Health Promotion Board

National Nutrition Survey 2025

Singapore

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NATIONAL NUTRITION SURVEY 2025

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Introduction

The National Nutrition Survey (NNS) is the Health Promotion Board's ongoing surveillance of the diet of Singapore residents. The survey informs how the population's eating habits have evolved over time, highlights areas of public health concern that require action, and drives the development of health-promoting nutrition policies, strategies and programmes.

This report presents findings for adult Singapore residents aged 18 to 69 years. Trends are presented for 2019, 2022 and 2025, and where relevant, nutrient intakes are compared with recommended dietary guidelines. The report also presents information on eating out trends.

Summary of key findings

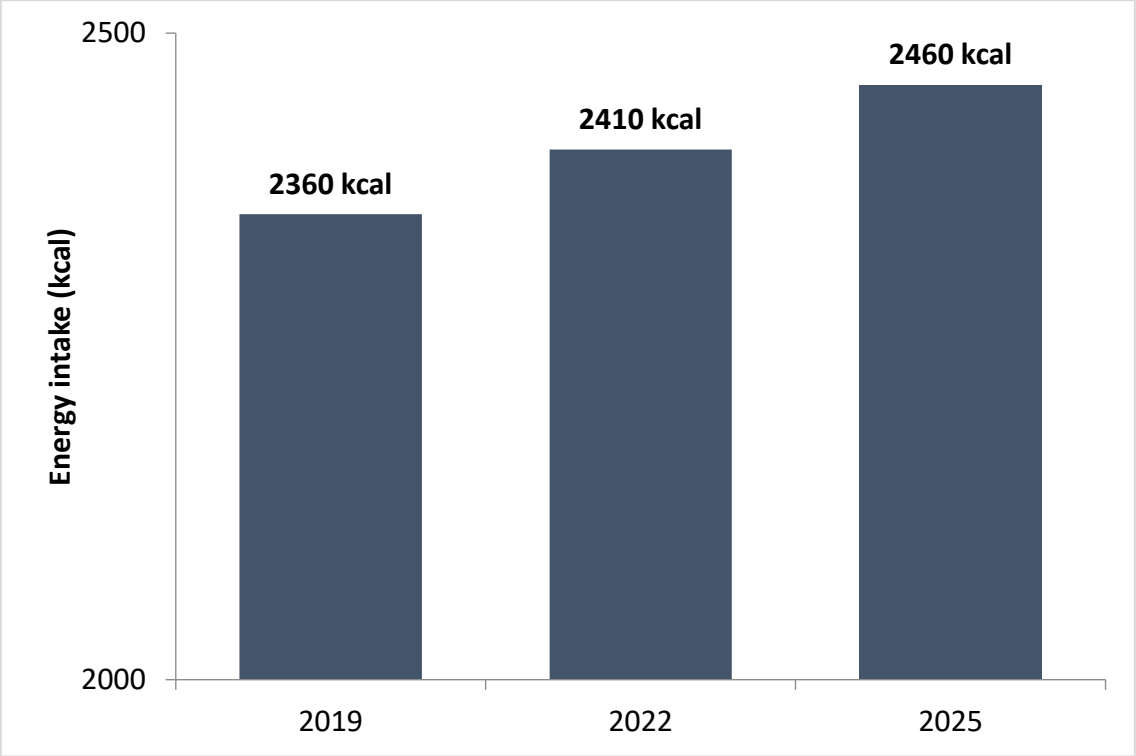
- Mean daily energy intake increased from 2,360kcal in 2019 to 2,460kcal in 2025.
- Calorie intake increased, with more refined staples and fat in the diet.
- Sugar intake decreased, particularly from sugar-sweetened beverages.
- Protein intake increased and was largely adequate for the population, although 1 in 2 older adults aged 50 to 69 years continued to fall short of their protein requirements.
- Total fat intake increased, while saturated fat continued to account for more than 30% of total fat intake.
- Sodium intake increased, and 95% of residents exceeded the recommended intake in 2025.
- More residents ate out at least once a day, and more frequent eating out was associated with higher intakes of energy, saturated fat and sodium.

Energy intake

Mean daily energy intake increased across the three survey years, from 2,360kcal in 2019 to 2,410kcal in 2022 and 2,460kcal in 2025 (Figure 1).

