

FED

TO

THE CRISIS OF
CHILDREN'S
DIETS IN
EARLY LIFE

FAIL?

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for every child

2021 | Child Nutrition Report | **In Brief**

FORMS OF MALNUTRITION IN EARLY CHILDHOOD



Stunting refers to a child who is too short for her or his age. Stunting results from poor nutrition in utero, poor nutrient intake in early childhood and/or infection and disease.



Wasting refers to a child who is too thin for her or his height. Children become wasted if they lose too much weight or fail to gain sufficient weight, often due to a recent period of inadequate dietary intake or disease.



Micronutrient deficiencies occur when children lack adequate quantities of the essential vitamins and minerals – known as micronutrients – that their bodies need to grow and develop to their full potential.



Overweight refers to a child who is too heavy for her or his height. It occurs when children's caloric intake from food and drinks exceeds their energy requirements.



OUR RESEARCH

WHY DIETS MATTER IN EARLY CHILDHOOD



Poor-quality diets drive all forms of malnutrition in early childhood

BOX 1

SOURCES OF DATA AND EVIDENCE

1. **UNICEF Global Database on Infant and Young Child Feeding**, comprising nationally representative data from 607 surveys conducted in 135 countries and territories, and representing more than 90 per cent of all children under 2 years of age globally.⁶
2. **Regional analyses** of national policies and programmes to protect, promote and support children's access to adequate food and nutrition in seven geographic regions.⁷⁻¹³
3. **Focus group discussions** with mothers in 18 low-, middle- and high-income countries on what influences their food and feeding choices and the challenges they face in improving the quality of their children's diets.¹⁴
4. **Research on the impact of the COVID-19 pandemic** on household purchasing patterns and young children's nutrition services and diets.^{15,16}
5. **Review of the global literature** on feeding practices and diets in early childhood.

Poor-quality diets are one of the greatest obstacles to the survival, growth, development and learning of children today.¹

The stakes are highest in the first two years of life, when insufficient dietary intake of nutrients can irreversibly harm children's rapidly growing bodies and brains, limiting their potential to grow, develop and learn in childhood and earn a decent income later in life.² Meanwhile, foods high in sugar, fat or salt can set children on the path to unhealthy food consumption, overweight and diet-related diseases.^{3,4}

The Convention on the Rights of the Child states that governments have a legal obligation to protect and fulfil the right to food and nutrition for all children. Over the last two decades, the world has made significant progress in addressing malnutrition in children under 5, reducing the prevalence of child stunting by one third and the number of children with stunted growth by 55 million. This formidable achievement indicates that positive change for child nutrition is possible and is happening at scale in many countries and regions. Despite such progress, we have collectively failed to protect the right of all children to food and nutrition: an estimated 149.2 million children have stunted growth and 340 million children under 5 suffer from deficiencies in vitamins and other essential micronutrients.^{1,5}

Children can carry the scars of poor diets and feeding practices for the rest of their lives. This makes it vital to understand why we are failing to feed children well in early childhood and what it will take to address the barriers to nutritious, safe and age-appropriate diets in early life – when it matters most. In 2021, UNICEF examined the latest data and evidence (see Box 1) to answer three questions:

- **What, when and how are children aged 6–23 months being fed globally, and have there been improvements over time?**
- **What are the main barriers that prevent caregivers and families from feeding young children nutritious, safe and age-appropriate diets?**
- **How can we transform systems – including the food, health and social protection systems – to remove these barriers and better support caregivers and families?**

OUR FINDINGS

THE CRISIS OF YOUNG CHILDREN'S DIETS



Young children around the world are being fed to fail – deprived of the diets they need at the time in their life when it matters most

Our findings shed light on how children's diets are falling short of global recommendations, the inequities that impact the most marginalized children, and the multiple, interacting barriers that underlie the crisis of young children's diets.

