

UNHEALTHY FOOD CONSUMPTION BY CHILDREN AGED 6 - 23 MONTHS

Indicator Phrasing

English: % of children 6 - 23 months of age who consumed selected sentinel unhealthy foods during the previous day

French: % d'enfants âgés de 6 à 23 mois ayant consommé des aliments mauvais pour la santé le jour précédent

Portuguese: % de crianças de 6 a 23 meses que consumiram alimentos não saudáveis selecionados no último dia

Czech: % dětí ve věku 6 - 23 měsíců, které v uplynulém dni konzumovaly vybrané nezdravé potraviny

What is its purpose?

There has been a shift in many low- and middle-income countries towards diets that contain a higher intake of added sugars, unhealthy fats, salt and refined carbohydrates. Consumption of unhealthy foods is linked to nutrition inadequacy, obesity and chronic diseases in adulthood. Therefore, this indicator assesses the proportion of children who consumed selected unhealthy foods during the previous day.

How to Collect and Analyse the Required Data

There are two main ways to determine the indicator's value. Both require conducting individual interviews with caregivers of a [representative sample](#) of children aged 6 - 23 months:

1) Using Data from Measuring Dietary Diversity

When measuring children's dietary diversity (see [guidance](#)), the questionnaire recommended by WHO/UNICEF also records whether a child consumed unhealthy foods (Q7P and Q7Q). You can use the data to determine the indicator's value.

2) Asking About Unhealthy Foods Only

If you do not use the questionnaire mentioned above, you should only use the following questions:

Q1: *Yesterday, did [child's name] consume any sweet foods such as chocolates, candies, pastries, cakes, biscuits, or frozen treats like ice cream and popsicles, or [insert other commonly consumed sweet foods]?*

A1: yes / no / does not know

Q2: *Yesterday, did [child's name] consume any chips, crisps, puffs, french fries, fried dough, instant noodles or [insert other commonly consumed fried and salty foods]?*

A2: yes / no / does not know

To **calculate the indicator's value**, divide the number of children aged 6 - 23 months who consumed unhealthy foods during the previous day by the total number of surveyed children aged 6 - 23 months (excluding those where the "does not know" answer was provided). Multiply the result by 100 to convert it to a percentage.

Disaggregate by

Disaggregate the data by gender, age group and household wealth.

Important Comments

1) According to WHO/UNICEF guidance (see below), **selected sentinel unhealthy foods are:**

- candies, chocolate and other sugar confections, including those made with real fruit or vegetables like candied fruit or fruit roll-ups

- frozen treats like ice cream, gelato, sherbet, sorbet, popsicles or similar confections

- cakes, pastries, sweet biscuits and other baked or fried confections which have at least a partial base of a refined grain, including those made with real fruit or vegetables or nuts, like apple cake or cherry pie

- chips, crisps, cheese puffs, french fries, fried dough, instant noodles and similar items which contain mainly fat and carbohydrate and have at least a partial base of a refined grain or tuber

2) The guidance also specifies that:

- The food items listed above include those commercially produced and packaged, produced by small-scale producers such as street-food vendors or made at home. While some of the food items reported by interview respondents may also have healthy qualities, in general the selected sentinel food categories tend to have unhealthy qualities.

- The food categories covered by the questions above do not cover all types of unhealthy food items that might be consumed by children in any given country. These food categories were selected as sentinels because they represent some of the most commonly consumed and less healthy choices likely to displace more nutritious foods in children's diets in many countries.

- Consumption of **any amount of food from any of the sentinel categories "counts"**, i.e. there is no minimum quantity.

3) If a large proportion of unhealthy foods that children consume is purchased, the data might be prone to **seasonal differences**, as the income and purchasing power of many families vary throughout the year. Do your best to collect baseline and endline data from the same time of year; otherwise, you will

receive two sets of data which are not comparable.

4) If the caregiver is taking care of **two children aged 6 - 23 months** (from the same household) and household sampling has been used, then data should be collected for both children. If a list method has been used and children have been identified as the primary sampling unit, then data should only be collected for the sampled child.

5) This indicator relies on accurate age assessment. Since people often do not remember the exact dates of their children's birth, the enumerators should **always verify the child's age**. This can be done by reviewing the child's birth certificate, vaccination card or other document; however, since many caregivers do not have such documents (and since they can include mistakes), it is essential that the enumerators are able to **verify the child's age by using local events calendars**. Read FAO's Guidelines (see below) to learn how to prepare local events calendars and how to train enumerators in their correct use.

Access Additional Guidance

- WHO/UNICEF (2021) [Indicators for Assessing IYCF Practices](#)

- FAO (2008) [Guidelines for Estimating the Month and Year of Birth of Young Children](#)