More than half of adult Singapore residents (57%) exceeded their estimated calorie allowance in 2025. The calorie allowance was estimated using basal metabolic rate based on age, sex, desirable weight and physical activity (Henry, 2005).

Figure 1: Mean daily energy intake, 2019 to 2025

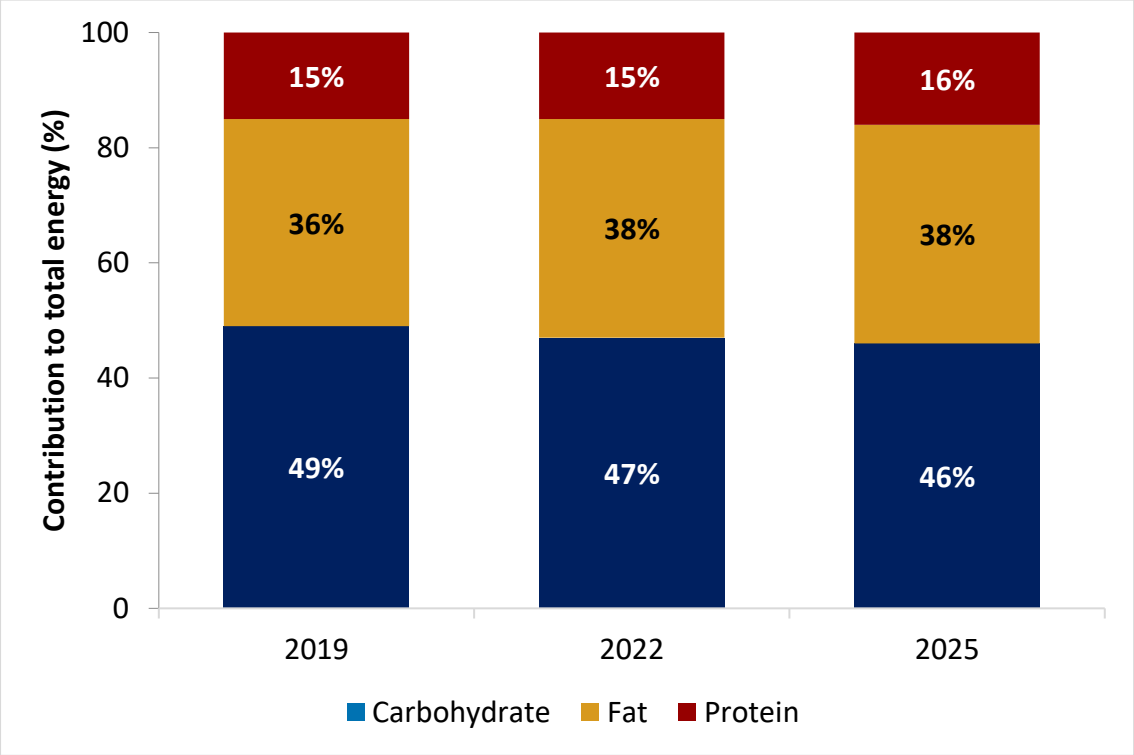


Contribution of macronutrients to total energy intake

Carbohydrate, fat and protein contributed 49%, 36% and 15% of total energy intake respectively in 2019. By 2025, their contributions were 46%, 38% and 16% respectively (Figure 2).

Overall, the contribution of carbohydrate to total energy intake decreased between 2019 and 2025, while the contributions from fat and protein increased.

Figure 2: Percentage contribution of macronutrients to total energy, 2019 to 2025

