



Key facts

- Diet quality in India is characterized by overall inadequate dietary diversity, despite high rates of consumption of vegetables, animal-source foods (mostly dairy), and whole grains. Action is needed to reduce reliance on starchy staples, to increase consumption of fruits, nuts and seeds in particular, and to moderate intakes of sweet foods and drinks, and packaged salty snacks.
- Less than half (41%) of women of reproductive age consume diets that meet minimum dietary diversity (MDD-W; at least 5 of 10 food groups), which means that the remaining 59% of women have a lower probability of micronutrient adequacy from their diet.
- Just over one in four of adults (28%) consume all five food groups typically recommended in food-based dietary guidelines, including vegetables; fruit; pulses, nuts, or seeds; animal-source foods; and staple foods. Even fewer (12%) consume all food groups recommended in India's "My Plate for the Day."⁶
- The food groups most likely to be missing are fruit (consumed by 44%), and pulses, nuts, or seeds (consumed by 67%) – of which nut and seeds is particularly low (18%). In contrast, the food groups most commonly consumed in addition to staple foods are animal source foods (78%) and vegetables (71%).
- The most consumed foods related to NCD risk factors in India are sweet foods (39%), packaged salty snacks (27%), and deep fried foods (23%).
- There are strong urban-rural disparities in dietary diversity and consumption of animal-source foods, fruit, sweet foods and soft drinks, all of which are higher in urban populations. There are also significant gender disparities, wherein more men than women are consuming animal-source foods and fruits, as well as soft drinks, deep fried foods and processed meat.

Diet quality

A healthy diet helps promote health and prevent disease. It provides adequacy without excess of essential nutrients and avoids health-harming substances.⁷ Diet quality is related to malnutrition in all its forms, including undernutrition and nutrient deficiencies, as well as diet-related non-communicable diseases (NCDs) such as cardiovascular disease, diabetes, and certain cancers. Poor diets are estimated to be among the top of risk factors driving the global burden of disease.⁸ Understanding dietary patterns and trends in populations is the first step to inform actions to support and improve diet quality and track progress over time.

The Global Diet Quality Project has implemented a country-adapted Diet Quality Questionnaire (DQQ) in India, aiming to provide locally appropriate and standardized indicators of diet quality at the national level and for various population groups. Data were collected on consumption of 29 food groups from a nationally representative sample of women and men aged 15 and above as part of the Gallup World Poll in July-Oct, 2021.⁹ The DQQ food groups are used to construct indicators of dietary adequacy and dietary risk factors for NCDs. These include the MDD-W¹⁰ and the global dietary recommendations (GDR) score, among others.¹¹ The GDR score measures the extent to which population diets adhere to global dietary recommendations for healthy diets. The overall score has two components: the NCD-Protect score captures dietary factors that protect against NCDs, while the NCD-Risk score captures dietary risk factors for NCDs.

COUNTRY CONTEXT

*Income classification*¹: lower middle

Child stunting²: **35%**

Adult obesity²: **4%**

Undernourishment (hunger)³: **16%**

Percentage who cannot afford a healthy diet³: **71%**

DIET QUALITY SCORES

Food group diversity score (#/10; target is >5): **4.4**

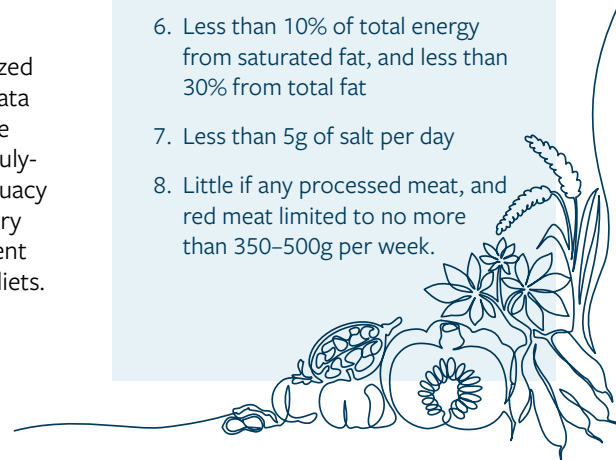
Percentage of women consuming minimum dietary diversity: **41%**

Percentage of adults consuming all recommended food groups: **28%**

Global dietary recommendations score: **10.9** (of 18)

A HEALTHY DIET INCLUDES^{4,5}

1. Adequate diversity
2. At least 400g of fruits and vegetables per day
3. Whole grains, pulses, nuts and seeds
4. At least 25g of fiber per day
5. Less than 10% (ideally less than 5%) of total energy from free sugars
6. Less than 10% of total energy from saturated fat, and less than 30% from total fat
7. Less than 5g of salt per day
8. Little if any processed meat, and red meat limited to no more than 350–500g per week.



Overview of diet quality in India

Diets are not adequate for many people in India. Less than half of women age 15-49 (41%) meet MDD-W (Fig. 1). The recommended food groups most likely to be missing are fruits, and nuts and seeds. Only 18% consume nuts or seeds, and less than half (44%) consume fruit (Fig. 2). These are nutrient-rich foods, and missing these food groups may be a risk factor for nutrient inadequacy. Most Indians are consuming vegetables (71%), whole grains (67%), and pulses (64%), which help to provide dietary adequacy and also protect against NCDs (Fig. 2). The majority (78%) of Indians consume animal-source foods as part of their diet, with a higher prevalence in urban areas than rural (Fig. 1). Dietary diversity is significantly higher (by 17 percentage points) in urban populations than in rural ones, driven by disparities in consumption of animal-source foods and fruits (Fig. 1 and 2).

