Ultra-processed food: from first tastes to lifelong habits

Ultra-processed foods (UPFs) are everywhere. Our supermarket aisles, billboards, and offline and online media are filled with brightly coloured packages of sweet and savoury snacks, baked goods, ready meals, and sugar-sweetened beverages. Given their ubiquity and cheap price, it's unsurprising that the share of UPFs in diets has increased worldwide in the past few decades. According to UNICEF's 2025 Child Nutrition Report, 60% of adolescents globally and more than 50% of children aged 6–23 months in 13 of 20 low-income and middle-income countries surveyed consumed a sweet beverage or food in the previous day. In some high-income countries, UPFs now account for at least half of total energy intake among adolescents. As a new *Lancet* Series highlights, diets high in UPFs are linked to overeating, poor nutritional quality, and exposure to harmful chemicals and additives.

Under the Nova classification, UPFs are branded, commercial formulations made from cheap ingredients (eg, refined fats and sugars, protein isolates) and combined with food additives (eg, dyes, artificial sweeteners, emulsifiers) to make the final product look, feel, sound, smell, and taste good. They are designed and marketed to displace fresh and minimally processed foods and traditional meals, maximising corporate profits over health and nutrition. Although more research in children is needed, UPF consumption has been associated with cardiometabolic risk markers such as increased bodyweight, fat mass, waist circumference, and blood lipid abnormalities. The hyper-palatability and soft texture of UPFs create products that shape children's appetitive traits and preference for these foods for life. In adults, high exposure to UPFs is known to increase risks of overweight or obesity, chronic conditions such as type 2 diabetes and hypertension, and all-cause mortality.

Navigating the current food environment—dominated by the economic power and political influence of transnational corporations—is an uphill battle for individual consumers. Governments must set ambitious and comprehensive policies to restrict the marketing, availability, and affordability of UPFs, and a coordinated global response is needed to confront such corporate influence. Child-focused policies should ban UPF marketing to all children younger than 19 years, including on digital spaces, and restrict UPFs in school meals and environments. Expanding front-of-package warning labels on unhealthy foods and stricter regulations on nutrient and health claims are needed to help young people and parents make informed choices. A key gap in regulations is baby and toddler foods and beverages, many of which are ultra-processed and have high sugar content (often in the form of fruit juices or purees but marketed as natural and healthy). Importantly, there must be complementary policies to support the production, availability, and affordability of fresh and minimally processed foods, including in ready-to-consume or ready-to-heat forms, to provide healthy alternatives that are compatible with busy lifestyles.

Child health professionals have a key role in helping families navigate dietary choices in a balanced and non-judgmental way. They can educate parents about the health impact of UPFs and the tactics of food companies—that children's preference for UPFs is not a parenting failure but by design these foods are engineered to be hyper-palatable. They can also provide easy-to-follow advice on identifying UPFs versus healthier options and preparing simple, nutritious meals at home. Weaning is a sensitive window where paediatricians can challenge beliefs that young children need to be given baby or toddler food, review the home food environment, and encourage parents to provide age-appropriate whole foods, which are cheaper and more nutritious. While recognising that convenience food is often unavoidable in busy households, paediatricians can help parents set small, achievable goals (eg, not buying sugar-sweetened beverages for a week) and empower parents to set boundaries—for example, not having UPFs at home or visiting a fast food restaurant (covert restriction) is often easier than saying no to children in front of their favourite snacks (overt restriction).

2025 marks the turning point where the prevalence of obesity among 5–19 year olds surpassed underweight (9·4% *vs* 9·2%) for the first time globally. The wide availability, affordability, and aggressive marketing of UPFs to children is putting a whole generation's health at risk. Governments must tackle the UPF industry head on with decisive and meaningful action. We cannot allow commercial interests and profits to dominate children's diets—from first tastes to lifelong habits—at the expense of their health and wellbeing. ■ *The Lancet Child & Adolescent Health*

Oscar Wong/GettyImages

Lancet Child Adolesc Health 2026

Published **Online** November 18, 2025 https://doi.org/10.1016/S2352-4642(25)00345-1

For the **UNICEF 2025 Child Nutrition Report** see https://data.unicef.org/resources/feeding-profit-2025-child-nutrition-report/

For the ***Lancet* Series on ultra-processed food** see www.thelancet.com/series-do/ultra-processed-food

For more on **sugar in baby and toddler food** see *Matern Child Nutr* 2021; **17:** e13020

For **eating well resources** see https://www.firststepsnutrition.org/eating-well-resources