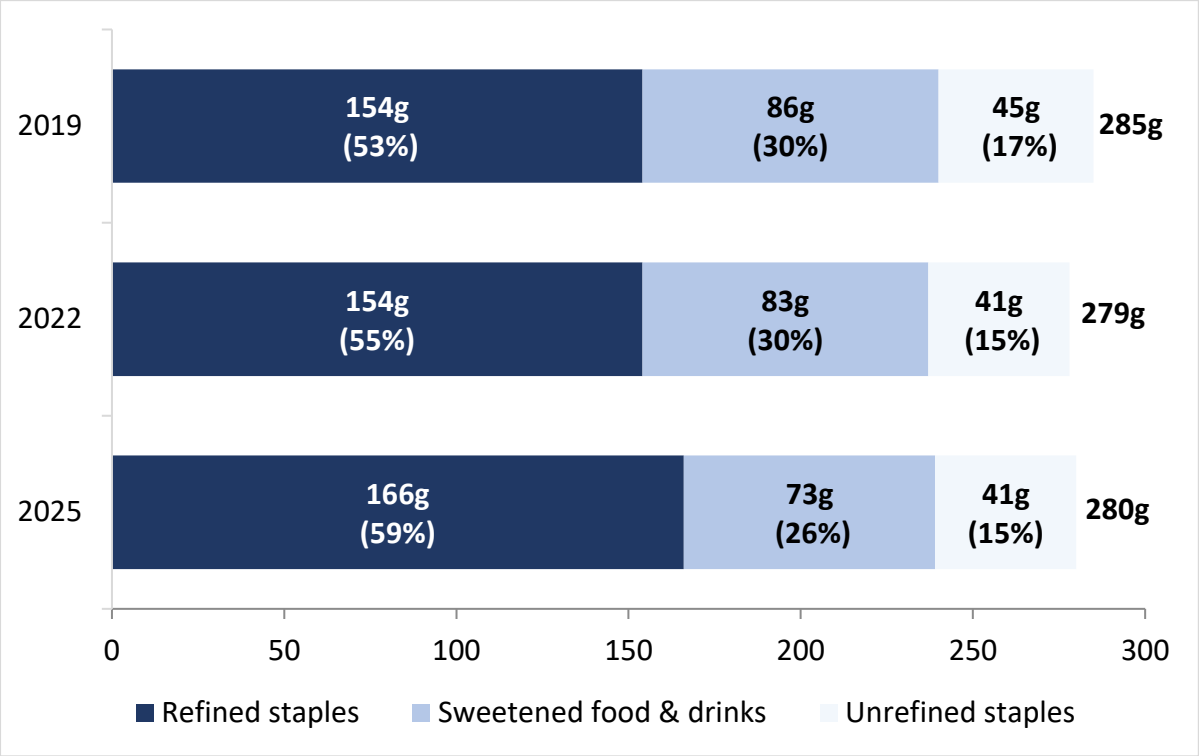


Carbohydrates

Total carbohydrate intake remained broadly stable, from 285g per day in 2019 to 279g in 2022 and 280g in 2025 (Figure 3). However, intake from refined staples increased from 154g in both 2019 and 2022 to 166g in 2025. Intake from unrefined staples decreased from 45g in 2019 to 41g in 2022 and remained at 41g in 2025.

The proportion of carbohydrate from refined staples increased from 53% in 2019 to 59% in 2025, while the proportion from sweetened food and drinks decreased from 30% to 26%.

Figure 3: Carbohydrate intake by type of carbohydrates, 2019 to 2025



Sugar

For sugar, the recommendation is to limit intake to no more than 10% of total daily energy intake, which is equivalent to 50g of sugar based on a 2,000-calorie diet. In 2025, sugar contributed 8% of total daily energy intake. Mean daily sugar intake decreased from 60g in 2018, prior to the announcement of the Nutri-Grade labelling and advertising prohibition measures for beverages, to 56g in 2022 and 48g in 2025. Based on each individual's total daily energy intake, the proportion of residents within the recommended sugar allowance increased from 61% in 2019 to 66% in 2022 and 79% in 2025 (Figure 4a).

Drinks remained an important source of dietary sugar. In 2025, drinks contributed 22g per day of total sugar intake, with pre-packaged drinks contributing 12g and freshly prepared drinks contributing 10g. Food contributed the remaining 26g (Figure 4b).

Sugar intake from both pre-packaged and freshly prepared drinks decreased between 2018 and 2025. Sugar from pre-packaged drinks decreased from 21g in 2018 to 12g in 2025, while sugar from freshly prepared drinks decreased from 12g to 10g.

