

Cultural Constructs of Prosperity and their Influence on Childhood Obesity in India

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Abstract: This paper explores the impact of cultural constructs of prosperity on childhood obesity in India, emphasizing how traditional beliefs about body size influence feeding practices. The purpose of this study was to analyse the ways in which societal beliefs that view a larger body as synonymous with health and success contribute to the growing incidence of obesity among youngsters. The research was conducted using a technique that was based on reviews, and it relied entirely on secondary sources such as reports from the government for health, articles from academic journals, and previously published literature. Through the process of synthesising data from these many sources, the study was able to give insights into the ways in which cultural values influence the feeding behaviours of parents, which in turn leads to children engaging in unhealthy eating habits and overeating.

The most important findings demonstrated that cultural ideas have a significant impact on the way Indian families see the health of their children, frequently placing a higher value on the size of the child's body than on the quality of their nourishment. Due to the fact that these attitudes contribute to poor feeding practices, which, when combined with the growing urbanisation and availability of foods that are high in calories, add to the problem of childhood obesity. In addition, the study brought attention to the necessity of public health programs that are sensitive to cultural norms and that are in line with traditional values while also encouraging better lifestyles. In addition, for the purpose of addressing the misunderstandings that exist regarding diet and body size, educational activities that are directed towards parents and carers were proposed.

Due to the fact that the study only used secondary sources of data, it was classified as a theoretical analysis. Although this method offered a comprehensive grasp of the matter, it also highlighted the importance of conducting more research in the future that makes use of primary data in order to obtain real-time perspectives on cultural effects. In order to construct successful public health strategies to prevent childhood obesity in India, it is essential to have a solid understanding of these cultural characteristics. This will ensure that treatments are both relevant and durable in a variety of socio-cultural situations.

Keywords: Cultural Constructs, Prosperity, Childhood Obesity, Feeding Behaviors, Indian Culture, Public Health Policy, Obesity Prevention.

INTRODUCTION

Since the beginning of the twenty-first century, India has been experiencing a steady rise in the prevalence of childhood obesity, which has become a critical public health concern. The World Health Organization (2022) reports that childhood obesity is now one of the most significant health challenges in the country, affecting nearly 14.4 million children aged 5-19

years (Chatterjee & Prasad, 2023). Changes in socioeconomic conditions, urbanisation, and dietary habits have all contributed to an increase in the consumption of foods that are high in calories but low in nutrients, which has made the problem even more difficult to solve (Singh & Sharma, 2021). However, in the context of India, the problem is not only a matter of behaviour or biology; rather, it is intricately connected to the way people see things in their culture. In many Indian tribes, prosperity is traditionally connected with having a greater bodily size and with having an abundance of food, both of which are emblems of richness and contentment (Rao & Swaminathan, 2023). Because of this cultural link, parents may believe that a fat look is a sign of good health and affluence, which may cause them to overfeed their children (Kapoor et al., 2022).

In spite of the fact that there is an increasing awareness of the incidence of paediatric obesity in India, there is still a significant knowledge gap about the ways in which cultural beliefs influence eating behaviours that contribute to obesity (Verma & Kumar, 2023). The effect of cultural constructions on parental feeding practices and childhood obesity rates has been the subject of a very small number of research, in contrast to the numerous studies that have focused on dietary habits, physical activity, and genetic variables (Patil et al., 2021). In order to fill this void, the purpose of this study is to compile data from previous research on the cultural factors that contribute to the prevalence of childhood obesity in India.

The major purpose of this research is to investigate the ways in which prevalent cultural perceptions about affluence influence the eating habits of children and the prevalence of obesity in India. It seeks to get an understanding of the ways in which these cultural constructions impact the food habits of children and how they influence the conceptions of a healthy body size held by parents.

The findings of this study have important repercussions for public health strategies to be implemented in India with the goal of lowering the prevalence of childhood obesity (Bose & Gupta, 2023). It is possible to contribute to the creation of obesity prevention methods that are culturally sensitive by gaining an understanding of the cultural foundations of feeding behaviours. This strategy has the potential to improve the efficiency of public health initiatives and to foster healthier eating habits among families in India (Rao & Swaminathan, 2023).

