Investigating convergence in dietary quality among adolescents in low- and middle-income countries: A cross-cohort comparison

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Motivation

• Food systems are changing rapidly in LICs and MICs (Hawkes 2006)

• ... Significant changes in disease burden also evident
  – Shift from communicable to non-communicable diseases
  – Theory suggests a “nutrition transition”
  – Rigorous evidence is limited especially for children and adolescents
Objectives

1) Document *cross-country trends* in dietary diversity; and

2) Investigate *within-country trends* by population sub-groups;
   - Age: 12 year olds
   - Time period: 2006 and 2013
   - Data: Young Lives Study
   - Countries: Ethiopia, India, Peru and Vietnam
Young Lives – Data structure

- Younger Cohort: 2,000 children born in 2001-02
- Older Cohort: 1,000 children born in 1994-95
4 Key Messages
Key Message #1: Dietary diversity rose in some countries
Key Message #2: Shifts in protein-source foods noted in all countries
Key Message #3: Within country inequalities narrowed

Ethiopia:  
2006 (OC) 2013 (YC)

India:  
2006 (OC) 2013 (YC)

Peru:  
2006 (OC) 2013 (YC)

Vietnam:  
2006 (OC) 2013 (YC)
Key Message #4: Added sugar intake increased in rural areas
In summary...

- Clear and rapid shifts in adolescent diets
- Changes appear to be secular and not limited to sub-groups (e.g. urban or high income)
- Dietary patterns vary by country context
Policy implications

- Clear need for policies to limit negative and costly implications of nutrition transition
- Shaping knowledge and attitudes is critical
- School a promising platform to reach children and adolescents (Bundy et al 2013, Hawkes et al 2015)