Figure 4a: Proportion of population exceeding the recommended sugar allowance, 2019 to 2025

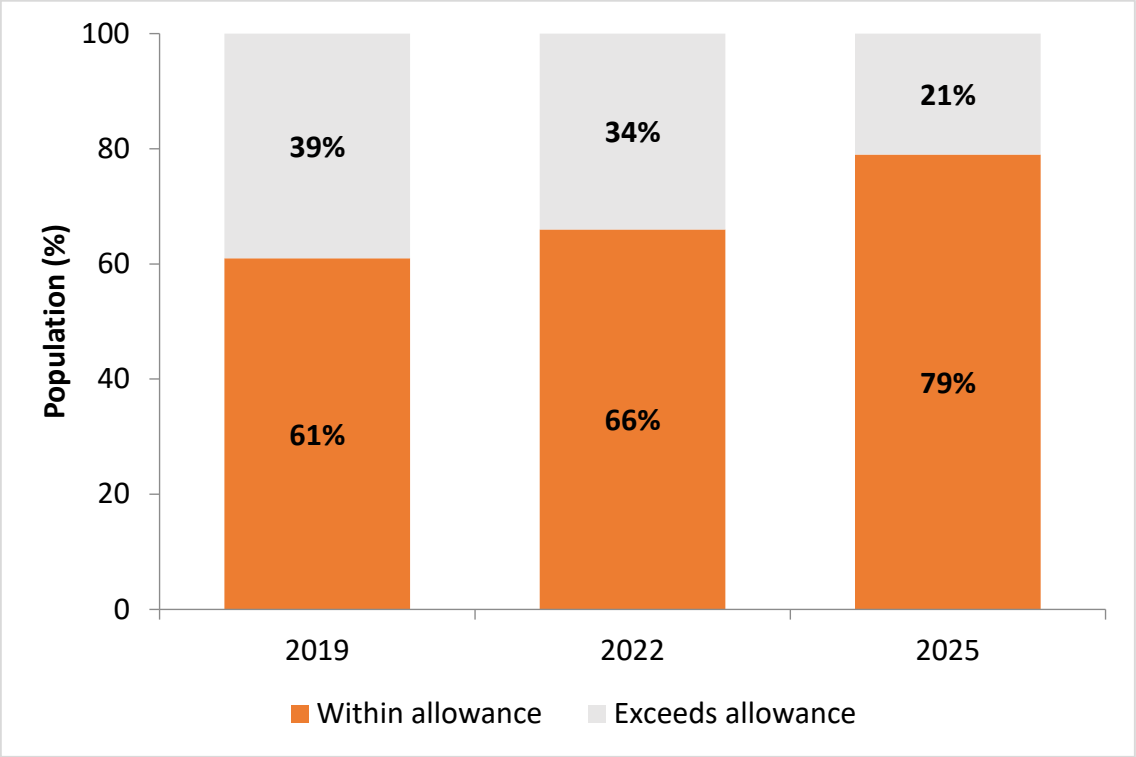
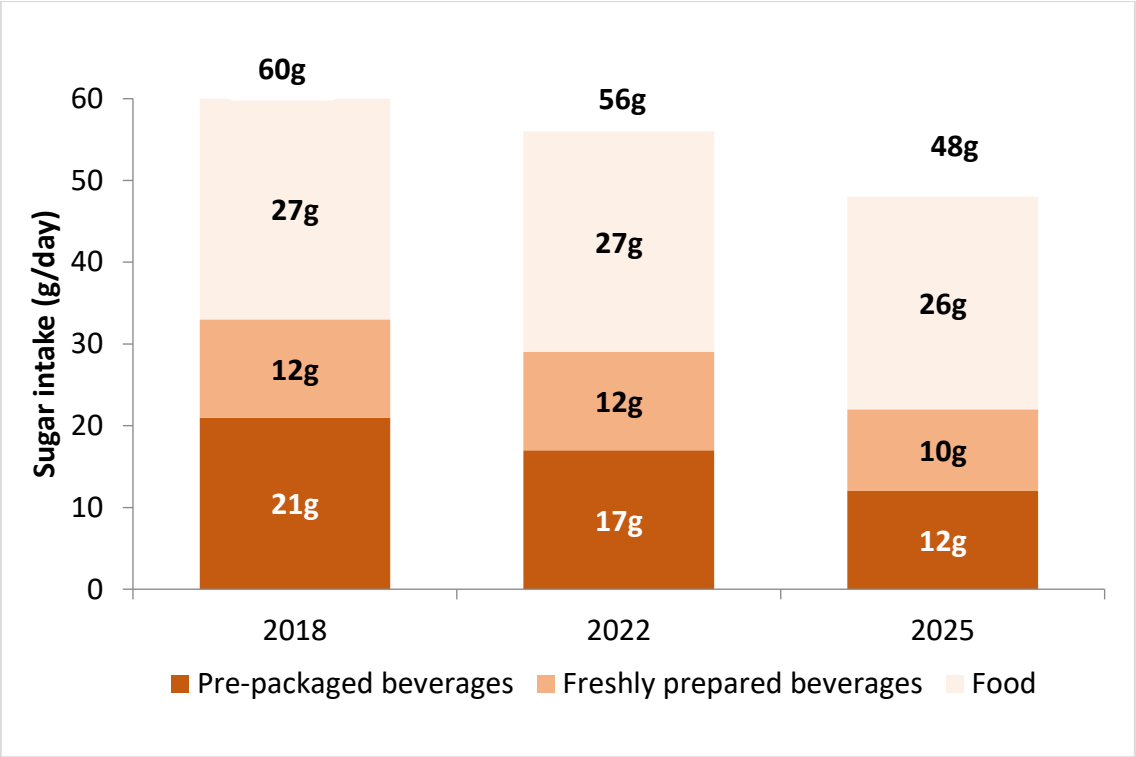


