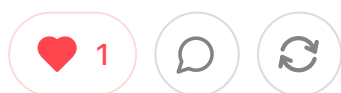


POSHAN GHAR OP-ED

# Understanding Overweight and Obesity

Brief from Poshan Ghar Podcast by Ms. Preetu Mishra, Nutrition Specialist, UNI

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*Ms. Preetu Mishra explains what overweight and obesity mean and shares insights on how individuals, families, institutions, and policies can make meaningful changes to address this growing public health challenge. You can listen to the full podcast here ([Link](#)).*

*Preetu Mishra works on obesity prevention, anemia, maternal and adolescent nutrition at national and state levels. She has contributed to key national initiatives, including Anemia Mukt Bharat, Let's Fix Our Food initiative, and National Deworming Day. She is a strong advocate for partnerships to improve nutrition outcomes.*

Overweight and obesity are emerging as some of the most prevalent forms of malnutrition among children and adolescents globally. According to the UNICEF Child Nutrition Global Report [2025](#), nearly 188 million children worldwide are overweight or obese. In India, projections suggest that more than 27 million children aged 5–14 could be affected by 2030.

This trend reflects more than just changing diets. It signals a structural shift in how children grow, eat and move. Many countries, including India, are experiencing rapid nutrition transition, from undernutrition to a double burden where overweight and micronutrient deficiencies coexist, sometimes within the same household. This transition is driven by urbanisation, changing food systems, digital exposure and evolving social norms.



Source: UNICEF

## Understanding the Drivers of Overweight and Obesity

Overweight and obesity occur when excess body fat accumulates because energy intake consistently exceeds energy expenditure. However, this imbalance is not driven by individual choices alone. It is shaped by environments where energy-dense, nutrient-poor foods are widely available and opportunities for physical activity are limited. As a result, obesity increasingly begins early in life and leads to exposure to metabolic risks across the life course. Children who are overweight face immediate challenges, including reduced physical stamina and psychological stress, as well as a heightened risk of developing type 2 diabetes, hypertension, and cardiovascular disease later in life. Dietary patterns, levels of physical activity, and psychosocial influences interact to shape these long-term health outcomes.

## Food and Dietary Patterns

A shift in dietary patterns show increased consumption of ultra-processed foods high in fat, salt and sugar. Larger portion sizes and limited understanding of nutrition labels further contribute to excess energy intake. A balanced and healthy diet can be achieved by consuming locally available and seasonal foods. National Institute of Nutrition's *MyPlate for the Day*, public campaigns including UNICEF's *Meri Thali Sehat Wali* promote dietary diversity and home-prepared meals.



Source: ICMR-NIN

## Physical Inactivity and Sedentary Lifestyle

Limited play spaces, motorised transport, increased academic pressure prolonged sitting contribute to sedentary lifestyles. Regular movement s musculoskeletal development, metabolic health and psychological well-I

Walking, cycling, sports, dance and active play are important forms of physical activity. Children and adolescents should engage in at least one to two hours of moderate to vigorous physical activity each day while minimising sedentary time to prevent the risks of overweight and obesity.

## **Sleep and Psychosocial Factors**

Research has shown that insufficient sleep affects hormonal regulation and energy balance, it increases preference for high-calorie foods and limits movement and physical activity. A minimum of seven to nine hours of sleep per night is recommended across age groups to maintain healthy weight.

Given these interconnected drivers, prevention therefore requires a systems-level alignment.

# **What Can be Done to Address Overweight and Obesity**

Addressing overweight and obesity requires coordinated action at multiple levels, including household, community and systems level.

## **Role of the Families**

Families play a central role in shaping children's food choices, habits and routines. Early nutrition practices such as breastfeeding and initiation of appropriate complementary feeding establish important foundations for growth. Caregivers can encourage regular family meals, promote physical activity and ensure adequate sleep. Prioritising home-cooked meals using local resources, reading food labels and limiting frequent consumption of ultra-processed foods are some practical steps that support mindful eating and consumption of healthier diets. Providing equal opportunities for both girls and boys to eat well, eat together, play and stay active are equally important.

social and cultural drivers of obesity.

## Role of Policy and Enabling Systems

Healthy choices cannot rely on individual willpower alone. When foods high in sugar, and unhealthy fats are inexpensive, widely available, and heavily marketed, families often encounter structural barriers to healthier eating. Supportive policies can help shape food environments that make healthier options easier to choose. Measures such as clear front-of-pack nutrition labelling, limiting the promotion of processed foods during peak television viewing hours, restricting the marketing of unhealthy foods to children, and introducing modest fiscal measures to curb products high in fat, salt, and sugar can contribute to this shift. Integrating evidence-based nutrition education into school curricula can also help children and adolescents better understand the difference between healthier and less healthy food choices. In India, initiatives such as Eat Right India, the ICMR dietary guidelines, the Fit India Movement, and school health programmes under Ayushman Bharat reflect growing efforts to promote healthier food environments and lifestyle behaviours.

## Shifting Social and Cultural Influences

Societal narratives that often equate “chubby” with “healthy” may need to shift towards behaviours that support balanced growth and well-being. Encouraging children to move more, spend less time sitting, and develop healthier food habits can begin within families. Working parents may find it difficult to plan meals ahead and prioritise home-cooked foods where possible, and grandparents and other caregivers can support these efforts by reinforcing healthier eating practices and limiting packaged snacks. At the same time, ensuring that both girls and boys have equal access to nutritious foods, outdoor play, and physical activity remains important. Schools can further support these behaviours by aligning foods sold in canteens with nutrition guidelines and integrating age-appropriate, practical nutrition education into everyday learning.

Image: UNICEF/UNI235512/Willocq

## LLTT: A Way Forward

Ms. Preetu Mishra proposes a simple preventive acronym that can guide behavioural and policy action:

**Label** — read and understand food labels to make informed dietary choices

**Limit** — regular consumption of ultra-processed foods high in salt, sugar and fat

**Tax** — unhealthy products, support fiscal measures and improve access to nutritious foods

**Teach** — nutrition literacy, healthy eating habits, and mindful choices from childhood

The goal is to create supportive environments where healthy choices are affordable and culturally acceptable. When household practices, school environments, community engagement, and policies work together, they foster balanced growth and long-term well-being for children and adoles

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