



Health, Nutrition and Well-Being:

Preliminary Findings from the 2023–24 Young Lives Survey
(Round 7): India (in the states of Andhra Pradesh and Telangana)

Introduction

For more than 20 years, Young Lives has followed two cohorts, born seven years apart from infancy to early adulthood in Ethiopia, India, Peru and Vietnam.¹ This factsheet presents preliminary findings from Round 7 of the Young Lives survey conducted in the states of Andhra Pradesh and Telangana in India in 2023–24, when the Younger Cohort was 22 years old and the Older Cohort was 29. It provides an overview of the key nutrition, health and well-being indicators underlining changes over time by comparing the Younger Cohort at age 22 with the Older Cohort at the same age in 2016 and documenting the Younger Cohort's progression from age 12 to 22. The factsheet also reflects on the implications of the findings for achieving the Sustainable Development Goals (SDGs).

Headlines

- A double burden of malnutrition is evident among Young Lives participants in India, as a high prevalence of underweight coexists with a high prevalence of overweight and obesity.
- Food insecurity is widespread among Young Lives households, with the majority being moderately food insecure.
- Early-life inequalities affect young peoples' nutrition and food insecurity.
- Subjective well-being has generally improved since the Younger Cohort were 12 years old, though there was a notable decline during the pandemic.
- Six out of ten participants exhibit symptoms compatible with at least moderate stress, while one out of ten have symptoms of at least mild anxiety.

¹ Round 7 took place in the Young Lives study sites in Ethiopia, India and Peru. On this occasion, data was not collected in Vietnam due to a change in government procedures for the international transfer of personal data.

Key Findings

- **A double burden of malnutrition is evident among Young Lives participants in India.** A higher percentage of the Younger Cohort were overweight or obese at age 22 (21%), compared to the Older Cohort at the same age in 2016 (13%). Meanwhile the prevalence of underweight participants remains similar but persistently high at 24% of the Younger Cohort and 25% of the Older Cohort. Increasing numbers of overweight or obese participants alongside a persistently high number of underweight participants highlights the need for public policy interventions that address both forms of malnutrition.
- **Food insecurity is widespread among Young Lives households, with the majority being moderately food insecure.** Food insecurity has increased over time, with the largest increase occurring during the pandemic.
- **Early-life inequalities affect young peoples' nutrition and food insecurity.** Participants from poorer households, those with lower maternal education and those from historically disadvantaged castes exhibit higher levels of underweight and food insecurity. Participants from wealthier households or with higher maternal education have a higher prevalence of overweight or obesity. These findings underscore the profound impact of early-life socio-economic inequalities on individuals' later life outcomes.
- **Subjective well-being has generally improved since the Younger Cohort were 12 years old. Despite a notable decline during the pandemic,** subjective well-being has recovered post-pandemic, surpassing pre-pandemic levels.
- **Six out of ten participants exhibit symptoms compatible with at least moderate stress, while one out of ten has symptoms of at least mild anxiety (11% of women and 7% of men).** Levels of stress are higher among participants originally from Telangana compared to those from Andhra Pradesh. Levels of anxiety remains similar overall to that seen during the pandemic (9%) but it has increased for young women from 7% to 11% whilst for men it has reduced from 9% to 7%.

The policy context of nutrition and mental health in India

India is one of the fastest-growing economies worldwide, with annual GDP growth of 7.6% in 2023 (World Bank 2024). While the number of people living in multidimensional poverty fell between 2015–16 and 2019–21, the proportion who were nutritionally deprived remained high at 38% in 2019–21 (NITI Aayog 2023).² Severe food insecurity has increased by 22% in the last decade and baseline projections estimate that levels will remain fixed until 2028 (World Bank 2023). In response, the government introduced the National Food Security Act of 2013 (Government of India 2013) and the National Nutrition Strategy 2017–22 (NITI Aayog 2017), along with institutional strategies such as “POSHAN Abhiyaan” in 2018. This is a multisector strategy involving monitoring, training, and the delivery of high-impact interventions and behavioural changes

to improve the nutrition of pregnant women, lactating mothers and children (NITI Aayog 2018). In addition, during the pandemic, the government launched the Pradhan Mantri Garib Kalyan Anna Yojana (PMGKAY) programme to ameliorate malnutrition aggravated by the COVID-19 outbreak. In 2024, the programme was extended for a further five years (Government of India 2024).