Figure 4b: Sugar intake and sources of sugar, 2018 to 2025

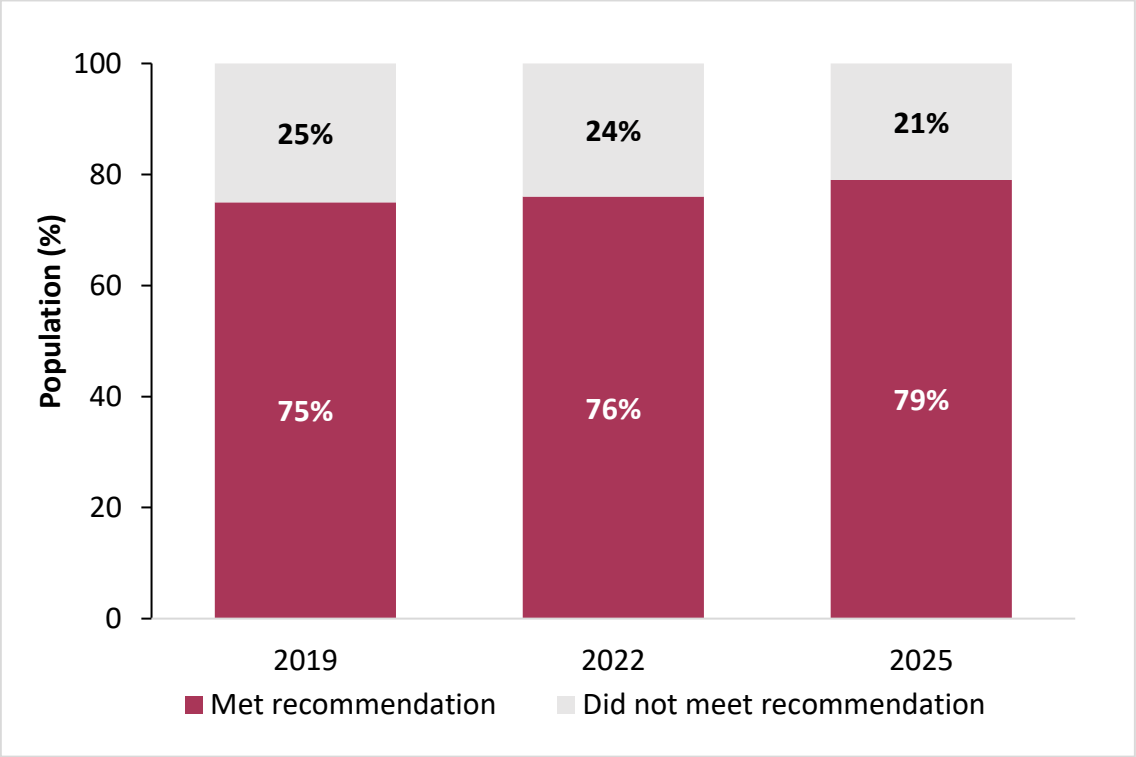


Protein

The recommended protein intake is 0.8g/kg body weight/day for adults aged below 50 years and 1.2g/kg body weight/day for those aged 50 years and above.

Mean daily protein intake increased from 88g in 2019 to 92g in 2022 and 98g in 2025.
In 2025, 79% of residents met their daily recommended protein intake. Among older adults aged 50 to 69 years, 55% met their protein requirements, compared with 93% among adults aged 18 to 49 years (Figure 5).