Children are not fed enough of the right foods at the right time. The diets of young children are failing with respect to timeliness, frequency and diversity. Currently, only 73 per cent of children aged 6–8 months are fed any solid foods. Among children aged 6–23 months, only 52 per cent are fed with the minimum meal frequency and only 29 per cent benefit from minimally diverse diets (see Figure 1). In other words, more than two in three children aged 6–23 months are not fed the diverse range of foods they need for healthy growth and development.

The low consumption of nutritious foods is especially troubling: about half of children are missing the lifelong benefits of the most nutrient-rich foods, such as fruits and vegetables (41 per cent) and eggs, fish and meat (55 per cent).

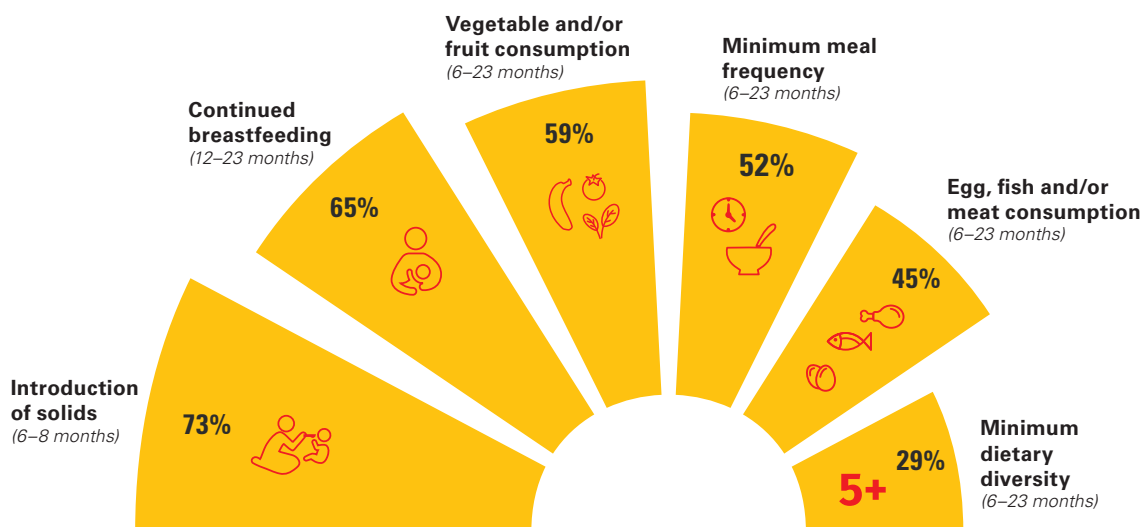


FIGURE 1

Percentage of children receiving: solid foods; continued breastfeeding; minimum meal frequency; minimum dietary diversity; eggs, fish and/or meat; and vegetables and/or fruits, 2020

Source: UNICEF global databases, 2021, based on Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS) and other nationally representative sources

Children's diets have seen little or no improvement in the last decade. In the 50 countries with trend data, the percentage of children consuming a minimally diverse diet has remained low: 21 per cent in 2010 and 24 per cent in 2020. Only 21 of these countries – less than half – have seen statistically significant improvements in the diversity of children's diets (see Figure 2).

While these trends do not fully account for the ongoing impact of the COVID-19 pandemic, evidence suggests that millions of families have struggled to feed their children nutritious and diverse diets due to containment measures, lost income and reduced household purchasing of nutritious foods during the pandemic.



Where has the diversity of children's diets improved in the last decade?

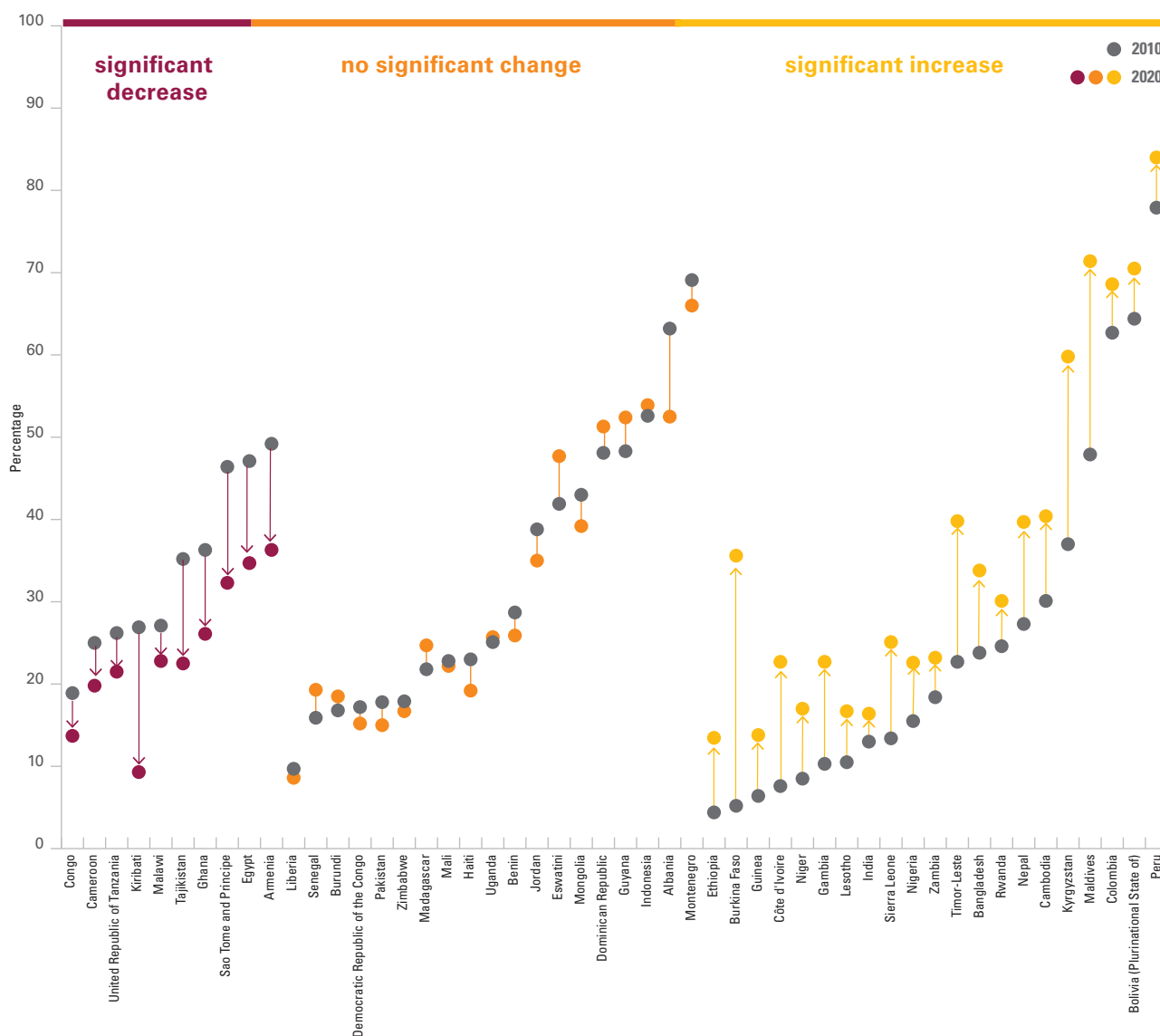


FIGURE 2
Trends in percentage of children aged 6–23 months with minimum dietary diversity, by country, around 2010 and around 2020
Source: UNICEF global databases, 2021, based on DHS, MICS and other nationally representative sources.

Poor diets are not affecting children equally across and within regions.

The child feeding crisis affects all regions, but young children in poorer regions and countries are in greater crisis than others. Almost two thirds (62 per cent) of children aged 6–23 months in Latin America and the Caribbean are fed a minimally diverse diet compared with less than one in four young children in Eastern and Southern Africa (24 per cent), South Asia (19 per cent) and West and Central Africa (21 per cent).

Disparities in children’s diets persist within countries and have not narrowed:

Children living in rural areas, poorer households and disadvantaged regions within countries have the least diverse diets. For example, the percentage of children fed a minimally diverse diet is almost double in urban areas (39 per cent) than in rural areas (23 per cent). Despite the substantial growth in economies during the last decade, the equity gaps in meal frequency and dietary diversity between children living in poorer and wealthier households have not narrowed (see Figure 3).

Families struggle to find and afford nutritious foods for their children.

Families are becoming increasingly reliant on food purchases rather than home production, even in farming households. This means that proximity to food markets and shops is an important determinant in the quality of children’s diets.

Shortages in national supplies, seasonal scarcities and poor road infrastructure continue to constrain physical access to nutritious foods, particularly in rural sub-Saharan Africa, in remote settings, and in countries affected by climate shocks or conflict. However, physical access is also a barrier in poor urban communities where there are fewer shops selling nutritious foods and limited demand for these foods.

The relatively high cost of nutritious foods is one of the greatest obstacles to families: almost 80 per cent of mothers in the focus group discussions reported that they struggle to afford nutritious foods for their children. When income is limited, families tend to prioritize the frequency of feeding – and fuller stomachs – over the quality of foods for their young children.



Disparities in the quality of young children’s diets between poorer and wealthier households have not closed over time

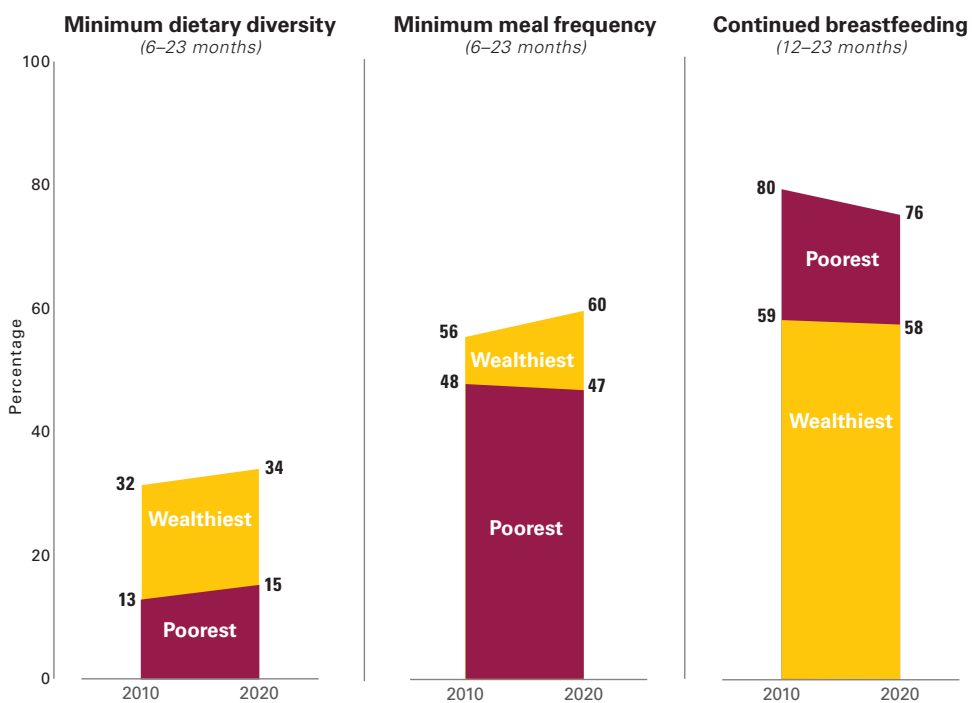


FIGURE 3 Trends in the percentage of children with minimum dietary diversity, minimum meal frequency and continued breastfeeding, by poorest and wealthiest wealth quintile, 2010 and 2020

Source: UNICEF global databases, 2021, based on DHS, MICS and other nationally representative sources.

Children’s diets are constrained by social, cultural and gender barriers. Mothers remain primarily responsible for the feeding and care of young children. Yet, in some societies, patriarchal norms and unequal power relations within the family mean that mothers lack the autonomy to decide what foods are purchased or fed to their young children. Young mothers and first-time mothers often experience the least control over these decisions.

Mounting time pressures on mothers influence their child feeding decisions: two in three mothers (62 per cent) in our focus group discussions were constrained by insufficient time. Many mothers, particularly in urban areas, now work outside the home, while continuing to shoulder the lion’s share of domestic and caregiving responsibilities. Some rural mothers take on the additional burden of farming responsibilities as men migrate for work. Working mothers often compromise their own health or self-care to save time and many turn to the convenience of processed and fast foods to feed their children.

Unhealthy processed foods and drinks are widely accessible and heavily marketed. Our discussions with mothers confirmed that unhealthy processed and ultra-processed foods and beverages are well-established in the diets of many young children. In some cases, these foods and drinks are introduced before the recommended period of exclusive breastfeeding ends.

Mothers in the focus group discussions reported that about one in three children aged 6–23 months in Australia, Ethiopia, Ghana, India, Mexico, Nigeria, Serbia and the Sudan consumed at least one unhealthy food or drink daily. Caregivers feed these products to their children – even if they know they are unhealthy – because these foods are highly available, cheap, quick to prepare, convenient and readily accepted by children. Some products are marketed with misleading nutrition claims because legislation to prevent the inappropriate marketing of food and beverages to children is missing, inadequate or poorly implemented.

Policies and programmes to improve young children’s diets are not prioritized – and are being further eroded by the COVID-19 pandemic.

No country has a comprehensive set of policies and programmes to improve young children’s diets. The health system has traditionally led national efforts to improve young children’s diets and has the strongest set of policies and programmes, but the coverage and quality of services remain suboptimal in most countries. The limited number of frontline health workers, along with insufficient training, supervision and motivation, impede the coverage and quality of counselling provided to caregivers on infant and young child feeding.

At the same time, countries throughout the world are missing vital opportunities to leverage the food and social protection systems to improve the availability, accessibility and affordability of nutritious foods in early childhood.

The COVID-19 pandemic has put food, health and social protection systems under serious strain, and caused severe disruptions to essential services for young children. Our data show that in April 2020, at the peak of the first wave of the pandemic, nearly 83 per cent of countries reported considerable disruptions in the coverage of services to promote nutritious and safe diets for young children.



Families, especially lower-income families, struggle to find, access and afford nutritious foods for their young children

OUR ANALYSIS

BARRIERS TO GOOD DIETS FOR YOUNG CHILDREN



The most vulnerable children have the poorest diets – namely the youngest children, poorer children, and children living in rural and disadvantaged areas of a country

Young children around the world are being fed to fail – deprived of the diets they need at the time in their life when it matters most.

Children's diets are failing in timeliness, meal frequency and diet diversity. Indeed, there has been next to no improvement in the foods they eat and the way they are fed in the last decade. Our analysis finds that the crisis of young children's diets is driven by multiple, interacting barriers that vary according to the contexts in which families live.

From rural villages to urban megacities, access to affordable nutritious foods is the most pressing concern, especially among poorer families. These nutritious foods are either simply not available or affordable. And they are increasingly crowded-out by unhealthy processed and ultra-processed foods that are cheap, convenient and aggressively marketed to children and their families.

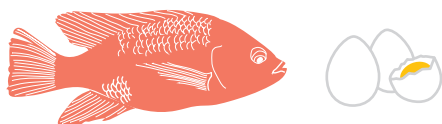
Mothers continue to shoulder the responsibility for child feeding. Yet unequal divisions of household responsibilities, mounting time pressures and enduring social and cultural norms leave many mothers with insufficient time and autonomy to feed their young children well. Evidence consistently shows that when women have more decision-making power and control over household income, they tend to choose healthier foods and feeding practices for their children.¹

For far too long, these barriers have been tackled with fragmented national policies and programmes that fail to reach most children and address the difficulties that caregivers face. The health system has the longest history of supporting young child feeding practices, but the coverage and quality of its nutrition services, including caregiver counselling on child feeding, remain inadequate. Missed opportunities within food and social protection systems mean that families are unable to access affordable, nutritious foods and act on the counselling they receive from health workers on how to feed their young children.