India also faces the challenge of a double burden of malnutrition, in which there are simultaneously persistent levels of underweight alongside rising levels of overweight and obese individuals (Dutta et al. 2019). In addition, there are high mortality rates due to non-communicable illnesses, such as diabetes and cardiovascular disease (Public Health Foundation of India, Indian Council of Medical Research and Institute for Health Metrics and Evaluation 2017). Cardiovascular diseases are the second-highest cause of disability-adjusted life years (DALYs) (5,525 per 100,000 inhabitants in 2021), higher than global estimations (5,501 per 100,000 inhabitants).³

2 Following the multidimensional poverty index (NITI Aayog 2023), a household is deemed to be deprived in nutrition if any child up to 59 months old, or woman between 15 and 49 years old, or man between 15 and 54 years old, is undernourished.

3 A DALY is a measure of the overall burden of disease. One DALY represents the loss of one year of full health. It includes the years lost due to premature mortality and due to disability.

DALYs due to mental disorders in India were 1,974 per 100,000 inhabitants in 2021, higher than the estimate for lower middle-income countries (1,864). The largest increase occurred during the pandemic, with DALYs due to mental health disorders increasing by 11% (WHO 2024a). The Mental Health Care Act recognises the statutory right to access to mental healthcare and provides a basis to reform policy accordingly (Pathare and Kapoor 2020). However, its implementation has been limited to date (Vashist et al. 2023).

Methods

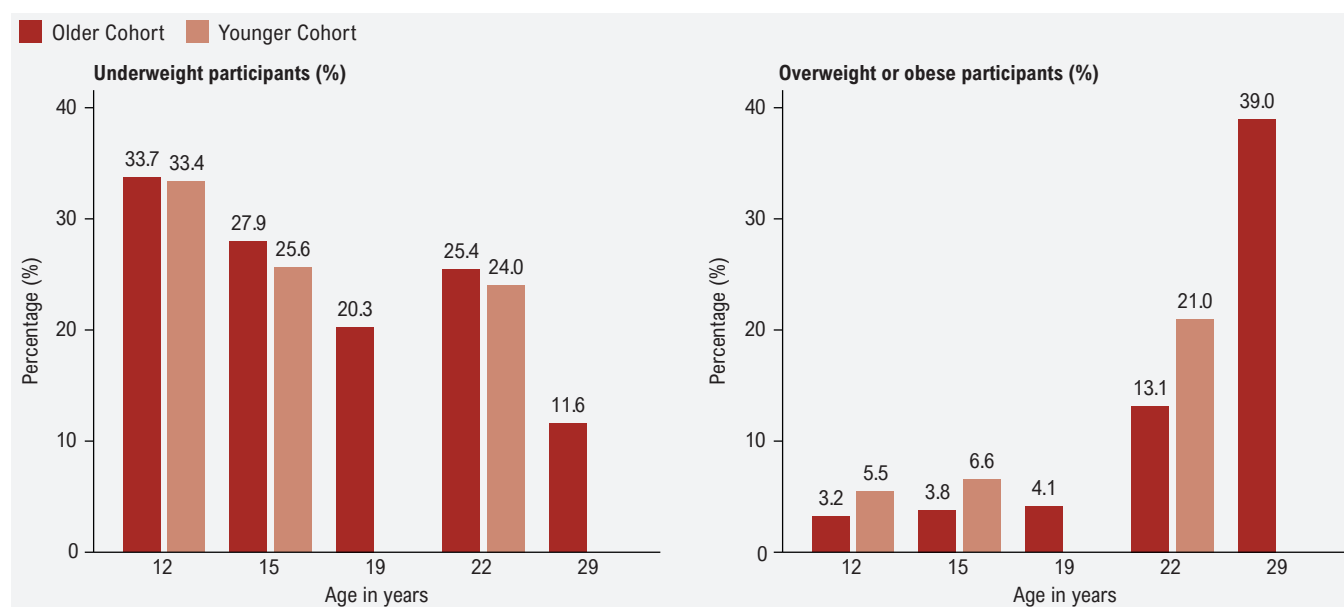
This factsheet uses preliminary data from the Young Lives Round 7 survey, which in India was collected between August 2023 and January 2024. A total of 2,673 interviews were completed (1,826 with the Younger Cohort and 847 with the Older Cohort), which represents 88.5% of the original sample in Round 1 (Younger Cohort: 90.8%; Older Cohort: 84%) (Molina et al. 2025). Participants from previous rounds who were not interviewed in Round 7 were excluded from the analysis. Young Lives participants are classified by gender, area of residence (urban or rural) at the time of data collection, household wealth (top, middle or bottom wealth tercile in 2002) (Briones 2017), mother's level of education and caste. The data are analysed according to the caste categories Scheduled Castes, Scheduled Tribes, Backward Classes, and Other Castes (OC). Historically, Scheduled Castes and Scheduled Tribes are the most disadvantaged castes, followed by Backward Classes.

