"An investigation of food and nutrition situation in Indian secondary schools"

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Globalisation has contributed to an increased prevalence of overweight and obesity among Indian adolescents, adding to the enduring prevalence of undernutrition and micronutrient deficiencies. This poses serious threats to the health and quality of life of 243 million Indian adolescents and is a huge burden on the nation’s economic capital. Unhealthy food consumption patterns have been recognised as the leading contributor to this disease burden.

Schools serve as important settings for the development of long-lasting, healthy food behaviours in adolescents. Currently, there is very little evidence about healthy food promotion in the Indian school context. This lack of evidence makes healthy eating promotion difficult to implement among Indian adolescents. Therefore, I investigated the food and nutrition situation in Indian secondary schools as part of my doctoral studies. Three inter-related studies were carried out to examine the status of the food and nutrition education, school food environments and policies in Indian secondary schools, and adolescents' dietary and lifestyle habits.

Underpinned by a qualitative research design, the first study explored adolescents’, parents’, teachers’, and school principals’ perceptions of the current food and nutrition education and the school food environment. All 52 participants acknowledged the importance of nutrition education in secondary students’ lives, as it could support them in making informed food decisions. However, some participants felt that the curriculum was out-dated and overly complicated. Furthermore, the participants reported there were limited opportunities for adolescents to learn food skills at school. The participants also drew attention to inadequacies of the school food environment including limited availability of healthy foods in the school canteen, widespread supply of energy-dense, nutrient-poor foods, absence of written school food policies, unhygienic canteen practices, and the inconsistency between the curriculum content and the unhealthy foods supplied by the school canteen.

The second study involved a cross-sectional survey that assessed the dietary intake and lifestyle habits of 1026 adolescents, aged 14-16 years, attending secondary schools in Kolkata, India. The findings from this dietary survey revealed that the secondary school students had unhealthy food habits. The students consumed excessive amounts of
nutrient-poor foods and beverages. Boys reported more consumption of unhealthy products than girls. Breakfast skipping and snacking on fast food were frequently reported by the students.

Findings derived from Studies 1 and 2 informed the design of the third and final study, the school food landscape survey. Thirty-two secondary school teachers and 280 parents completed this descriptive survey. Insights gleaned from this survey suggest that schools fail to provide palatable, nutritious foods at affordable prices, and skills-oriented nutrition education for Indian adolescents. Collectively, all 312 respondents recommended a number of healthy eating initiatives aimed at improving the current food and nutrition situation in Indian secondary schools.

The empirical evidence emerging from my doctoral thesis provide a platform for public health professionals to design skills-focused nutrition curricula supported by effective school food policies aimed at promoting healthy dietary behaviours among Indian secondary school students.

Further reading: