A landscape analysis was conducted to assess the extent of overweight and obesity among children in the Philippines. Results of the study were used in identifying set of priority actions that will address childhood overnutrition. The study was conducted by the Department of Health, National Nutrition Council, Nutrition Center of the Philippines and UNICEF.

Key findings

01 Overweight and obesity is increasing rapidly among Filipino children.

- Overweight and obesity increases as Filipino children get older.
- Overweight and obese children are most likely to be boys from wealthier homes in urban areas.
- If no action is taken, more than 30% of adolescents in the Philippines will be either overweight or obese by 2030.

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants and children under 5 years</td>
<td>2.9%</td>
</tr>
<tr>
<td>Children 5-10 years</td>
<td>9.1%</td>
</tr>
<tr>
<td>Adolescents 10-19 years</td>
<td>9.8%</td>
</tr>
<tr>
<td>Adult women*</td>
<td>35.2%</td>
</tr>
</tbody>
</table>

02 Being overweight has negative health and economic consequences.

- An overweight child is more likely to suffer stigmatization, low self-esteem, depression and anxiety.
- Overweight children are at greater risk of developing non-communicable diseases (NCDs) and of dying early.
- Childhood overweight has a huge cost in terms of future health care expenditure and lost income.

* Note: Adult women are nonpregnant/ non-lactating women of reproductive age, between 15 to 49 years old.
Filipino babies are at risk of becoming overweight because of poor maternal nutrition and infant feeding practices.

- Maternal under- or over-weight, before and during pregnancy have negative influences on birth weight and child nutritional status.
- Low birth weight, high birth weight, and child stunting all increase the risk of overweight and NCDs later in life.
- Breast milk is the best for babies, and Filipino babies who are not breastfed and given formula are at higher risk of becoming overweight.
- Babies from wealthier homes in urban areas are the least likely to be exclusively breastfed.

<table>
<thead>
<tr>
<th>Women of reproductive age</th>
<th>Infants and children</th>
<th>Breastfeeding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obese³</td>
<td>37%</td>
<td>Babies not exclusively breastfed²</td>
</tr>
<tr>
<td>Underweight²</td>
<td>8%</td>
<td>Babies born with low birthweight &lt;2.5kgs³</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Babies born with high birthweight &gt;3.5kgs⁴</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Children (&lt;5 years of age) stunted⁵</td>
</tr>
</tbody>
</table>

Older children in the Philippines become overweight due to unhealthy diets and lack of physical exercise.

- Filipino children are consuming too much highly processed food with excessive amounts of sugar, salt and unhealthy fat including sugary drinks and fast foods.
- Children in the Philippines do not eat enough fruit and vegetables which contain fibre, vitamins and minerals.
- Filipino children do not take enough physical exercise.

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3 Philippine Statistics Authority. (2016). Number of Live Births by Birth Weight (in Grams) and Birth Order: 2016.
An **obesogenic environment** is one that promotes the consumption of energy-dense, nutrient-poor foods and beverages, or encourages reduced physical activity or increased sedentary behaviour (sitting down or lying down). Obesogenic environments include food environments (which foods and beverages are available, affordable, accessible and promoted), economic environments (prices and costs of foods, household incomes and social support), social environments (norms for eating, taking exercise, screen-watching, body shape), and physical environments (opportunities for physical activity, available active transport).

The **food environment** promotes the sale of unhealthy food and drink.

- 13% increase in sweet snack sales between 2014-2019.\(^8\)
- 16% increase in savoury snack sales between 2014-2019.\(^8\)
- 37% increase in fast food transactions between 2012 and 2017.\(^8\)
- 85% food adverts within 500 meters of 30 primary schools in Manila are for unhealthy foods.\(^9\)

The **economic environment** leads many Filipinos to depend on cheaper unhealthy food and snacks.

- 33% of households cannot afford a nutritious diet for their young children.\(^{10}\)

The **social environment** means that children are encouraged to like unhealthy foods.

- 99% of social media posts advertising food are for unhealthy foods.\(^{11}\)
- 21% of social media posts for unhealthy foods feature Filipino celebrities.\(^{11}\)

The **physical environment** limits the possibilities for children to take exercise.

- 81% of Local Government Units have transport plans without bicycle lanes or walking paths.\(^{12}\)
- 53% of schools do not offer safe drinking water to pupils.\(^{13}\)

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\(^{1}\) UNICEF. (2021) The market for highly processed food and drink: Driving children’s diets.
Though the Philippines has numerous regulations, decrees, and legislation concerning nutrition, policies to regulate the obesogenic environment are limited, often voluntary and are not implemented effectively. There is no overarching national policy specifically on the prevention of overweight and obesity in children. Of five key policy areas shown in the table below, only one, taxes on sugar-sweetened drinks, has been fully introduced. Urban planning policies to encourage physical activity are also limited to guidelines.

