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Introductory Editorial

Nutrition in context: Evidence, equity, and accountability in Public Health Nutrition

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Highlights/Key Messages

- Nutrition outcomes are shaped by food systems, policies and social factors.
- Community-led education can improve complementary feeding practices.
- Food marketing and food environments influence children's dietary choices.
- Vulnerable groups need context-specific and equitable nutrition solutions.
- Stronger accountability is needed to turn nutrition evidence into action.

Public health nutrition is shaped by the environments in which people obtain food, make dietary choices, experience nutritional vulnerability, and respond to changing health and social conditions. This third issue of Volume 17 of World Nutrition brings together 21 contributions spanning original research, reviews, commentaries, opinion, and policy perspectives, reflecting the breadth and interconnectedness of contemporary nutrition challenges. Collectively, these contributions emphasise the importance of context, equity, accountability, and evidence-informed action in improving nutrition and health outcomes.

A prominent theme is the food environment and the accountability of institutions that influence dietary choices. Sezaki et al., in *Access to Nutrition Initiative Global Index and Spotlight Index comparisons: Promoting nation-led frameworks for nutrition accountability*, examine the evolution of corporate nutrition accountability frameworks and the growing role of country-specific approaches. Complementing this work, du Plessis et al., in *Food and non-alcoholic beverage marketing and sponsorship at secondary schools in the City of Cape Town, South Africa*, document extensive food and beverage marketing within schools. Riofrio Jacinto et al., in *Food access, purchasing habits, and dietary diversity of peri-urban households in Hanoi, Vietnam*, further demonstrate how purchasing behaviour, affordability, proximity, and food assortment can shape dietary diversity. Together, these studies illustrate why nutrition policy must consider not only individual choices but also the environments in which those choices are made.

The issue gives considerable attention to nutrition across the life course. Ali et al., in From *Breast to Bowl: A quasi-experimental, mixed-methods evaluation of peer learning to improve complementary feeding in rural northeastern Ghana*, demonstrate the potential of peer learning to strengthen complementary feeding practices. Kamda et al., in *Factors associated with diet adequacy among women attending antenatal care in the conflict-affected Kumba Municipalities, Cameroon*, examine the nutritional vulnerabilities women experience in conflict-affected settings. Funduluka et al., in *Unveiling dietary patterns among children aged 6–23 months: A framework analysis for perspectives in Chinyunyu Community, Rufunsa District, Zambia*, identify poverty, household decision-making, workload, and food availability as important influences on infant and young child feeding. Pencil et al., in *Anaemia among in-school adolescents from Harare, Zimbabwe: Prevalence and key drivers*, highlight the burden of anaemia among adolescents and the relevance of household education, nutrition knowledge, and dietary practices. Onyeanwu, in *Food insecurity among older adults in the United States: A systematic review through the gerontological public health framework*, extends attention to older adults, highlighting the interconnected economic, social, environmental, and healthcare determinants of food insecurity and its consequences.

Keywords: **Public health nutrition; food environments; nutrition policy; dietary diversity; food insecurity; nutrition equity**

These contributions reinforce a central principle of public health nutrition: knowledge alone does not determine nutritional outcomes. Food access, economic circumstances, household relationships, social norms, and the broader institutional environment can either enable or constrain healthy practices.

The issue also examines malnutrition and nutrition-related health conditions from several complementary perspectives. **Elema et al.,** in *Hospital-acquired infections (HAIs) and delayed recovery in severely malnourished children during stabilisation: Evidence from retrospective cohort analysis in Ethiopia*, demonstrate the link between hospital-acquired infections and delayed recovery among severely malnourished children, highlighting the importance of infection prevention and WASH measures in nutritional rehabilitation in health facilities. **Ogunniyi et al.,** in *Triple burden malnutrition in Africa: A narrative review of trends and challenges*, situate undernutrition, micronutrient deficiencies, and overnutrition within wider socioeconomic, demographic, and food-system transitions.

