

Prevention of Overweight and Obesity in Children:

Landscape Analysis and Priority Actions



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Introduction

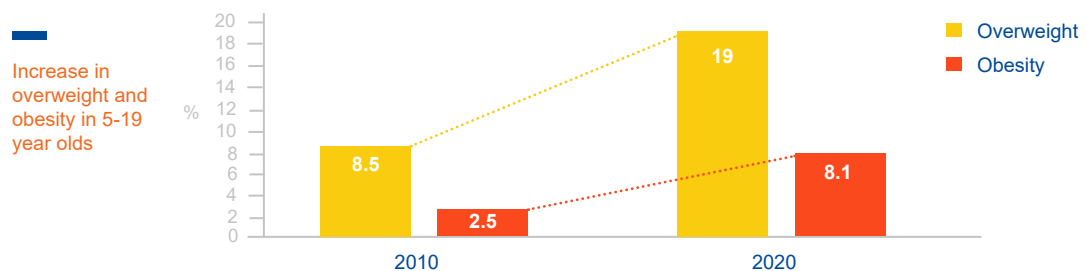
To identify a set of priority actions to effectively prevent childhood overweight and obesity, a landscape analysis was undertaken in Viet Nam. It involved a literature review and interviews with key informants and was undertaken by Hanoi University of Public Health. A validation workshop to present the findings and further prioritise actions will be undertaken in due course.

Key findings

01

Overweight and obesity is increasing rapidly among Vietnamese children.

- Overweight and obesity increases as children get older from 7% in under fives to 19% in 5-19 year olds.^{1,2,3}
- Overweight and obese children are most likely to be boys living in urban areas.
- If no action is taken, there will be 1.9 million obese children in Viet Nam by 2030.



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.

73% deaths in Viet Nam
are due to NCDs.⁴



¹ National Institute of Nutrition. (2019). Annual national nutrition monitoring, Viet Nam.
² National Institute of Nutrition. (2010). National Nutrition Survey, Hanoi. Viet Nam
³ National Institute of Nutrition. (2020). National Nutrition Survey, Hanoi. Viet Nam
⁴ World Health Organization. (2015). Noncommunicable Diseases Progress Monitor.
http://apps.who.int/iris/bitstream/10665/184688/1/9789241509459_eng.pdf?ua=1.



03

Vietnamese 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 has a negative influence 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 Vietnamese babies who are not breastfed and given formula are at higher risk of becoming overweight.



Women of reproductive age

Overweight ⁵	21%
Underweight ⁵	18%
Gestational diabetes or hyperglycemia in pregnancy ⁶	21%



Infants and children

Babies born with low birthweight < 2.5kgs ⁷	8%
Babies born with high birthweight > 4kgs ⁸	2%
Children (<5 years of age) stunted ⁹	20%



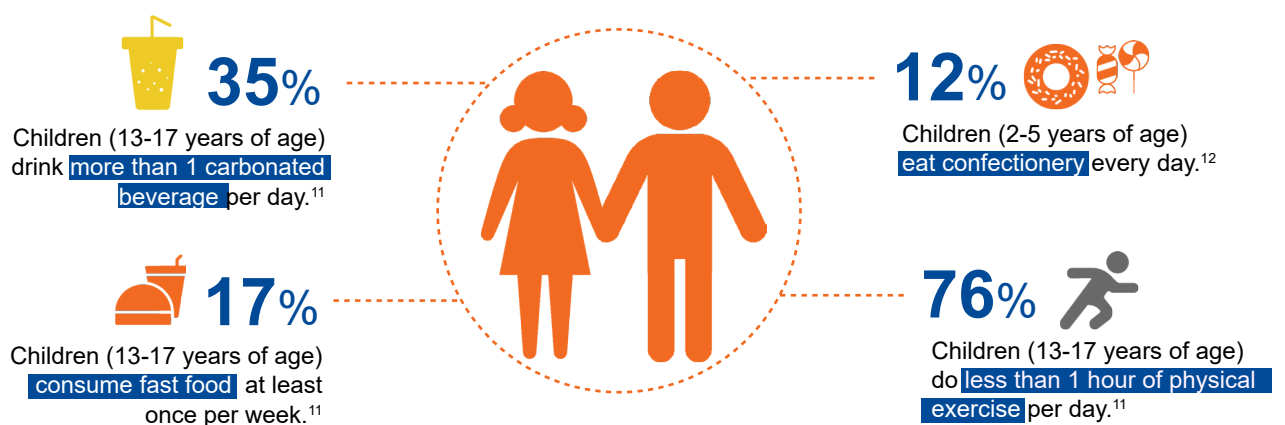
Breastfeeding

Babies not exclusively breastfed ⁹	55%
Increase in milk formula sales ¹⁰	30%

04

Older children in Viet Nam become overweight due to unhealthy diets and lack of physical exercise.

