



Towards a Healthier India: Combating Lifestyle Diseases Through Nutrition, Activity, and Policy

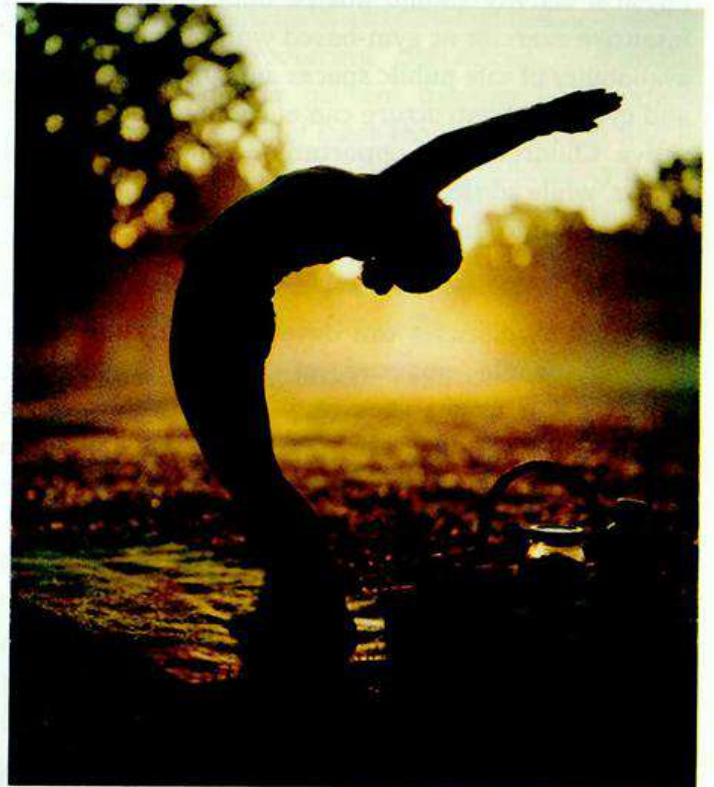
Lifestyle diseases are a major and increasingly complex public-health challenge in India. When healthy food is accessible, physical activity is practical, preventive healthcare is available, and communities are involved, India can make meaningful progress in reducing risks of lifestyle diseases and improving health across the life course.

India is undergoing a major health transition. Improvements in life expectancy, extended vaccination coverage, and control of infectious diseases are important achievements. At the same time, the country is facing a growing burden of Non-Communicable Diseases (NCDs), including cardiovascular diseases, diabetes, hypertension, obesity, and metabolic syndrome. These conditions are often described as lifestyle diseases. India's growing burden of lifestyle diseases is shaped by a combination of changing diets, physical inactivity, nutritional challenges, and gaps in preventive healthcare. They are not simply the result of individual choices. Rapid urbanisation, sedentary occupations, changing food environments, and wider social and economic changes have made prevention more challenging.

Changing Dietary Patterns

Traditional Indian diets can provide good nutrition when they include whole grains, pulses, vegetables, fruits, nuts and appropriate sources of protein. However, changing lifestyles have increased the consumption of highly processed foods and sugar-sweetened beverages. Such unhealthy dietary choices have silently increased the long-term health risks. In fact, undernutrition and micronutrient deficiencies coexist with overweight and diet-related NCDs in India, making the nutrition challenge particularly complex.

Improving health therefore requires addressing both inadequate nutrition and unhealthy dietary patterns. Food safety is another important concern: unsafe food and contaminated water can cause illness and undermine nutritional well-being. Healthy eating must therefore be accompanied by access to safe and wholesome food.



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Physical Inactivity

Physical inactivity is another major risk factor. Urban living, sedentary work, and increased use of digital devices have significantly reduced everyday movement. Most people in urban settings spend long periods sitting, whether at work or while using digital devices. Physical activity should not be understood solely as intensive exercise or gym-based workouts. Rather, the availability of safe public spaces and adequate walking and cycling infrastructure can encourage people to be active. Children need opportunities for safe play and sports, while adults need practical ways to incorporate movement into their daily routines.

Gaps in Prevention and Early Detection

Lifestyle diseases can develop silently for years, leaving people unaware of conditions such as hypertension or diabetes until complications occur. Early screening, diagnosis, treatment, and follow-up are important for reducing these risks. At the same time, prevention cannot depend entirely on hospitals. Schools, workplaces, communities, food systems, and urban environments all influence health. This makes lifestyle diseases a broader public health challenge, rather than merely a medical one.