Figure 5: Protein intake and proportion of population meeting the daily recommended protein intake, 2019 to 2025

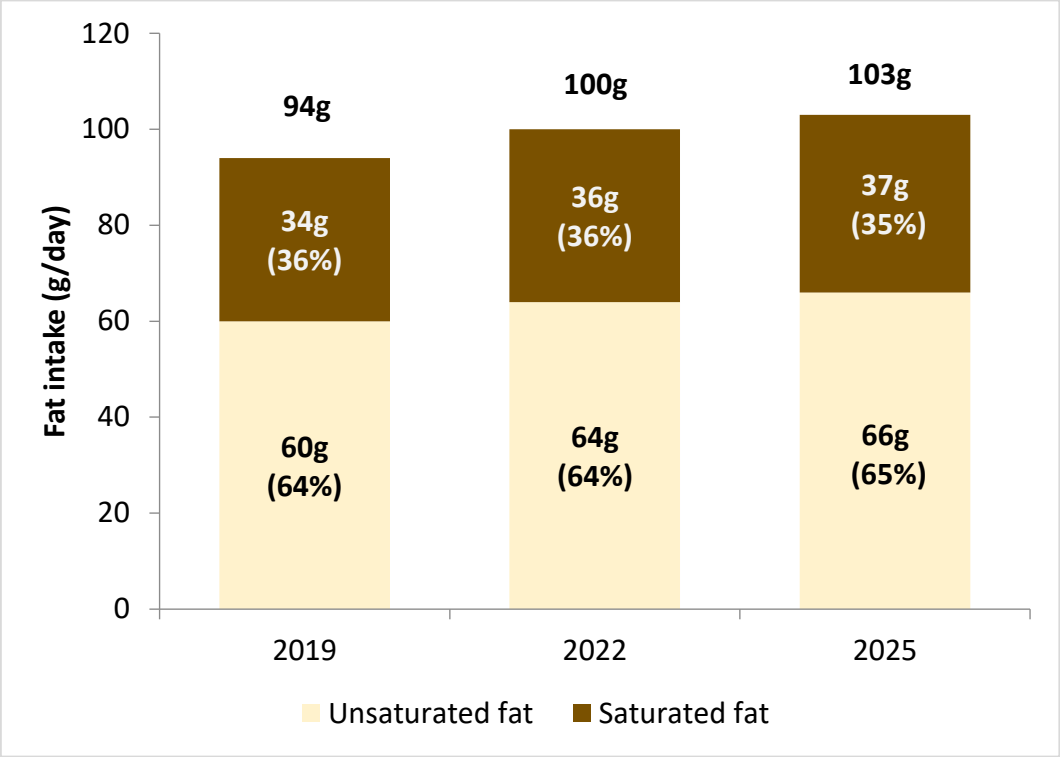


Fat

Mean daily total fat intake increased from 94g in 2019 to 100g in 2022 and 103g in 2025.

Saturated fat accounted for 36% of total fat intake in 2019 and 2022 and 35% in 2025. These proportions remained above the recommendation of no more than 30% of dietary fat in the form of saturated fat (Figure 6).