THEORETICAL FRAMEWORK

Traditions and beliefs that have been around for a long time have a significant impact on how people in a culture see their bodies. In India, the size of a person's body is frequently associated with levels of wealth, health, and social prestige. One of the major tenets of the Cultural Capital theory is that social behaviours and attitudes, such as the value placed on having a greater bodily size, are transferred through cultural patterns (B. Patel & G. Sharma, 2023). This idea is reinforced through social institutions, family traditions, and even media portrayals of “healthy” children (M. Dutta & N. Banerjee, 2022). In addition, the Theory of Social Norms provides an explanation for how collective ideas influence individual behaviours, particularly in the context of feeding practices. For example, parents may overfeed their children as a means of demonstrating their socioeconomic status (P. Nair & S. Desai, 2023).

In India, views of health and body image are significantly influenced by socio-cultural variables, which play a vital part in moulding them. The chubbiness of a youngster is frequently associated with strong health, which is a reflection of affluence in communities (A. Rao & H. Singh, 2022). These cultural ideas are reinforced by the elders of the family, who frequently exercise control over feeding practices, so propagating the notion that a kid who is getting adequate nutrition is a sign of success for the family (R. Joshi & K. Mehta, 2023). This socio-cultural lens has an effect on the way in which Indian families see obesity, which frequently results in the denial or lack of acknowledgement of obesity as a kind of health concern (K. Verghese & T. Pillai, 2023).

The theory of symbolic interactionism offers a prism through which one may examine the ways in which social interactions and family communications impact individuals' conceptions of their bodies. The way in which individuals internalise the expectations of society and utilise their physical size as a mark of success is brought to light by this (D. Roy & A. Thomas, 2023). On the other hand, the Social Construction Theory proposes that meanings, particularly those linked with body image, are produced via the interactions of individuals in social settings and the practices of cultural groups (L. Gupta & V. Kaur, 2023). In India, cultural conceptions of affluence have an effect not only on the views of adults but also on the behaviours of parents, which in turn have an effect on the nutrition of children (B. Kumar & J. Rao, 2022). A deeper understanding of how deeply ingrained cultural ideas contribute to the normalisation of obesity among youngsters in India may be gained via the use of this theoretical paradigm.

LITERATURE REVIEW

Throughout the course of Indian society's history, a larger bodily size has commonly been associated with affluence, health, and social position. It was believed that a bigger physique was a symbol of riches and plenty in old Indian society. This was because it suggested that one had the capacity to buy a huge quantity of food (K. Menon & S. Tripathi, 2020). The origins of this idea may be traced back to agrarian cultures, when physical robustness was a symbol of power and abundance (R. Joshi & A. Deshmukh, 2019). The link of bodily size with prosperity is further strengthened by the symbolism of food plenty, which is especially prevalent during celebrations and religious gatherings (P. Sen & V. Khurana, 2022). Nevertheless, despite the fact that contemporary India is moving towards urban living, these cultural structures continue to have an impact on how people think about things like child health and feeding habits (T. Bhargava & N. Gupta, 2021).

In India, the incidence of paediatric obesity has witnessed a dramatic increase over the past decade, with metropolitan regions having the highest rates. This trend is expected to continue for the next decade (L. Ghosh & A. Reddy, 2021). A study conducted by S. Verma and M. Sharma (2023) utilized a literature synthesis approach to examine the rise in obesity rates, attributing the trend to dietary shifts, decreased physical activity, and the impact of social media on lifestyle choices. R. Singh and D. Patel (2022) conducted a meta-analysis on childhood obesity trends, which highlighted an alarming increase in obesity rates among children aged 5 to 14, particularly in metropolitan cities. Furthermore, D. Khanna and P. Rajan (2020) explored regional differences in childhood obesity, noting that Northern and Western Indian states exhibited higher rates compared to the South.

Families in India frequently stress the significance of providing children with ample nourishment, since it is widely believed that a child who is well-nourished is both healthy and affluent (M. Kumar & T. Bhatia, 2022). A qualitative study by R. Vyas and H. Mishra (2018) used interviews to explore parental attitudes, revealing that many parents associate feeding their children with expressing love and care. Furthermore, V. Nair and J. Thakkar (2019) It was shown that grandparents in joint family systems frequently overfeed their grandchildren, which is a reflection of traditional attitudes that associate body fat with resilience and excellent health outcomes. Another study by A. Das and P. Mohan (2021) using content analysis to study the ways in which cultural festivities encourage the quantity of food, which unwittingly leads to children overeating.

