NOURISHING THE FUTURE: IMPROVING CHILDREN'S DIETS FOR A HEALTHIER ETHIOPIA

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KEY MESSAGES

- Children in both urban and rural Ethiopia are increasingly consuming ultra-processed foods that contain unhealthy levels of sugar, salt, and unhealthy fats. These items, heavily marketed and widely accessible, are rapidly replacing traditional healthy diets.
- Inadequate and unhealthy diets during childhood can compromise physical and cognitive development, diminish immune function, and increase susceptibility to chronic illnesses later in life.
- Priority policy areas the government should consider include: more nutrition education; improved regulation of the food environment to make healthy options more prominent and unhealthy options less prominent; subsidies that prioritize healthy diets for children; and improved coordination and coherence across sectors seeking to transform food systems (e.g. Agriculture, Education, Health, and Trade).
- Reducing unhealthy diets in children is not just a nutrition issue – it's a systems issue. Ethiopia must urgently implement a coordinated, multi-sectoral strategy with actions to ensure all children have access to diverse, healthy, safe, and affordable diets from the start of life.

INTRODUCTION

Recent advances in Ethiopia's fight against undernutrition are notable. But a new concern is growing: unhealthy dietary patterns among children. Diets dominated by energy dense but nutrient-poor foods and drinks have been found to be associated with adverse health outcomes, including undernutrition, obesity, and chronic diseases. This contribute to a double burden of malnutrition.

In both urban and rural areas in Ethiopia, children are increasingly consuming ultra-processed foods. Ultra-processed foods such as chips and cookies are characterized by excessive amounts of added sugar, salt, and unhealthy fats. Aggressively marketed and widely available, they are rapidly displacing traditional diets that are rich in whole grains, legumes, and vegetables. These changes have been driven by a variety of factors including accelerating urbanization, profound shifts in the food environment as Ethiopia's food systems modernise, inadequate dissemination of nutrition education, and a lack of effective regulation on food advertising targeted at children. Additional structural drivers, such as persistent food insecurity, climate variability, and economic constraints further restrict households' ability to access and afford healthy diets.

The public health implications of consumption of increased amounts of ultra-processed foods by children are substantial. Inadequate childhood diets can compromise children's development and wellbeing (See **Box A** for more detail). Such trends in increased consumption of ultra-processed foods threaten to undermine Ethiopia's prior achievements in improving child health and development outcomes. Addressing this multi-faceted issue requires a coordinated, multi-sectoral response.

Box A: What is meaningful youth engagement?

Unhealthy diets in childhood are associated with a range of adverse health outcomes. Children who frequently consume ultra-processed foods are more likely to suffer from poor linear growth, impaired cognitive development, weakened immunity, and increased susceptibility to infections. Early-life increased exposure to these ultra-processed foods also elevates the long-term risk of obesity, insulin resistance, hypertension, cardiovascular disease, and other chronic conditions.

The co-existence of undernutrition and overnutrition within the same communities, and in some cases within the same households is termed the "double burden of malnutrition." This dual burden places additional strain on Ethiopia's health and education systems and undermines the human capital potential of the next generation.

Sources: Mekonen et al., 2024; Yigezu et al., 2024

This policy brief highlights the dietary challenges facing children in Ethiopia, traces some of the drivers of unhealthy diets, and shares recommendations for improving children's nutritional status through evidence-informed and integrated strategies.