When it comes to dietary factors associated with NCD risk, 39% of India's population consumes sweet foods, and 27% consumes packaged salty snacks. Consumption of soft drinks and fast food is higher in urban areas than rural (Fig. 3). Notably however, consumption of packaged salty snacks and instant noodles is not significantly different between urban and rural areas.

There is a gender disparity in dietary diversity, where men are consuming significantly more food groups than women, especially animal-source foods and fruits (Fig. 2 and 3). Men are also consuming more soft drinks (twice as many men as women are consuming), deep fried foods, and processed meats (Fig 3).

Summary and implications for the promotion of healthy diets in India

Actions are needed to reinforce and protect current positive dietary patterns, and to curb and reverse those associated with increased risk of various forms of malnutrition. Previous evidence shows that while prevalence of hunger is moderate in India (16%), a notable majority of Indians (71%) cannot afford healthy diets that meet dietary guidelines.³ This evidence reveals that although India has demonstrated political commitment to tackle malnutrition through a number of existing policies, strategies, action plans and initiatives – including the National Nutrition Mission (Poshan Abhiyan) 2017-2022¹² – food insecurity and malnutrition remain a challenge. Dietary diversification, as emphasized in Mission Poshan 2.0, is a critical need, entailing improved access and affordability of diverse nutrient-rich foods and reduced reliance on starchy staples.

The data from India provide insights into positive dietary patterns as well as other dietary factors that may put the population at increased risk of various forms of malnutrition. Dietary improvements can come from increased consumption of fruits, nuts and seeds in all areas, and animal-source foods in rural areas. Action is also needed to reduce the consumption of sweet foods as well as ultra-processed foods like soft drinks and packaged salty snacks, in rural areas as well as urban. These foods are known to displace nutrient-rich foods in the diet and are also associated with elevated NCD risk. The results of this diet quality survey can serve as a starting point to further refine needed actions and as a point of comparison to track progress over the coming years.

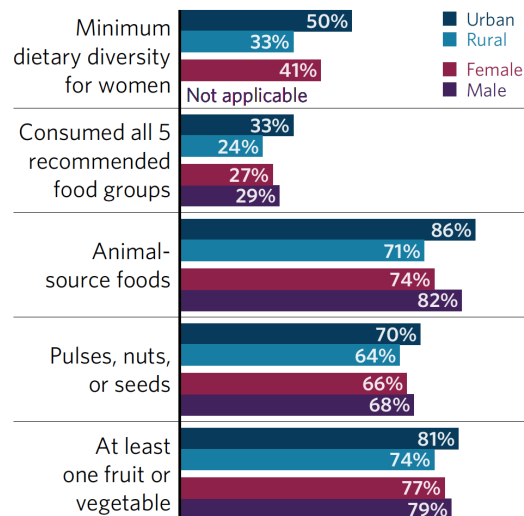
► dietquality.org

References

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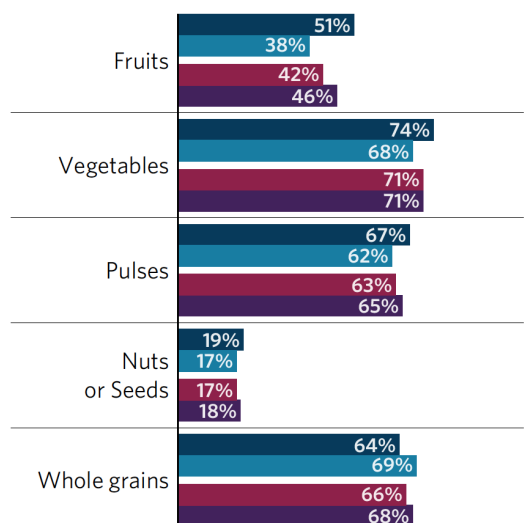
FIGURE 1. Dietary adequacy



Food group diversity score (#/10)



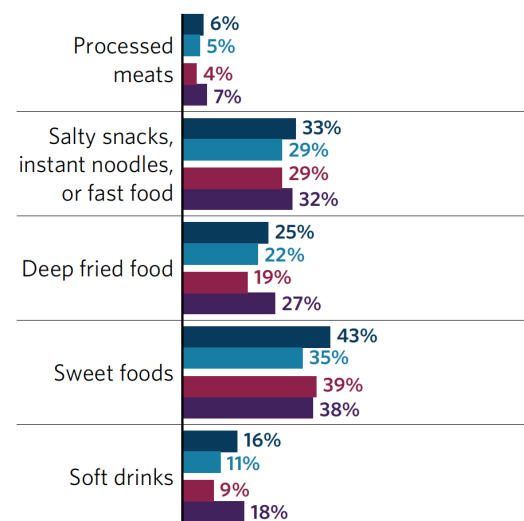
FIGURE 2. Dietary factors protective of NCDs



NCD-Protect (#/9)



FIGURE 3. Dietary risk factors for NCDs



NCD-Risk (#/9)