Figure 6: Fat intake and proportion of fat type to total fat, 2019 to 2025

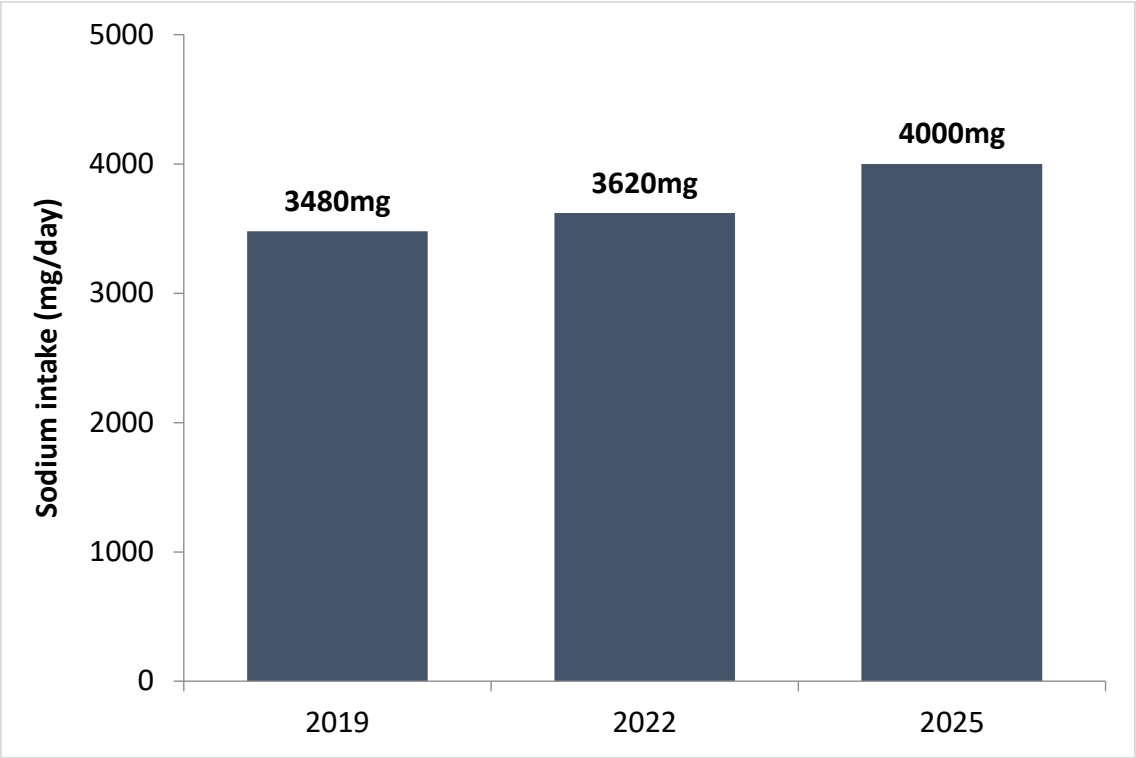


Sodium

The recommendation is to limit sodium intake to less than 2,000 mg per day. Mean daily sodium intake increased from 3,480mg in 2019 to 3,620mg in 2022 and 4,000mg in 2025 (Figure 7). In 2025, 95% of residents exceeded the recommended intake, compared with 88% in 2019.

Six key food categories made up around 80% of sodium intake among residents with the highest sodium intakes: soupy dishes, processed foods[1], flavoured rice and noodles, gravy and sauce-based dishes, stir-fried dishes, and bread, noodles and pasta.

Figure 7: Sodium intake, 2019 to 2025



Eating out

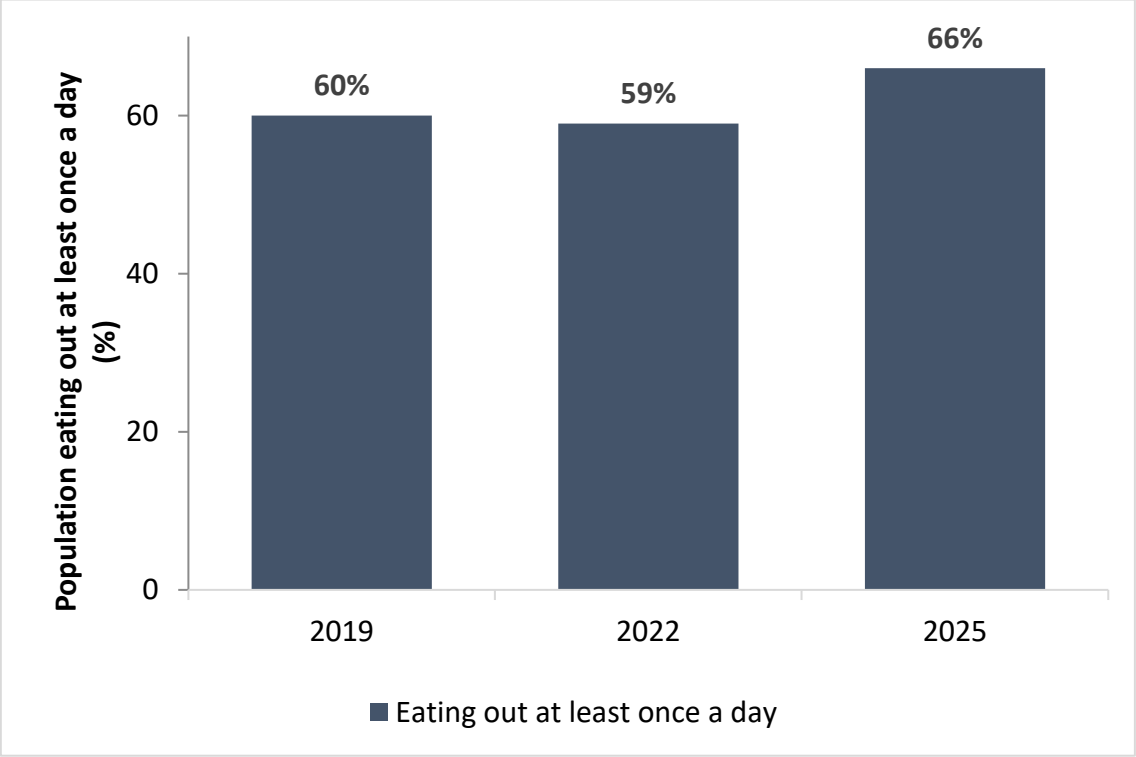
More adult Singapore residents were eating out, and they were doing so more frequently. The proportion of residents who ate out at least once a day increased from 60% in 2019 and 59% in 2022 to 66% in 2025 (Figure 8). The median frequency of eating out increased from eight times per week in 2019 and 2022 to nine times per week in 2025.