EMERGING DIETARY PATTERNS

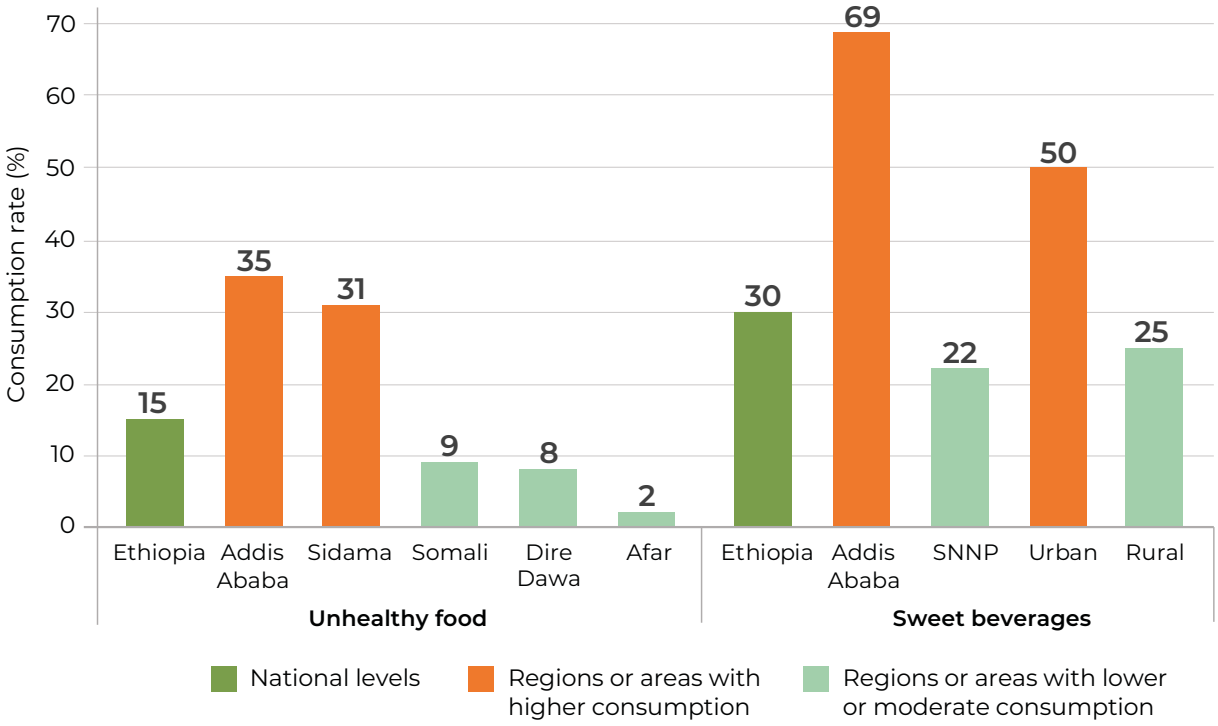
Ethiopia is experiencing a growing concern regarding unhealthy dietary practices among children including an increasing consumption of sugary foods and ultra-processed products. Even in food-insecure households, ultra-processed food consumption is increasing. Rates of ultra-processed food consumption in these households often surpass the proportion of children who are meeting the minimum dietary diversity requirements. According to recent surveys, in food insecure households, only 8% of children aged 6–23 months met the minimum dietary diversity threshold, while nearly half consumed foods from just two or fewer food groups per day (EPHI & NIPN, 2021). These results are one of multiple studies that show a concerning nutrition transition taking place in rural Ethiopia (Demilew, Belachew, & Abebe, 2023).

Recent studies further underscore the widespread consumption of unhealthy foods among young children in both urban and rural settings. For instance, a community based study conducted in Gondar City in 2022 reported that 63.7% of children aged 6 to 23 months had consumed at least one type of unhealthy food – defined as foods high in sugar, salt, or unhealthy fats – within the previous 24 hours (Getaneh Mekonen et al., 2024).

Similarly, a study conducted in the Habru District in Wollo revealed extremely low dietary diversity among infants (6-23 months), with children consuming an average of only three food groups per day. Approximately 22% had consumed ultra-processed foods, including packaged snacks and sugary beverages (Hassen et al., 2022). These feeding patterns are inconsistent with World Health Organization's recommendations on infant and young child feeding, which suggest diverse diets including nutrient-dense foods such as eggs, dairy products, fruits and vegetables are needed for child growth and development (WHO, 2023).

Research conducted in Oromia revealed that caregivers commonly offered ultra-processed foods like biscuits, sweetened juices, and processed porridges to infants 6-23 months old during complementary feeding. These foods were perceived as convenient, modern, and sometimes necessary, especially in households constrained by time and income (Tadesse et al., 2023). This trend is consistent with finding from the national food and nutrition baseline survey, which indicated that a substantial proportion of young children in Ethiopia consume unhealthy foods and beverages, with the practice being especially prevalent in urban areas and some regions (**Figure 1**; EPHI 2021).

Figure 1: Unhealthy food and sweet beverage consumption among children aged 6-23 months in Ethiopia, and among regions and groups showing especially high or low consumption, 2021



The evidence points to a broader nutrition transition in Ethiopia, where traditional and nutrient-rich diets are increasingly being replaced by inexpensive, energy-dense, and heavily marketed processed foods. These dietary shifts can contribute to the double burden of malnutrition by increasing the risk of undernutrition, through the displacement of essential nutrients and by raising the risk of overweight or obesity through excessive calorie intake, including among children (Moursi et al., 2022).

DRIVERS OF UNHEALTHY DIETS

The drivers of unhealthy diets are complex and multifaceted, encompassing personal, social, economic, and environmental factors. Notable contributors to poor dietary patterns among Ethiopian children (explained further in **Box B**) include urbanisation and lifestyle change, food insecurity and unaffordability, levels and outcomes of maternal education, inadequate public nutrition education, and changes in the food environment.

Box B: Key drivers of unhealthy diets among children in Ethiopia

Urbanization and Lifestyle Change

Rapid urbanization is transforming Ethiopia's food environment, particularly in cities and peri-urban areas. Greater access to supermarkets, convenience stores, and fast-food outlets with inexpensive ultra-processed foods often leads people, especially children, to consume highly processed and calorie-dense foods. Urban lifestyles are also often more sedentary, which can contribute to a rise in childhood overweight and obesity (Popkin et al., 2020).