The Younger Cohort shows evidence of a double burden of malnutrition, as a high prevalence of underweight (24%) coexists with a high prevalence of overweight or obese participants (21%) (Figure 1). While the number of underweight participants is similar for both cohorts, and declined from ages 12 to 22, the prevalence of overweight or obese participants has increased significantly across cohorts. At 22 years old, 21% of the Younger Cohort were overweight or obese, compared to 13% of the Older Cohort at the same age in 2016. This trend, and the fact that 20% of the Older Cohort also have high cardiovascular risk by age 29, suggests that without policy change, excess weight and its consequences will become even more problematic for the Younger Cohort as they age.

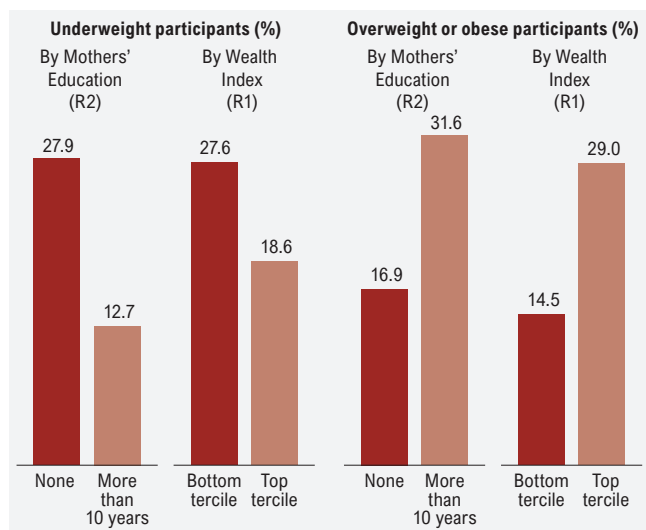
In Round 7, the prevalence of malnutrition is associated with early-life socio-economic conditions amongst the Younger Cohort. Participants whose mothers have more than ten years of formal education and those who come from wealthier households have a lower probability of being underweight and a higher probability of being overweight or obese than their counterparts (Figure 2). There is also evidence of caste-based inequality with a higher prevalence of participants from Scheduled Castes and Scheduled Tribes being underweight (35% and 28%, respectively) compared to those who belong to Other Castes (16%) (Annex 1). The trend is reversed for prevalence of overweight or obese participants, with 18% of Scheduled Castes, 14% of Scheduled Tribes, and 30% of Other Castes. Finally, there is a higher prevalence of underweight participants and a lower prevalence of overweight or obese participants in rural areas.

