

# Food Safety and Nutrition in India

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## Food Safety and Nutrition in India: A Crisis of Governance

### Context

In India, the critical concerns of **food safety and nutrition** are often sidelined by **socio-political dynamics**, despite the country grappling with **alarming health indicators**. While child undernutrition remains persistent, there is also a sharp rise in **non-communicable diseases (NCDs)** like diabetes. Compounding the issue is the **widespread problem of food adulteration**, which not only affects public health but also erodes economic credibility and governance efficiency.

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### Food and Its Socio-Political Dimensions

Food in India is deeply intertwined with **social, cultural, and political considerations**, often at the cost of nutrition and public health.

- **Food as a social construct:**

- Public food schemes like **Mid-Day Meals** and food served at **political or religious gatherings** are shaped more by **caste preferences, religious norms, and political messaging** than by nutrition science.

- **Health aspects are neglected:**

- Despite a dual burden of malnutrition and NCDs, **health-based food policies remain secondary**.
  - **Nutritional planning** is often reactive rather than strategic or data-driven.
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### Nutritional Status and Policy Apathy

Findings from the **National Family Health Survey-5 (2019-21)** reveal a **disturbing**

## **nutritional scenario among children under five:**

- **Stunted** (low height for age): **35.5%**
- **Wasted** (low weight for height): **19.3%**
- **Underweight** (low weight for age): **32.1%**

Despite these critical numbers, **nutrition remains under-prioritized in policy formulation**, indicating **apathy towards long-term health planning**.

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## **The Menace of Food Adulteration**

Food adulteration is not only a **criminal offense** but a **public health emergency**.

### **1. Dairy Products:**

- As per a **2011 National Survey**, **70% of milk samples** were found to be **unsafe**.
- Common adulterants: **water, salt, detergents, glucose**.
- **Fake paneer** made from **synthetic milk, starch, and acetic acid** has been detected in metro cities like **Delhi, Mumbai, and Noida**.

### **2. Spices:**

- In **April 2024**, **Hong Kong banned MDH and Everest** spice mixes due to the presence of **ethylene oxide** (a carcinogen).
- The **EU has banned over 400 Indian spice items** between 2019-2024, citing contamination and excessive pesticide residues.

### **3. Edible Oils:**

- Frequently adulterated with **argemone oil, rice bran oil, and synthetic chemicals** like artificial allyl isothiocyanate.
- These are associated with **serious health risks**, including **liver toxicity and NCDs like diabetes**.

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## Public Health Implications

India faces a **dual burden of disease**—**undernutrition in children** and **lifestyle diseases in adults**.

- India is now referred to as the “**Diabetes Capital of the World**” with **77 million adults** (above 18 years) diagnosed with **diabetes**.
- A study by **Indian Council of Medical Research (ICMR)** has linked this surge to increased consumption of **ultra-processed, fried, and adulterated foods**.
- Adulterated food also causes **acute illnesses** like **food poisoning** and in extreme cases, even **fatalities**, especially among vulnerable populations.

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## Regulatory and Institutional Gaps

The **Food Safety and Standards Authority of India (FSSAI)** is the nodal agency for ensuring food safety but faces **significant implementation challenges**:

- **Functions of FSSAI:**
  - Conducts **raids**, tests food **samples**, **revokes licenses**, and issues **public advisories**.
- **Major Challenges:**
  - **Inadequate infrastructure** at the state level.
  - **Shortage of trained personnel** for food inspection and monitoring.
  - **Responsibility shift:** Increasing reliance on **consumer awareness**, weakening the state’s direct accountability.

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## Way Forward: Reforms and Recommendations

To ensure **safe, nutritious, and unadulterated food**, a **multi-pronged, evidence-based**,

**and governance-oriented approach** is required:

- **Strengthen FSSAI enforcement** through **standardized procedures**, technology-enabled monitoring, and real-time grievance redressal.
- Improve the **food supply chain** with emphasis on hygiene in **farming, processing, storage, and packaging**.
- Launch **food literacy campaigns** to spread awareness about **nutritional value, label reading, and identifying adulteration**.
- Regularly **review pesticide and additive safety norms**, in line with **international standards**.
- Build a **balanced accountability model**—citizen awareness must complement, not replace, state responsibility.

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## Conclusion

Food safety is not a standalone health issue; it is a **multifaceted governance challenge** with deep implications for **public health, economic development, and international trade credibility**.

For a nation like India, battling both **hunger and obesity**, the need for **clean, nutritious, and safe food** cannot be overstated. Strengthening **institutional frameworks**, promoting **public awareness**, and aligning food policies with **scientific and ethical standards** are imperative for ensuring **inclusive and sustainable health outcomes**.

