foods are often more expensive than ultra-processed alternatives.
- **Accessibility:** Limited market access in rural areas restricts dietary choices.
- **Awareness:** Many caregivers lack information on optimal breastfeeding practices.

complementary feeding practices.

- **Desirability:** Ultra-processed foods are widely marketed, convenient and appealing to children despite being nutrient-poor.
- **Obesogenic Environments:** Food environments that promote unhealthy choices undermine caregivers' ability to make informed decisions.
- **Cultural Practices:** Delayed breastfeeding initiation or colostrum avoidance can negatively affect infant nutrition, although traditional complementary feeding can be beneficial when introduced appropriately.

## Strengthening Systems to Support Healthy Diets for Young Children

India has implemented several initiatives to address young child nutrition. Additional strategic action is required to accelerate progress. Key priorities include:

- **Information Systems and Monitoring & Evaluation Frameworks:** Robust data systems are essential for effective implementation. Strengthening monitoring frameworks and publishing state-level performance reports can improve transparency and accountability. Real-time tracking of key indicators such as Minimum Dietary Diversity (MDD) and Minimum Meal Frequency (MMF) can help identify gaps and inform targeted interventions.
- **Strengthen Regulatory Mechanisms:** Stronger enforcement of regulations for breastmilk substitutes and commercial complementary foods is critical. Independent monitoring mechanisms, clear front-of-pack labelling and action against misleading marketing practices can support informed decisions. Fiscal measures, including taxation of ultra-processed foods alongside incentives for nutritious alternatives, may help shift consumption patterns and reduce long-term health risks.

- **Region-Specific Nutrition Education:** Nutrition education should r food systems, cultural practices and regional diets. Context-specific can improve caregiver understanding and support sustained behavior
- **Social Protection and Shared Responsibility:** Enabling environment optimal feeding practices require coordinated action across sectors maternal cash benefits with IYCF counselling, expanding access to r foods through vouchers or subsidies, and strengthening fortified food distribution through the Public Distribution System can support vulnerable families. Performance-based incentives for states and supportive work policies, such as lactation rooms, childcare facilities and expanded parental leave, can further strengthen accountability.

## Way Forward: From Policy to Practice

Sustained impact requires strong institutional capacity, cross-sectoral collaboration and adaptive policy-making. Investing in technical expertise, digital monitoring systems and frontline worker training can improve programme delivery. An approach prioritising high-burden districts may optimise resources and ensure continuous learning. Performance-based financing and private-sector engagement can help bridge funding gaps.

By adopting a structured, evidence-informed approach and fostering collaboration across sectors, India can accelerate progress in improving young child nutrition ensure that IYCF recommendations translate into sustained impact on the ground.

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