Nutrition outcomes

Figure 1. Indicators of malnutrition by cohort and age (%)



Notes: The definitions of underweight, overweight and obesity vary by age. We followed the World Health Organization (WHO) Child Growth Standards to classify children who are 5–19 years old (WHO 2024b). For adults over 19 years old we used absolute thresholds, also defined by WHO (WHO 2024c). Regarding underweight, for children who are 5–19 years old we calculated the prevalence of thinness, defined as children whose BMI-for-age z-score is two standard deviations below the median for a healthy reference child of the same age and gender; for adults aged over 19 years old, we calculated the percentage of underweight children, defined as having a BMI lower than 18.5kg/m². Overweight, for children who are 5–19 years old, is defined as those whose BMI-for-age z-score is more than one standard deviation above the median for a healthy reference child of the same age and gender; for adults over 20 years old, it is defined by having a BMI higher than 25kg/m². Obesity, for children who are 5–19 years old, is defined as those who are more than two standard deviations above the median BMI for a healthy child of the same age and sex; for adults aged over 20 years old, it is defined by having a BMI greater than 30kg/m².

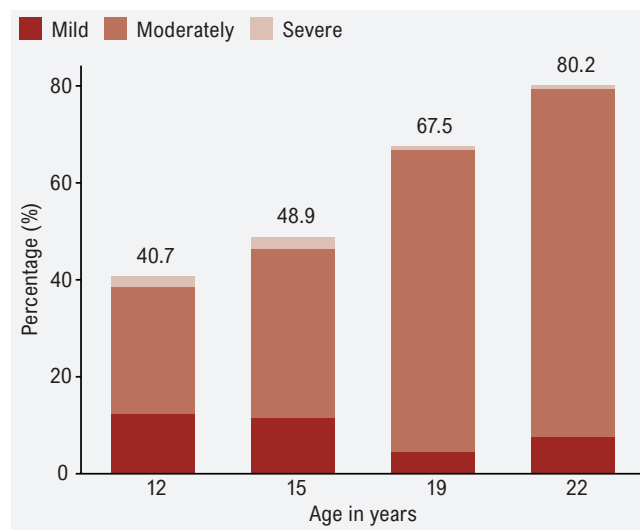
Figure 2. Nutritional indicators of the Younger Cohort at age 22 by sociodemographic factors (%)

Notes: The definitions of underweight, overweight and obesity vary by age. We followed the WHO Child Growth Standards to classify children who are 5–19 years old (WHO 2024b). For adults over 19 years old we used absolute thresholds, also defined by WHO (WHO 2024c). See Figure 1 for further details.

Food security

Most of the Young Lives households are at least mildly food insecure (76% of the Older Cohort and 80% of the Younger Cohort in 2023), **with the majority being moderately food insecure** (68% of the Older Cohort and 72% of the Younger Cohort).⁴ Concerningly, the percentage of food-insecure households within the Younger Cohort doubled between 2013 and 2023, increasing from 41% when the Younger Cohort were 12 to 80% when they were 22 (Figure 3). The biggest increase occurred in 2021, when the Younger Cohort participants turned 19, coinciding both with the transition to adulthood and the COVID-19 pandemic, which had disproportionately affected vulnerable households' ability to access food (Kakaei et al. 2022).

For the Younger Cohort, food insecurity is more prevalent among the poorest households; 89% of participants from the poorest households were at least mildly food insecure by 2023, compared to 67% from wealthier households (Annex 1). Furthermore, 89% of participants whose mother had no formal education live in at least mildly food insecure households compared to 43% of those whose mother had more than ten years of education. Finally, of the Younger Cohort participants from historically disadvantaged castes, 88% of those from Scheduled Castes and 83% from Scheduled Tribes, were living in at least mildly food insecure households, with 72% for those from Other Castes.

Figure 3. Percentage of food-insecure households in the Younger Cohort by age

Subjective well-being

Throughout the Young Lives study, participants have been asked about their subjective well-being using a scale from one to nine, with nine being the best possible life. The average score for the Younger Cohort by age 22 is 5.4, an increase compared to the average score for the Older Cohort at the same age in 2016 (Figure 4). Both cohorts exhibit similar trends, with perceptions of subjective well-being increasing until the pandemic hit (at age 25 for the Older Cohort and 19 for the Younger Cohort), declining during the pandemic and showing signs of recovery thereafter. Significant differences can be seen in Annex 2, with those whose mother had a higher level of education and those born into wealthier households reporting a higher subjective well-being than their counterparts.

