Why diabetes is affecting more youth

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When we think of diabetes, we often picture older adults managing pills, insulin, and clinic visits. That image is rapidly becoming outdated. Across the globe and in India in particular, diabetes is moving down the age scale. Type 2 diabetes, once rare in children and adolescents, is rising fast; simultaneous increases in overweight, obesity, and unhealthy dietary patterns among young people are driving a public-health alarm that cannot be wished away.

Diabetes (Pexels)

The numbers that set this context are sobering. Internationally, public health monitoring suggests a steep upward trend in youth-onset diabetes: data points to a big rise in type 2 diabetes among children and adolescents if current trends continue. In the United States, projections indicate a sharp rise in type 2 diabetes among youth if current incidence trends continue. In India, recent analyses show that overweight and obesity among adolescents vary widely but can be substantial. A 2023 scoping review covering 93 studies among Indian adolescents aged 10 to 19 years reported overweight prevalence ranging from 1.25–35.8% and obesity from 0.3–24.6%, with urban and higher-income adolescents most affected. The review identified poor diet, low physical activity, increased screen time, and insufficient sleep as key contributors. Research conducted by the Public Health Foundation of India (PHFI) has highlighted the aggressive marketing of foods high in fat, salt, and sugar (HFSS) on television channels targeting children and youth as a

major contributor to the rising burden of overweight, obesity, and diabetes in India. Worryingly, nearly one in every 100 older adolescents already has diabetes, with many cases remaining undiagnosed or untreated.

So what is driving this shift? First, diets for many adolescents have become more “energy-dense, nutrient-poor”: An explosion of packaged, ultra-processed foods, sugar-sweetened beverages, and aggressive marketing targeted at young people have normalised frequent snacking and large portion sizes. Second, urbanisation, reduced opportunities for active play, and rising screen time amplify sedentary behaviour. Third, mental-health conditions driven by academic stress, social media, and anxiety, impact eating patterns and metabolic regulation. All three streams converge to raise obesity and insulin resistance, the main risk pathways for earlier diabetes onset.

This is where the Let’s Fix Our Food (LFOF) Initiative’s approach matters. Food environments, what young people see, have access to, and can afford to eat at school, on the way to class, and on their phones, are the most powerful, modifiable determinants of their future metabolic health. This national initiative jointly led by PHFI, ICMR-NIN and UNICEF aims to co-create interventions that change the default options in adolescents’ everyday lives, school canteen regulations, healthier canteen menus, restricting HFSS (high fat, salt, sugar) marketing to children, clear front-of-pack labelling, and youth nutrition literacy work at scale because they reduce exposure and nudge better choices without relying solely on individual willpower. Evidence and policy momentum are aligning: India’s national and technical discussions on front-of-pack nutrition labelling (FOPNL) and tighter marketing rules reflect recognition that structural measures are needed to protect young people.

Practical wins look simple on paper but require coordinated action. Schools should become health-first zones: removing sugar-sweetened beverages and limiting sales of HFSS snacks within its premises, promoting fruits and cooked meals, integrating nutrition literacy into the curriculum, and enabling physical activity. At community level, local governments can make healthier street foods available and restrict flashy advertising near schools. At national level, mandatory, interpretive FOPNL (clear warnings for high sugar/fat/salt) and tighter limits on social-media marketing aimed at adolescents need to be strengthened. Empowered youth must themselves lead: Peer education, youth councils to design canteen menus, and participatory monitoring of advertising can turn adolescents from passive targets into active agents of change.

There are powerful co-benefits to fixing the food environments of adolescents. Better school food improves academic performance, emotional well-being and equality; restricting HFSS marketing reduces commercial exploitation of children; and youth engagement builds lifelong skills to lead actions. For a country with India’s demographic dividend, protecting adolescent metabolic health is both a moral and economic imperative. International experience warns us that ignoring the trend will be costly: The global burden of diabetes already strains health budgets and livelihoods, and youth-onset diabetes accelerates complications over a lifetime.

There is also a need for health systems to be sensitised regarding this. Early screening for pre-diabetes and obesity in adolescent health checks, counselling that combines mental-health support with lifestyle advice, and pathways to affordable care (nutrition counselling, family interventions) are cost-effective investments now that will avert lifelong complications later. Additionally, research from paediatric diabetes services shows that early, integrated care for youth-onset diabetes improves long-term outcomes, another reason to prioritise prevention and early detection in parallel.

“Too sweet to ignore” must become a national mantra. Schools and communities should make the healthy choice the easy and affordable choice. And industries must be held accountable: Reformulation, responsible marketing, and transparent labelling are non-negotiable if they wish to do business with children in our society.

This year’s theme‘Diabetes Across Life Stages’ reminds us that prevention and care must be lifelong commitments, not one-time interventions. From childhood to old age, healthy food environments, active lifestyles, and mental well-being shape our risk and resilience. For adolescents, this means growing up in settings that nurture healthy choices and empower them to take charge of their health. Through health promoting policies, schools, communities, and youth engagement, we can ensure that every generation lives longer, healthier, and diabetes-resilient lives. That is a future, to put it quite simply, too sweet to ignore… The time to act is now.

This article is authored by Monika Arora, vice-president (Research and Health Promotion), PHFI, and Dr V Mohan, Chairman, Madras Diabetes Research Foundation & Dr Mohan’s Diabetes Specialities Centre.