Residents who ate out most frequently (two or more times per day) had higher nutrient intakes than those who ate out least frequently (six times per week or less). In 2025, residents who ate out most frequently had mean daily intakes of 2,682kcal, 307g carbohydrate, 111g fat and 107g protein, compared with 2,261kcal, 259g carbohydrate, 94g fat and 90g protein among those who ate out least frequently. Sodium intake was also higher among those who ate out most

[1] *Processed foods include items such as instant noodles, processed meats and nuggets.*

frequently, at 4,459mg compared with 3,552mg among those who ate out least frequently, while saturated fat accounted for 37% and 33% of total fat intake, respectively.

Figure 8: Proportion of population eating out at least once a day, 2019 to 2025



Methodology of National Nutrition Survey

Background

The National Nutrition Survey (NNS) is a cross-sectional population survey conducted by the Health Promotion Board to monitor dietary patterns and nutrient intake among adult Singapore residents.

The NNS was conducted among participants of the National Population Health Survey who agreed to participate in the NNS. Sample weights were applied to the analyses to facilitate extrapolation of the survey findings to the adult resident population.

Ethics approval

The NNS study methodology and protocol were approved by National Healthcare Group (NHG) Domain Specific Review Board (DSRB Reference Number: 2021/00931).

Questionnaire

Food and beverage intake was assessed using an interviewer-administered questionnaire that captured information on habitual dietary intake. Food and beverage intake was converted into energy and nutrient values using a food composition database of commonly eaten foods and beverages in Singapore.

The questionnaire was adapted from a validated food frequency questionnaire (Whitton et al. 2017) and modified to capture intake of items such as sugar-sweetened beverages.

Training

All survey interviewers were given an overview of the survey background and briefed extensively on fieldwork procedures such as consent taking and administration of the survey questionnaire. Training helped to ensure compliance with survey standards and protocols and consistency in data collection.

Data Quality Control

Informed consent forms

All informed consent forms were checked for completeness and accuracy of information captured, including checks for missing information, consistency of information and data-entry errors.

Data verification and consistency check

The electronic questionnaire included built-in checks to prompt data entry for fields that required a response and to flag values outside logical or valid ranges. The completed questionnaire records were subjected to additional checks for missing values, valid field ranges and cross-field consistency. Missing values and data anomalies were clarified with respondents where necessary.

Data confidentiality

Throughout all stages of the survey, strict confidentiality of individual respondent information was maintained. All information collected for the survey was kept confidential and stored in a secure environment. Reporting of findings was done on an aggregated basis so that individual respondents could not be identified.

References

Henry CJ. *Basal metabolic rate studies in humans: measurement and development of new equations*. Public Health Nutr. 2005 Oct;8(7A):1133-52.

Whitton C, Ho JCY, Tay Z, Rebello SA, Lu Y, Ong CN, van Dam RM. *Relative validity and reproducibility of a Food Frequency Questionnaire for assessing dietary intakes in a multi-ethnic Asian population using 24-h dietary recalls and biomarkers.* Nutrients. 2017;9(10):1059.

Annex A: Project Team

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