Figure 4. Subjective well-being – average score by cohort and age

⁴ Food security is defined as physical and economic access to enough food to meet the dietary needs for a productive and healthy life (USAID 1992). At the household level, it was assessed using a modified version of the Household Food Insecurity Access Scale (HFIAS) (Coates et al. 2007). Key changes included using a 12-month recall period instead of the standard 1-month and selecting six items from the original nine-item scale, with corresponding methodological adjustments.

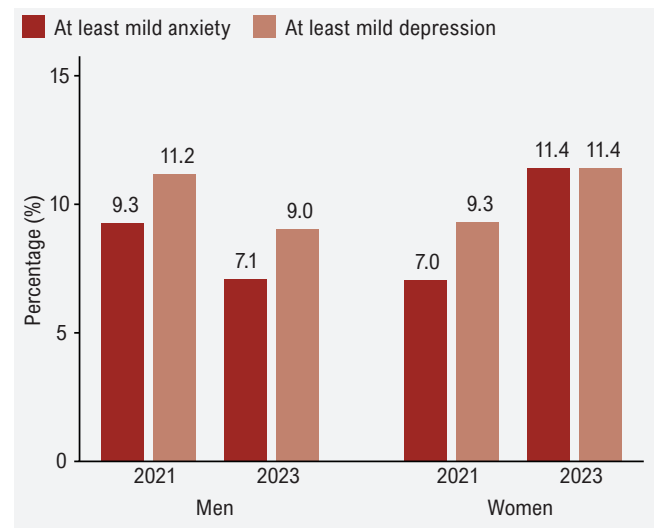
Mental health

While fewer than 15% of participants exhibit symptoms of anxiety or depression, six out of ten report symptoms of at least moderate stress. In 2023, 9% of the Younger Cohort and 14% of the Older Cohort showed symptoms associated with at least mild anxiety, while 10% and 11%, respectively, showed symptoms indicating at least mild depression. In contrast, many participants reported symptoms associated with at least moderate stress (59% for both cohorts).

There are substantial differences in mental health indicators according to region and caste. There is a higher prevalence of symptoms associated with stress, anxiety and depression among participants who are originally from Telangana or who belong to historically disadvantaged groups. In addition, participants from poorer households have a higher prevalence of (at least) mild depression (Annex 2).

In Round 7, young women reported higher levels of anxiety than during the COVID-19 pandemic. Using data from Round 6 to compare indicators of mental health during and after the pandemic we found that in 2023, a larger percentage of Younger Cohort women exhibited symptoms of at least mild anxiety compared to 2021 (the fifth call of Round 6) (Figure 5), while for men there is a decrease in this percentage (a similar pattern is observed for depression, although in this case the difference is not significant). Possible explanations might be related to the longer-term impact of the pandemic, as well as differences in men's and women's time use. The companion factsheet on work and family lives for India documents changes in time use over time.

Figure 5. Anxiety and depression in the Younger Cohort by gender (%)



Conclusions and looking forward

The double burden of malnutrition and high levels of food insecurity among Young Lives participants suggests that improving nutrition and achieving SDG 2.1⁵ in India remains a significant challenge. The COVID-19 pandemic led to a considerable setback in improvements in health and well-being, although some recovery has since been observed. A gender-based approach is crucial for tackling women's worsening mental health since the pandemic and achieving SDG 3.4.⁶ Participants whose mother had a lower level of education or who are from poorer households have worse nutrition, food security and subjective well-being. In addition to these challenges, participants from historically disadvantaged castes also exhibit higher levels of symptoms associated with stress, anxiety and depression. Taken together, these findings highlight the importance of public policies to address inequalities that originate in childhood and continue into adulthood.

5 SDG Target 2.1 aims, by 2030, to end hunger and ensure access by all people, in particular poor people and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round.

6 SDG Target 3.4 relates to noncommunicable diseases and mental health: it aims, by 2030, to reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.