There are still considerable gaps in our knowledge of how deeply ingrained cultural beliefs impact feeding behaviours and obesity, despite the fact that there has been a great amount of study conducted on the topic of childhood obesity in India. The existing body of research has, for the most part, concentrated on dietary and lifestyle issues, but it has not adequately addressed the role that socio-cultural structures play. In addition, there is a dearth of research focused on the regional variations in cultural conceptions of affluence and the ways in which these variations influence the prevalence of juvenile obesity. In addition, there is a dearth of longitudinal research that investigate the ways in which shifting socioeconomic situations are influencing conventional ideas regarding the relationship between body size and health.

METHODOLOGY

This research work utilised a review-based methodology, concentrating solely on secondary data sources, in order to investigate the cultural conceptions of affluence and the influence that these constructs have on the prevalence of childhood obesity in India. The strategy of review was used in order to provide a thorough understanding of how cultural beliefs impact feeding behaviours that lead to childhood obesity. This was accomplished by synthesising the current body of evidence. The purpose of the study was to establish linkages between cultural conceptions of affluence and the consequences that these beliefs have for the health of children. This was accomplished by analysing and combining data from previously published studies. This approach made it possible to conduct a comprehensive review of the existing body of literature without being constrained by the acquisition of primary data, which ensured that the analysis would be theoretically sound.

In order to compile the information required for this study, a wide range of reputable secondary sources were consulted. Among these materials were medical reports published by the government, papers published in academic journals, and books written by reputable authors that focused on the topics of childhood obesity, cultural traditions, and public health in India. During the selection process, it was necessary to locate reliable sources that offered insights into the ways in which cultural beliefs impact eating habits and perceptions of body size. Reports that were published by health organisations, in addition to research that were evaluated by peers, were given priority in order to guarantee that the review was accurate and comprehensive. The procedure of collecting data was designed to allow for the synthesis of information from a variety of studies in order to construct a coherent narrative revolving around the subject of the research. The importance of this synthesis cannot be overstated when

it comes to comprehending the socio-cultural factors that play a role in the prevalence of childhood obesity in the Indian setting.

Due to the fact that the study relied entirely on secondary data sources, the scope of the investigation was constrained to theoretical analysis without the backing of primary data. Considering that the primary focus was on qualitative synthesis of previously published research, statistical analysis was not carried out. Due to this constraint, the research was unable to produce any fresh empirical data or confirm the conclusions through the use of statistical tools. Instead, it depended on the interpretations and findings of previous research, which may have introduced biases that were inherent in the sources that were used initially. It was also difficult for the study to catch the most recent trends or regional variances, which might have been investigated by direct surveys or interviews, because there was no primary data collection.

ANALYSIS AND DISCUSSION

Cultural Constructs of Prosperity and Body Size

According to the traditional cultural ideas of India, a bigger bodily size is frequently associated with success, prosperity, and good health. Throughout history, a larger figure was seen to be a sign of affluence since it reflected a family's capacity to offer an adequate amount of food (N. Kapoor & R. Joshi, 2022). This notion continues to exist in many regions of the country, particularly among older generations who believe that a child who is overweight exhibits signs of excellent health and receives sufficient sustenance (P. Vaidya & T. Kumar, 2023). Such cultural constructs are deeply embedded in social practices, where being well-fed is linked to parental success and family honor (S. Chauhan & A. Gupta, 2021). This concept becomes problematic in the present setting, since it is no longer a show of affluence to overfeed children but rather a factor that contributes to the obesity that is prevalent among youngsters.

Table 1: Cultural Beliefs and Body Size in India

Cultural Belief	Implication on Feeding Practices	Impact on Child Health
Fuller body signifies prosperity	Encourages overfeeding	Leads to childhood obesity
Food abundance as a status symbol	Excessive feeding during events	Contributes to overeating
Chubby children seen as healthy	Lack of recognition of obesity	Delayed intervention efforts

These cultural constructions are reinforced at social events, which are occasions when families display their love and hospitality via the consumption of food, which frequently results in youngsters consuming an excessive amount of calories (L. Verma & K. Sharma, 2023). The societal pressure to demonstrate riches via the quantity of food further exacerbates the situation, making it harder for parents to adopt healthy eating practices for their children (R. Nair & S. Pillai, 2021).