<table>
<thead>
<tr>
<th>GOVERNMENT POLICY</th>
<th>IN PLACE</th>
<th>DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>National policy on prevention of overweight and obesity in children</td>
<td>❌</td>
<td>No specific policy on overweight and obesity though targets for overweight reduction for children are included in the Philippine Plan of Action for Nutrition (PPAN) 2017-2022.</td>
</tr>
<tr>
<td>Tax on sugar-sweetened beverages</td>
<td>✅</td>
<td>Republic Act 10963 “Tax Reform for Acceleration and Inclusion (TRAIN) Law” introduced in January 2018 imposed a tax of PhP6.00 or PhP12.00 on sweetened beverages depending on sugar content.</td>
</tr>
<tr>
<td>Controls on marketing of breast milk substitutes</td>
<td>✅</td>
<td>Executive Order No. 51 or “Philippine Milk Code” adopted in 1986 recognizes the international code on the marketing of breast milk substitutes though monitoring and enforcement remain a challenge.</td>
</tr>
<tr>
<td>Controls on marketing of food and non-alcoholic beverages to children</td>
<td>❌</td>
<td>No comprehensive, mandatory controls in place. There are controls on the promotion and marketing of breast milk substitutes (BMS) through Executive Order 51 “Philippine Milk Code” and a voluntary “Philippine Responsible Advertising to Children Pledge” signed by 12 big food and beverage manufacturers.</td>
</tr>
<tr>
<td>Front-of-Pack-Nutrition (FOPN) labelling</td>
<td>❌</td>
<td>No government endorsed FOPN labelling scheme which signals foods high in nutrients such as sugar, salt and/or unhealthy fats.</td>
</tr>
<tr>
<td>School nutrition environments</td>
<td>⭐️⭐️⭐️⭐️⭐️</td>
<td>Some partial provisions. The Department of Education Order No. 13, “Policy and Guidelines on Healthy Food and Beverage Choices in Schools” was introduced in 2017. Several local government units have introduced ordinances which prohibit the sale and promotion of unhealthy food and beverages to students inside and near public and private school premises.</td>
</tr>
</tbody>
</table>
Priority actions

The recommendations for action based on the findings of the landscape analysis highlight the multi-faceted nature of the obesogenic environment and the need to take account of multiple systems for preventing overweight and obesity among children.

<table>
<thead>
<tr>
<th>SYSTEMS</th>
<th>RECOMMENDATIONS</th>
</tr>
</thead>
</table>
| Food System | 1. Introduce new mandatory government legislation in key policy areas:  
| | a) Regulation of marketing of high fat, sugar, and salt (HFSS) foods to children;  
| | b) Front-of-pack nutrition labelling.  
| | 2. Monitor and enforce existing legislations including:  
| | a) Philippine Milk Code;  
| | b) Regulation marketing of unhealthy food and beverages in schools.  
| | 3. Provide subsidies/incentives and infrastructure to food producers including farmers/fisherfolks to increase availability and access to healthier foods including fruits, vegetables, and sustainable high-quality protein source foods.  
| | 4. Improve quality of commercially produced complementary foods ensuring adherence to set national standards and guidelines. |
| Health System | 1. Strengthen delivery systems for screening, referral, counselling and care to prevent and manage overweight among women and children.  
| | 2. Include overweight and obesity prevention and management in universal health care coverage.  
| | 3. Strengthen capacity of health care providers to deliver overweight and obesity interventions as part of the nutrition and primary health care package. |
| Education System | 1. Implement, enforce, and monitor existing policies and standards to promote healthy school food environments for children.  
| | 2. Enhance the school curricula to include nutrition and physical activities.  
| | 3. Strengthen the capacity of teachers to deliver interventions that promote healthy school food environments. |
| Environment, and Water Sanitation and Hygiene (WASH) System | 1. Promote convenient, safe, and connected walking and cycling infrastructure in communities and schools and reduce car use in urban plans.  
| | 2. Improve access to free, safe and potable drinking water in schools and local communities. |
| Social Protection System | 1. Use social protection programs such as the Pantawid Pamilyang Pilipino Program (4Ps) and Kapit-Bisig Laban sa Kahirapan-Comprehensive and Integrated Delivery of Social Services to improve access to healthy diets and deliver social behavior change and communication interventions.  
| | 2. Enhance social protection program policies to deliver healthy and nutritious food packs during humanitarian situations (including ‘do no harm’). |
| Overarching actions | 1. Develop a comprehensive costed strategy and accountability mechanisms to address overweight and obesity through multiple sectors and systems.  
| | 2. Enhance social and behavior change communication to create awareness and improve nutrition practices.  
| | 3. Improve data collection and reporting on overweight and obesity through surveys and routine data. |