Annex 1. Nutrition and food security indicators

	Underweight (%)			Overweight and obesity (%)			High cardiovascular risk (%)		Food-insecure households (%)	
	OC (age 22)	OC (age 29)	YC (age 22)	OC (age 22)	OC (age 29)	YC (age 22)	OC (age 29)	YC (age 22)	OC (age 29)	YC (age 22)
Average of full sample	25.45	11.57	24.05	13.14	38.98	20.97	20.10	8.77	76.39	80.18
Gender										
Men	20.25	7.16	20.06	13.58	42.72	22.71	10.51	3.87	77.51	83.98
Women	30.32	15.87	29.11	12.73	35.34	18.76	29.38	15.01	75.34	75.74
Difference (t-test)	10.08***	8.70***	9.05***	-0.85	-7.38	-3.95	18.87***	11.14***	-2.16	-8.24***
Area of residence (Round 1)										
Urban	16.06	7.69	16.99	21.29	50.00	29.34	24.91	13.51	67.90	69.46
Rural	29.41	13.37	27.00	9.86	33.87	17.46	17.84	6.79	80.38	84.66
Difference (t-test)	13.35***	5.68	10.01***	-11.42***	-16.13***	-11.88***	-7.06	-6.73***	12.49***	15.20***
Current area of residence										
Urban	19.55	7.69	16.99	19.55	50.00	29.34	24.91	13.51	67.90	69.46
Rural	28.20	13.37	27.00	10.16	33.87	17.46	17.84	6.79	80.38	84.66
Difference (t-test)	8.65**	5.68	10.01***	-9.39***	-16.13***	-11.88***	-7.06	-6.73***	12.49***	15.20***
Wealth index (Round 1)										
Bottom tercile	28.53	15.91	27.55	11.22	35.06	14.46	13.27	5.95	86.90	88.98
Middle tercile	28.67	10.99	25.84	8.24	32.60	19.97	18.84	7.72	79.08	83.68
Top tercile	17.89	6.67	18.55	21.14	51.25	28.98	30.08	12.87	60.32	67.07
Difference (bottom vs top tercile) (t-test)	-10.64**	-9.24***	-9.00***	9.92**	16.19***	14.52***	16.81***	6.92***	-26.58***	-21.91***
Caste (Round 1)										
Scheduled Castes	26.46	12.83	35.31	8.99	37.97	18.13	16.93	7.81	89.53	88.02
Scheduled Tribes	26.73	18.56	27.72	6.93	28.87	13.86	11.34	4.49	76.24	82.96
Backward Classes	27.51	12.16	22.10	13.76	38.38	20.25	20.00	8.51	76.24	79.62
Other Castes	18.93	4.79	15.64	20.12	47.31	30.45	28.82	13.41	62.21	72.28
Region after bifurcation in 2014 (Round 1)										
Andhra Pradesh	22.51	10.17	21.4	14.82	41.07	22.14	22.73	9.22	71.67	75.80
Telangana	30.59	14.00	29.0	10.20	35.33	18.80	15.51	7.94	84.69	88.26
Difference (t-test)	8.08**	3.83	7.66***	-4.62	-5.74	-3.34	-7.22	-1.28	13.02***	12.46***
Maternal education										
None	28.08	13.06	27.92	9.09	34.49	16.91	15.82	7.01	84.94	88.73
1 to 5 years	27.22	9.88	20.90	15.38	39.51	22.69	18.07	7.14	75.14	80.45
6 to 10 years	13.64	6.92	19.29	25.00	52.31	26.59	35.61	13.41	52.24	68.34
More than 10 years	5.00	0.00	12.66	25.00	68.42	31.65	26.32	11.39	20.00	42.50
Difference (none vs more than 10 years) (t-test)	-23.08	-13.06	-15.26**	15.91	33.93**	14.74**	10.49	4.38	-64.94***	-46.23***
Number of participants	837	821	1755	837	821	1755	831	1756	847	1821

Notes: Differences are significant at ***1%, **5% and *10%. Differences are percentage points. Information on maternal education was taken from 2006 (Round 2). Area of residence refers to the household location in 2002 (Round 1) as well as 2023 (Round 7) or 2016 (Round 5), depending on the round in which the outcome variable was collected. Region uses information from 2002 (Round 1). Household wealth terciles were calculated separately for each cohort using the household wealth index of 2002 (Round 1). Caste uses information from 2002 (Round 1). The indicators of underweight, overweight and obesity, and high cardiovascular disease risk exclude pregnant women.