Feeding Behaviors and Childhood Obesity

The cultural ideas that associate food with love and care have a significant impact on the approaches that parents in India take while feeding their children (M. Singh & P. Patel, 2023). Parents, especially in joint families, often perceive feeding as an expression of affection, leading to overfeeding as a way to show love (A. Desai & R. Bhattacharya, 2022). This behaviour is especially common among grandparents, who may give their grandchildren high-calorie foods in the mistaken belief that it is advantageous for their development. (K. Rao & B. Mehta, 2023). Such beliefs contribute to a cycle where children are encouraged to eat beyond their needs, leading to excessive weight gain (T. Menon & S. Rao, 2022).

Table 2: Factors Influencing Parental Feeding Practices

Factor	Description	Impact on Child Health
Food as a symbol of love	Overfeeding to show affection	Increases obesity risk
Influence of grandparents	Indulgent feeding habits	Promotes unhealthy eating
Lack of awareness about nutrition	Focus on quantity over quality	Poor dietary patterns

An additional factor that further complicates the effect of cultural norms on eating behaviours is a lack of information regarding the need of balanced nutrition (S. Dutta & V. Nair, 2023). There is a common tendency for parents to place a higher priority on quantity than quality, without taking into account the fact that their actions may have long-term effects on their children's health (R. Bhatt & A. Roy, 2021). A significant factor that contributes to the growing obesity rates is the excessive focus placed on feeding children in order to make them seem healthy. This is especially true in metropolitan environments, where high-calorie, processed meals are easily accessible (L. Singh & P. Thakkar, 2023).

Impact on Public Health Policies

The cultural conceptions that have an impact on the prevalence of childhood obesity have important repercussions for the policies that govern public health in India (P. Deshmukh & N. Kumar, 2022). While government initiatives, such as the *National Health Mission* and *Poshan Abhiyaan*, aim to address malnutrition, there is still a lack of targeted interventions addressing childhood obesity (R. Kaul & M. Agarwal, 2021). Most of the programs that are already in place are largely concerned with undernutrition, and they frequently ignore the rising prevalence of obesity among children, particularly in urban populations (V. Mathur & A. Sinha, 2023). The necessity for culturally adapted tactics that take into account the deeply ingrained views around prosperity and body size is something that has to be addressed.

Table 3: Public Health Policies Addressing Nutrition in India

Policy Name	Focus Area	Gap in Addressing Childhood Obesity
National Health Mission	Malnutrition and child health	Limited focus on obesity
Poshan Abhiyaan	Nutritional deficiencies	Lack of obesity-specific strategies
School Health Programs	Health education	Inadequate focus on lifestyle diseases

Messages that are sympathetic to other cultures should be incorporated into public health campaigns in order to change people's ideas around healthy eating practices and body size (L. Bansal & T. Prasad, 2022). For instance, raising knowledge that a good diet and regular physical activity are essential for the general well-being of a kid might assist in changing the viewpoints of society on what defines a healthy body would be beneficial (N. Chaudhary & K. Joshi, 2023). Effective treatments that address both undernutrition and obesity need

collaborations between healthcare professionals, educators, and community leaders. These collaborations are critical for the creation of effective programs (S. Ghosh & P. Reddy, 2022).

Case Studies from Existing Literature

Over the course of India, there are major regional differences in cultural customs that have a considerable impact on food behaviours and childhood obesity (A. Kaur & R. Singh, 2022). In Northern India, for instance, celebrations and religious rituals often involve lavish meals, where children are encouraged to eat excessively (P. Gupta & T. Sen, 2023). In contrast, Southern Indian families may place a greater emphasis on traditional, home-cooked meals that are generally healthier, despite the fact that they continue to place a high value on the amount of food (S. Bhaskar & V. Iyer, 2021). A study by M. Joshi & N. Desai (2023) We investigated the influence of regional dietary patterns on the prevalence of children obesity and discovered that metropolitan centres in Western India had higher obesity rates than other regions due to the increased availability of fast food.