- Vietnamese 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 Viet Nam do not eat enough fruit and vegetables which contain fibre, vitamins and minerals.
- Vietnamese children do not take enough physical exercise.



⁵ NCD Risk Factor Collaboration. (2016). National adult body-mass index. <https://ncdrisc.org/data-downloads-adiposity.html>.
⁶ International Diabetes Federation Atlas of Diabetes. (2019). Prevalence of gestational diabetes mellitus. <https://www.diabetesatlas.org/data/en/indicators/14/>.
⁷ Global Nutrition Report: Country Nutrition Profiles. (2020). <https://globalnutritionreport.org/resources/nutrition-profiles/>
⁸ National Institution of Nutrition. (2015). National Nutrition Strategy for 2015. Hanoi, Viet Nam.
⁹ National Institution of Nutrition. (2020). National Nutrition Strategy for 2020. Hanoi, Viet Nam.
¹⁰ UNICEF, (2021). The Market for Highly Processed Food and Drink: Driving Children's Diets Viet Nam.
¹¹ Hanoi University of Public Health and WHO. (2019). Vietnam Global school-based Student Health Survey (GSHS). Hanoi, Viet Nam.
¹² Huang D, Sokal-Gutierrez K, Chung K, Lin W, Khanh LN, Chung R, et al. (2019). Maternal and Child Nutrition and Oral Health in Urban Vietnam. International journal of environmental research and public health 16(14).

05

Children in Viet Nam live in increasingly obesogenic environments.

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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.

- 39% increase in carbonated drinks sales between 2014-2019.¹⁰
- 34% increase in sweet snack sales between 2014-2019.¹⁰
- 28% increase in savoury snack sales between 2014-2019.¹⁰



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

- 6% of the population are food insecure.¹³



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

Data not available



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

- 41% of children do not take active transport to school.¹¹
- 10% of schools do not offer safe drinking water to pupils.¹¹
- 41% of secondary and high schools do not have a sports ground.¹¹

¹³ FAO. (2020) The State of Food Security and Nutrition in the World.

06

Policies to regulate the obesogenic environment are limited in scope.

Viet Nam has some regulations, decrees and legislation in relation to nutrition, but specific policies to regulate the obesogenic environment are limited. There is no overarching national policy specifically on the prevention of overweight and obesity in children. Only one of five key policy areas shown in the table below is in place while another is partially in place. Urban planning policies to encourage physical activity are also limited.

GOVERNMENT POLICY	IN PLACE	DETAILS
1 National policy on prevention of overweight and obesity in children		No specific policy on overweight and obesity though some government directives cover relevant areas relating to overweight, food and diets. Targets for childhood overweight and obesity are included in the current National Nutrition Strategy.
2 Tax on sugar-sweetened beverages		No regulation yet in place though regulation has been proposed jointly by the Ministry of Finance and Ministry of Health on imposing a 10% tax on sugar-sweetened beverages.
3 Controls on marketing of breast milk substitutes		Government Decree 100 on marketing and use of nutrition products for young children adopted 2014, regulates the ban on advertising of BMS for young children under 24 months and complementary foods for children under 6 months. Monitoring and enforcement remain a challenge.
4 Controls on marketing of food and non-alcoholic beverages to children		No comprehensive, mandatory controls in place. Directive No. 46 (December 2017) on “Enhancement of nutrition in new circumstance” includes one objective on marketing and sale in schools of alcoholic drinks, carbonated soft drinks and unhealthy foods. This has been partially implemented but is limited to school sites while enforcement and monitoring mechanisms are lacking.
5 Front-of-Pack-Nutrition (FOPN) labelling		No government endorsed FOPN labelling scheme which signals foods high in nutrients such as sugar, salt and/or unhealthy fats. The National Institute of Nutrition is supporting the MoH by producing technical guidelines on nutritional labelling but this is limited to guideline daily amount (GDA).
6 School nutrition environments		Some partial provisions. There is a government school meals project funded by the Ajinomoto Viet Nam company with the objective of providing balanced and healthy meals. It is currently being rolled out nationwide through a web-based application. The school milk programme was approved through Decision No. 1340 (July 2016). The choice of milk is dependent on schools/parents and includes flavored or sweetened milk. There is no goal related to control childhood overweight and obesity.