Existing Health and Nutrition Programmes

India has increasingly strengthened its focus on preventing and managing NCDs through public health programmes and primary healthcare. The National

Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) was launched in 2010 and subsequently expanded into the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD). This programme provides a national framework for NCD prevention and management. Its approach includes health promotion, population-based screening for common NCDs among people aged 30 years and above, early diagnosis, treatment, follow-up, and referral. This is particularly important because early detection can identify health problems before they lead to serious complications.

Prevention is also incorporated into primary healthcare through *Ayushman Bharat's* Health and Wellness Centre (now known as *Ayushman Arogya Mandir-AAM*) approach. The main health promotion activities in this approach include education on healthy diets, yoga, exercise, tobacco cessation, and self-care, alongside screening and treatment services. Primary healthcare is important because it brings preventive services closer to communities. These health facilities can provide education, screening, medicines, diagnostics and referral services.

India's digital health systems, including the national NCD portal, are also being used to support the enrolment and management of people with conditions such as hypertension and diabetes. However, digital systems should complement rather than replace

frontline healthcare. Effective primary healthcare still requires trained health workers, reliable medicines and diagnostics, functioning referral networks, and accessible health information.

Nutrition programmes are another important part of prevention. *Poshan Abhiyaan*, launched in 2018, focuses on improving nutrition among children, adolescents, pregnant women and lactating mothers. Mission *Saksham Anganwadi* and *Poshan 2.0* build on this approach through services delivered via the Anganwadi system, including supplementary nutrition, nutrition and health education, health check-ups, and referral services. These programmes recognise that healthy populations are built across the life course. Adequate nutrition during pregnancy, infancy, childhood and adolescence is important for physical growth, cognitive development and future health.

Food safety and healthy eating are supported by the Food Safety and Standards Authority of India (FSSAI), an autonomous statutory body under the Ministry of Health & Family Welfare, Government of India. FSSAI is responsible for setting science-based food standards and regulating food-related activities to ensure the availability of safe and wholesome food. Its Eat Right India movement promotes three broad themes: Eat Safe, Eat Healthy, and Eat Sustainable. The initiative involves consumers, food businesses, government bodies, and other stakeholders. This broader approach recognises that improving diets cannot depend entirely on individual decisions.

The National Health Mission works toward universal, equitable, and affordable healthcare and aligns its objectives with Sustainable Development Goal 3, which focuses on healthy lives and well-being for all at all ages. Together, these programmes show that India's response to lifestyle diseases increasingly combines health promotion, nutrition, screening, treatment and community-based services.

Future Recommendations

Causes of lifestyle diseases extend beyond personal behaviour and are connected to food environments, physical inactivity, socioeconomic conditions, urbanisation and access to healthcare. Healthy diets and regular physical activity remain important foundations of prevention. However, individual efforts are more effective when people have access to affordable nutritious food, safe spaces for physical activity, reliable healthcare, and practical health information.

India has already developed several programmes that address different parts of this challenge. The NP-NCD supports NCD prevention, screening, and management; *Ayushman Bharat* strengthens health promotion and primary healthcare; *Poshan Abhiyaan* and Mission *Saksham Anganwadi* and *Poshan 2.0* address nutrition; and FSSAI's Eat Right India movement promotes safe, healthy, and sustainable food choices.

The next step should be to strengthen coordination between these existing efforts rather than treating lifestyle diseases, nutrition, and physical activity as separate issues. First, healthier diets should be made easier to follow by improving access to affordable and diverse nutritious foods and encouraging dietary diversity, including whole grains, pulses, vegetables, fruits and appropriate protein sources. Second, physical activity should become part of everyday environments. Schools, workplaces, and communities should provide practical opportunities for movement, while safe walking and cycling infrastructure can support both physical activity and healthier urban environments.

Third, early screening and primary healthcare should be strengthened so that conditions such as hypertension and diabetes can be identified and managed before complications develop. Reliable medicines, diagnostics, trained health workers, and effective referral systems are essential. Fourth, nutrition education should begin early and involve families, schools and communities. Addressing undernutrition, micronutrient deficiencies, overweight and unhealthy dietary patterns together is important because India faces all of these challenges. Finally, health promotion should adopt a coordinated community-based approach. Government agencies, healthcare workers, schools, workplaces, local organisations, food businesses and communities all have roles to play. Health messages should be culturally appropriate, affordable and realistic.

A healthier India will depend not only on individual choices, but also on making nutritious food, physical activity, preventive health care and timely screening easier and more accessible to people. By bringing together existing health and nutrition programmes and strengthening the role of families, communities and primary health-care services, India can make sustained progress in preventing NCDs and enabling people to live healthier lives. □

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