Several contributions examine nutrition education, dietary behaviour, and how nutritional evidence is interpreted. **Adebimpe et al.,** in *Effect of a structured nutrition education programme on fruit and vegetable consumption among college students in Southwest Nigeria: A quasi-experimental study*, report modest short-term improvements following a nutrition education intervention while acknowledging important methodological limitations. **Adebayo-Oke et al.,** in *Knowledge and use of food labels among outpatients with nutrition-related non-communicable diseases in selected public and private hospitals in Ibadan Metropolis, Nigeria*, identify substantial gaps in food-label knowledge and use among patients with nutrition-related conditions. **Süzen and Duran,** in *Acute effects of apple cider vinegar on postprandial glycemia following a high-carbohydrate meal in healthy adults: A randomised placebo-controlled trial*, provide a useful reminder of the importance of distinguishing isolated physiological effects from broader claims about dietary interventions.

This issue of the journal further demonstrates how new analytical approaches can complement established nutrition research methods. **Thuo,** in *Predicting early childhood stunting and associated factors in Kenya using machine learning*, explores machine-learning techniques to predict early childhood stunting among children aged 0-23 months and identify associated factors, showing that simpler models, when combined with domain-informed feature engineering, can perform comparably to advanced algorithms. This work is particularly relevant as nutrition research increasingly uses complex datasets to support prevention, targeting, and policy decision-making.

The commentaries broaden the discussion beyond measurement and intervention to encompass ethics, communication, agency, and emerging public health questions. **Pereira et al.,** in *Sleep, tryptophan metabolism, and breast cancer: Implications for public health nutrition*, examine the relationship between sleep, tryptophan metabolism, and breast cancer while emphasising the need for further clinical and translational evidence. **Murakwani et al.,** in *Pregnant adolescents and nutrition literacy: Why their voices and realities must shape solutions*, argue for approaches that recognise adolescent agency alongside the social and household constraints affecting nutrition. **Cherukuri,** in *The ethics of food-as-medicine in chronic disease prevention: Evidence, equity, and public health communication*, warns that nutrition communication on this topic needs to be evidence-calibrated, culturally responsive, equitable, and appropriately integrated with standard medical care. **Pineño,** in *School food culture may promote an "unhealthy = fun" intuition*, proposes a potentially important pathway through which school food culture may influence children's perceptions and emotional associations with food.

The policy-oriented contributions focus on programme implementation and public accountability. **Sankar,** in *India's rice fortification programme: Operational lessons from a strategic pause*, examines the operational circumstances surrounding the need to suspend India's rice fortification programme, the world's largest food fortification effort, and identifies areas for recalibration. **Mialon and Naik,** in *Are we protecting children enough? Recent instrumentalization of public health by the Make America Healthy Again (MAHA) movement*, examine contemporary debates concerning children, food, public health science, and political discourse in the USA. Finally, the **World Public Health Nutrition Association**, in *Acknowledgement of UN Nutrition Rome Week takeaway messages, but can we not go further?* calls attention to the continuing need to translate widely recognised nutrition priorities into practical implementation, clearly identified responsibilities, and accountability.

Taken together, the 21 contributions in this issue illustrate the breadth and interconnectedness of contemporary public health nutrition. They span food environments, nutrition throughout the life course, food insecurity, malnutrition, non-communicable diseases, nutrition education, analytical innovation, ethics, programme implementation, and public policy. Their collective message is clear: systems, environments, institutions, and social conditions shape nutrition outcomes as much as individual knowledge or behaviour.

We are pleased to present this issue to our readers and hope that its diverse contributions will stimulate further research, critical discussion, and practical action towards more equitable and effective nutrition systems.

Author Contributions

TG conceptualised the editorial. SIRO prepared the original draft. Both TG and SIRO contributed to the review and editing of the manuscript. TG provided supervision. Both authors approved the final version for publication.

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