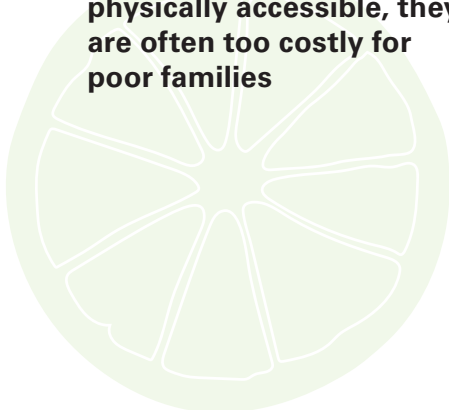
The state of young children's diets remains a persistent bottleneck to greater progress on nutrition and achievement of the 2030 Sustainable Development Goal nutrition targets for child stunting, wasting and overweight.

Yet change is possible, even in the poorest contexts. Ten countries – Bangladesh, Burkina Faso, Cambodia, Côte d'Ivoire, the Gambia, Kyrgyzstan, Maldives, Nepal, Sierra Leone and Timor-Leste – have increased the percentage of children receiving a minimally diverse diet by at least 10 percentage points in the last decade. And more countries will follow with investments that focus on the barriers that are holding back progress.

The case for prioritization and investments in young children's diets has never been more urgent. As the COVID-19 pandemic continues to exacerbate the difficulties that families face in feeding their young children and threatens to shrink government budgets, it is crucial that every possible action be taken to protect the diets of the most vulnerable children.



Even if nutritious foods are physically accessible, they are often too costly for poor families



OUR RECOMMENDATIONS

BOLDER ACTION AND GREATER ACCOUNTABILITY FOR CHILDREN'S DIETS



We must leverage the policies, resources and actors of the food, health and social protection systems to deliver better diets for young children

Governments must take the lead in upholding every child's right to food and nutrition. Together with national civil society, development partners and the private sector, governments must mobilize the food, health and social protection systems to deliver nutritious, safe and affordable diets, essential nutrition services and positive nutrition practices for every child.^{1, 17, 18} Ten key actions are needed across these three systems and to strengthen nutrition governance for young children's diets:

Food system

- Increase the availability and affordability of nutritious foods – including fruits, vegetables, eggs, fish, meat and fortified foods – by incentivizing their production, distribution and retailing.
- Implement national standards and legislation to protect young children from unhealthy processed and ultra-processed foods and beverages and harmful marketing practices targeting children and families.
- Use multiple communication channels, including digital media, to reach caregivers with factual information and advice on young child feeding and increase the desirability of nutritious and safe foods.

Health system

- Expand caregiver access to quality counselling and support on young child feeding by investing in the recruitment, training, supervision and motivation of community-based counsellors and health workers.
- Deliver dietary supplements, home fortificants and fortified complementary foods to young children at risk of micronutrient deficiencies, anaemia and growth and development failure.

Social protection system

- Design social transfers – cash, food and/or vouchers – that support, and do not undermine, nutritious and safe diets in early childhood, including in fragile settings and in response to humanitarian crises.
- Use social protection programmes to improve caregivers’ knowledge about young child feeding by providing education and counselling and by encouraging the use of health and nutrition services.

Multi-system governance

- Position young children’s right to nutritious and safe diets as a priority in the national development agenda and ensure coherent policy support and legislation across sectors and systems.
- Strengthen public accountability for young children’s diets by setting targets and tracking progress through sector-specific monitoring systems and household surveys.

- Conduct research to understand context-specific barriers, enablers and pathways to improving the quality of young children’s diets, including – but not limited to – their availability, affordability and desirability.

The need to transform how we tackle poor-quality diets in early childhood is urgent. If activated in the right way and held accountable, the food, health and social protection systems – and their public and private sector actors – can ensure that children benefit from the nutritious, safe and affordable diets and the essential nutrition services and practices they need to grow and develop to their full potential.

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