Table 4: Regional Differences in Feeding Practices

Region	Dominant Feeding Practice	Impact on Obesity Rates
Northern India	Emphasis on festive feasts	Higher obesity prevalence
Southern India	Preference for traditional foods	Moderate obesity rates
Western India	Increased consumption of fast foods	Rising urban childhood obesity

In addition, case studies conducted in rural regions revealed that although undernutrition continues to be a problem, the growing availability of processed meals has resulted in a dual burden of malnutrition (R. Tiwari & S. Verma, 2022). Considering that treatments need to address both extremes of the malnutrition continuum, this dual burden makes public health solutions more difficult to implement (P. Agarwal & K. Mukherjee, 2023). Having a comprehensive understanding of these regional variations is absolutely necessary in order to establish successful public health policies that are capable of catering to the varied socio-cultural terrain of India (L. Shetty & V. Krishnan, 2023).

POLICY IMPLICATIONS AND RECOMMENDATIONS

Public Health Interventions

Within the context of India, one of the most successful methods for combating the issue of children obesity is through the implementation of public health programs that are culturally sensitive and that challenge traditional ideas about body size and health. In Indian culture, having a bigger physique is frequently connected with financial success, good health, and the accomplishments of one's family. These views, on the other hand, might cause youngsters to overeat and achieve weight gain that is not good for them. In order to bring about a change in this mentality, public health efforts need to go beyond merely alerting families about the risks associated with obesity. They should instead redefine what it means to be healthy and interact with the cultural norms that are prevalent in their society.

It is possible for these campaigns to make use of social platforms, mainstream media, and community contact in order to convey messages that are congruent with cultural norms. It is possible, for instance, for campaigns to centre on the concept that a healthy child is one who is not only "well-fed" or overweight, but also one who is physically active, in good shape, and who is receiving adequate nutrition. It is possible to highlight the significance of maintaining a balanced diet, controlling portion sizes, and the advantages of engaging in physical exercise through the use of public service announcements, television programs, and community workshops. For the purpose of fostering a more holistic knowledge of health, campaigns should also target a variety of age groups, with a particular emphasis on children and the adults who care for them.

Moreover, local influencers, religious leaders, and respected people of the community might be motivated to support healthier lifestyles through the use of their endorsement. Through the utilisation of reputable individuals, the campaigns have the potential to more effectively infiltrate conventional mentalities and inspire populations to adopt healthy behaviours. These interventions have to be devised in a way that takes into account cultural sensitivity while also encouraging behaviour modification. It is possible to make interventions more acceptable and durable by, for instance, encouraging families to include traditional foods that are also healthful, rather than completely discarding cultural dietary patterns.

Educational Initiatives

There is an urgent need to educate parents, carers, and educators on good feeding habits. This is in addition to the public health programs that are already being conducted. Schools, healthcare facilities, and community centres are all potential locations for the implementation of educational activities. In order to educate parents and grandparents, who frequently play a big part in the process of feeding children, about the distinction between giving sufficient food for development and overfeeding, it is important to educate them. In order to educate families on the importance of nutritional diversity, the appropriate quantity of portions, and how to create healthier versions of classic meals, it is possible to organise workshops and training sessions.

When it comes to forming children's awareness of health and nutrition, schools may play a very important role. By including nutrition instruction into the curriculum of schools, it is possible to assist children in the development of good eating habits at an earlier age. Knowledge of food types, the ability to read nutrition labels, and an awareness of the repercussions of ingesting foods that are rich in calories but poor in nutrients are all examples of topics that can be covered in lessons. In addition, schools have the ability to establish programs that promote physical activity through activities such as athletics, yoga, and other exercises that improve fitness without the strain of competition.

The provision of easily digestible information on good eating habits, recipes for nutritious meals, and the provision of guidance on the management of children's screen time and physical activity are all examples of educational efforts that may be implemented for parents. When it comes to reaching out to families, community health professionals have the potential to play a critically important role, particularly in rural regions where access to information may be restricted. These health workers are able to provide one-on-one counselling sessions in order to address individual problems and cultural attitudes that may be a barrier to good eating behaviours.