Annex 2. Subjective well-being and mental health indicators in the Younger Cohort and Older Cohort

	Subjective well-being Score (0-10)		At least moderate stress (PSS-10) (%)		At least mild anxiety (GAD-7) (%)		At least mild depression (PHQ-8) (%)	
	OC (age 29)	YC (age 22)	OC (age 29)	YC (age 22)	OC (age 29)	YC (age 22)	OC (age 29)	YC (age 22)
Average of full sample	5.44	5.45	58.91	59.01	14.40	9.09	10.74	10.14
Gender								
Men	5.33	5.25	56.72	61.29	8.07	7.08	6.36	9.03
Women	5.54	5.68	60.96	56.36	20.32	11.41	14.84	11.41
Difference (t-test)	0.22	0.43***	4.24	-4.93	12.25***	4.33**	8.48***	2.38
Area of residence (Round 1)								
Urban	6.01	5.93	62.71	62.62	12.43	7.77	7.91	8.01
Rural	5.29	5.31	57.91	57.95	14.93	9.48	11.49	10.76
Difference (t-test)	-0.72***	-0.62***	-4.80	-4.67	2.50	1.71	3.58	2.75
Current area of residence								
Urban	5.72	5.74	56.83	61.50	12.55	7.10	9.59	7.48
Rural	5.30	5.33	59.90	57.97	15.28	9.92	11.28	11.25
Difference (t-test)	-0.42***	-0.41***	3.07	-3.53	2.73	2.82	1.69	3.77
Wealth index (Round 1)								
Bottom tercile	4.98	5.06	61.02	63.30	18.85	10.93	15.65	12.72
Middle tercile	5.40	5.33	58.16	55.57	12.06	9.05	7.45	10.18
Top tercile	6.05	5.98	57.14	57.96	11.51	7.27	8.33	7.44
Difference (bottom vs top tercile) (t-test)	1.07***	0.92***	-3.88	-5.34	-7.34	-3.66	-7.32**	-5.28**
Caste								
Scheduled Castes	5.01	5.09	68.59	63.55	16.23	11.75	13.61	12.65
Scheduled Tribes	5.47	5.33	63.37	68.40	13.86	13.01	15.84	17.10
Backward Classes	5.40	5.38	58.49	56.67	15.93	8.97	9.66	9.68
Other Castes	5.99	6.00	46.51	53.41	9.30	4.09	6.98	3.81
Region after bifurcation in 2014 (Round 1)								
New Andhra Pradesh	5.68	5.60	51.85	54.13	10.93	5.96	7.04	7.74
Telangana	5.01	5.16	71.34	67.97	20.52	14.84	17.26	14.53
Difference (t-test)	-0.67***	-0.45***	19.48***	13.84***	9.60***	8.89***	10.23***	6.79***
Maternal education								
None	5.20	5.14	61.24	60.32	15.46	10.54	11.85	11.83
1 to 5 years	5.41	5.41	58.96	59.26	15.61	8.55	11.56	9.69
6 to 10 years	6.16	5.91	53.73	57.44	11.19	6.41	6.72	7.32
More than 10 years	7.35	6.66	30.00	47.50	5.00	8.75	5.00	7.50
Difference (none vs more than 10 years) (t-test)	2.15***	1.52***	-31.24**	-12.82	-10.46	-1.79	-6.85	-4.33
Number of participants	847	1819	847	1815	847	1815	847	1815

Notes: Differences are significant at ***1%, **5% and *10%. Differences are percentage points. Information on maternal education was taken from 2006 (Round 2). Area of residence refers to the household location in 2002 (Round 1) as well as 2023 (Round 7). Region uses information from 2002 (Round 1). Household wealth terciles were calculated separately for each cohort using the household wealth index of 2002 (Round 1). Caste uses information from 2002 (Round 1).

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Young Lives is a longitudinal study of poverty and inequality, following the lives of 12,000 children into adulthood in four countries (Ethiopia, India, Peru and Vietnam).



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