Food Insecurity and Affordability

Cost remains a major barrier to healthy eating in Ethiopia. Households experiencing food insecurity often prioritize quantity over quality, resulting in the consumption of inexpensive, energy-dense foods that are low in nutritional value, as well as potentially less safe foods. Nutritious foods, including fruits, vegetables, dairy products, and lean proteins, are frequently unaffordable or unavailable for low-income families. This situation contributes not only to undernutrition but also to the rising prevalence of overweight and obesity among food-insecure populations (Jemere et al., 2023).

The Maternal Education Paradox

Although maternal education is associated with improved child health and nutrition, a growing paradox has been observed in which higher maternal education correlates with both a greater awareness of healthy diets and a greater reliance on processed or convenience foods. Mothers in full-time employment or managing multiple responsibilities may face time constraints that lead them to choose quick and convenient foods, many of which are less nutritious (Muhoza et al., 2020). While education is an obvious good, it must be complemented by supportive systems and practical interventions to enable consistent healthy feeding practices.

Lack of Nutrition Education for the Public

Public health campaigns in Ethiopia tend to focus on undernutrition and micronutrient deficiencies, with less emphasis on promoting balanced diets or discouraging the consumption of harmful or unsafe foods. Many lack access to consistent, culturally relevant nutrition education that reflects the changing food environment. As a result, awareness of the health risks associated with ultra-processed foods, sugary beverages, and low dietary diversity remains limited. In the absence of strong public messaging, unhealthy eating habits continue to spread, particularly among urban youth and school-age children.

The Food Environment

The broader food environment plays a pivotal role in shaping dietary choices. In many urban and semi-urban settings in Ethiopia, nutritious foods are less readily available, less convenient, or more expensive compared to fast food or packaged snacks. Limited regulation of food marketing, especially to children, combined with restricted availability of healthy options in schools and communities, contributes to poor dietary outcomes. The widespread presence of fast food vendors and sugary beverages near schools, for instance, undermines efforts to encourage healthy eating habits (Swinburn et al., 2019). Transforming the food environment to make nutritious choices more accessible and appealing is essential for achieving sustained improvements in child nutrition.

RECOMMENDATIONS

To address the growing impact of unhealthy diets on children, Ethiopia requires integrated, multisectoral policy and implementation strategies. Four priority areas include nutrition education, food environment regulation, government subsidies that take healthy child diets into greater consideration, and improved policy coherence.

First, **nutrition education** and **public awareness campaigns** must explicitly address the risks associated with ultra-processed foods. Existing infant and young child feeding materials should be updated to discourage snacks high in salt, sugar, and unhealthy fats, and promote culturally appropriate, nutrient-rich foods. Maternal and caregiver education should also respond to the emerging rise in unhealthy child diets. Strengthen the capacity of community health workers by providing training in practical counselling on complementary feeding practices, including the safe preparation of nutrient-rich, culturally appropriate meals. Engaging local communities in program design, for example, around nutrition education, will enhance the effectiveness and sustainability of these interventions. Overall, awareness and education programming should foster a culture of healthy eating from early childhood.

Second, stronger **regulation of the food environment** is needed. Policies should be implemented to limit the marketing and sale of unhealthy foods near schools. Measures could include front-of-package labelling, restrictions on child-targeted advertisements, and revised taxation on sugar and junk foods to discourage the consumption unhealthy products among children.

Third, government support should continue to target household food security through **subsidies and social safety nets and initiatives that improve access** to affordable, safe, and nutritious foods. Additional programs the government could consider include the promotion of local food systems and traditional dietary practices, healthy school meals, support for urban agriculture and school gardens, and incentives for private sector actors to produce and distribute healthier food options.

Finally, care must be taken to ensure **greater policy coherence and coordination across sectors.** Ministries of Agriculture, Education, Health, and Trade and must collaborate to implement integrated, double-duty actions that simultaneously address undernutrition and prevent diet-related non-communicable diseases. Strengthening cross-sectoral data sharing and monitoring and evaluation systems can be an important part of this.

CONCLUSION

As Ethiopia continues its socioeconomic transformation, safeguarding child nutrition must remain a central component of national development priorities. Immediate, evidence-based interventions are required to prevent the escalation in diet-related health issues that will otherwise damage the prospects of coming generations.

If unhealthy child diets are left unaddressed, national efforts to reduce malnutrition may be undermined, along with improvements to educational outcomes, and the building of a productive and healthy future generation. Addressing this issue requires coherent, multisectoral strategies that emphasize nutrition education, including for mothers and caregivers, regulation of the food environment, and targeted subsidies that integrate to encourage traditional, nutrient-rich, safe, and healthy diets.

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