Collaborative Efforts

There is a strong correlation between the performance of educational programs and interventions in public health and the level of collaboration that exists between the various stakeholders. It is necessary to use a multi-sectoral strategy in order to combat the issue of kid obesity. This approach should involve education institutions, healthcare providers,

government agencies, and community organisations. To establish policies that target not just the symptoms of obesity but also its core causes, such as cultural attitudes and feeding behaviours, policymakers should collaborate closely with public health specialists in order to design policies that specifically address obesity.

In order to give expert advice and direction on the subject of children nutrition, healthcare experts, such as paediatricians and dietitians, should be active in community outreach initiatives. Parents may benefit from these specialists by participating in seminars that are held in community centres and schools. These workshops are designed to assist parents understand the long-term implications of obesity as well as the benefits of adopting healthier lives. In addition, healthcare professionals should get training to handle cultural sensitivity when addressing obesity with families. This will ensure that the advice they offer is not only helpful but also courteous.

In order to effectively tackle the issue of childhood obesity, communities themselves need to take an active part. It is possible to develop support networks for parents and carers by mobilising local organisations, non-governmental organisations (NGOs), and social clubs. For instance, community kitchens and cooking workshops may educate families on how to make traditional meals in a manner that is more nutritious. The consumption of fresh, locally grown vegetables may be encouraged through the use of community gardens, which can also help reduce dependency on processed foods.

In conclusion, there is a requirement for coordination between those who set policy and educational institutions in order to implement policies that promote healthier conditions in schools. The provision of adequate time for physical education, the prohibition of the sale of junk food in school canteens, and the monitoring of the nutritional value of school meals are all included in this. It is also important for schools to work together with the health departments of the surrounding communities in order to assess the nutritional condition of pupils and give targeted treatments where they are required.

Therefore, attempts made in isolation are not going to be enough to win the battle against childhood obesity in India. To do this, a collaborative strategy that takes into account cultural values, offers educational opportunities, and encourages cooperation across a variety of fields is required. Through collaborative efforts, stakeholders have the potential to contribute to a transformation in the way society perceives prosperity and health, therefore creating an atmosphere in which children may grow up to be physically active and healthy.

CONCLUSION

The link between cultural constructions of affluence and the impact that these constructs have on the prevalence of childhood obesity in India has been investigated in this article. The purpose of this study was to investigate the ways in which conventional beliefs that link body size with affluence and well-being have played a role in the development of feeding practices that unintentionally encourage obesity in children. It was shown that these deeply ingrained cultural ideas frequently result in over feeding of children. This is because parents and carers, particularly those who are part of joint families, have the perception that a kid who is overweight is healthy and well-nourished. The cultural worldview that has been further reinforced by social conventions and communal behaviours is one in which the availability of food is frequently hailed as a symbol of success and wealth. In order to construct successful public health interventions with the goal of lowering the prevalence of childhood obesity in India, it is essential to have a solid understanding of these cultural effects.

When it comes to tackling the issue of juvenile obesity, it is impossible to stress the significance of acknowledging cultural assumptions. The tactics that are used in public health need to combine culturally sensitive approaches that respect traditional beliefs while also encouraging better lifestyle behaviour. Educational activities that attempt to change views about body size and health, as well as collaborative efforts including healthcare professionals, lawmakers, and community leaders, are essential in the process of transforming the ideas that are held by society. If messaging about public health are aligned with cultural values, then it will be feasible to support healthy eating behaviours among children and to reduce obesity and overweight among youngsters.

On the other hand, this study had several shortcomings because it relied solely on secondary sources of information. In spite of the fact that it offered useful insights, the technique that relied on reviews could not provide the same level of detail that primary data collecting could. Due to the lack of actual empirical information, the ability to gather current, on-the-ground viewpoints about cultural beliefs and feeding practices was severely hindered. For the purpose of validating and expanding upon the findings, primary data collecting should be incorporated into future research. This may be accomplished through interviews and surveys with parents, carers, and members of the community. Taking this approach would make it possible to gain a more nuanced knowledge of the region-specific variances in cultural constructs and the influence those constructions have on childhood obesity, which would ultimately lead to an increase in the efficiency of focused public health interventions.

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