

To Protect Young Children's Health, Limit Marketing and Ubiquity of Unhealthy Foods and Beverages

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Children need nutritious food to thrive and grow up healthy. Equally important, unhealthy products high in added sugars, saturated fats, and sodium have no place in a healthy diet. Parents need to be able to identify, find, and purchase healthy foods for their children and avoid unhealthy products. Yet parents, especially those with low incomes or living in marginalized communities, are exposed to unhealthy food environments that make providing healthy foods for their families difficult. Unhealthy food environments are created by a food industry whose primary goal is maximizing profits and shareholder returns, not promoting diet quality and health. To increase revenues and market share, food and beverage corporations create, promote, and sell far too many unhealthy, ultraprocessed products. Over the past two decades, the availability and consumption of these foods has increased dramatically. Ultraprocessed foods account for two thirds of total energy consumption among US children aged two to 19 years.¹ Children's consumption of ultraprocessed food is associated with

weight gain, other measures of adiposity, and potentially additional cardiometabolic risks.²

Sugar-sweetened beverages (SSBs) are a prominent ultraprocessed food. They are ubiquitous, heavily marketed, and inexpensive. Because they are made from low-cost ingredients, they generate healthy profits. Yet SSBs are unhealthy for the children who consume them, increasing their risk of diabetes, heart disease, poor oral health, and overweight over the life course.³ Early life exposure to added sugars leads to taste preference for sweets, driving future excessive consumption. Some manufacturers have replaced added sugars with low-calorie sweeteners, yet their long-term safety for children is unknown and they maintain habit-forming product sweetness. Fruit drinks, the most commonly consumed SSB among toddlers, are a top source of added sugars.⁴

Toddler milks, another product with added sugars, are marketed as milk substitutes that offer health, immune system, and developmental benefits to

toddlers, although evidence supporting these benefits is lacking. They contain more sugar and less protein and calcium than whole cow's milk. The American Academy of Pediatrics notes that they are "unnecessary and potentially harmful to young children" and recommends avoiding them (<https://bit.ly/3AwG7ce>). Industry began producing and aggressively marketing toddler milks as women increasingly turned to breastfeeding to nourish their children and sales of infant formula declined.

Leading health organizations recommend that beverages consumed by children aged birth to two years have no added sugars (<https://bit.ly/3y1lvr1>). Preferred beverages are water and plain milk. However, by age two years, a third of children consume a SSB on a given day and a quarter consume fruit drinks.⁵ Among children aged 12 to 24 months who drink SSBs, consumption is about eight ounces per day. Disparities in consumption are concerning. Black children and children from low-income households consume more SSBs than do White and affluent children.⁶ Toddler milk sales have grown in recent years, rising 2.6-fold between 2006 and 2015 and subsequently increasing more slowly.⁷

Manufacturers of cereals and other added sugar products also target children. For example, Kellogg's has aggressively marketed Baby Shark cereals to younger children; the product contains 15 grams of added sugar per serving, 60% of the American Heart Association's limit for children aged two years and older.

Why do sales and consumption of these unhealthy products persist? A major driver is aggressive and misleading marketing. A study of the exposure of parents of children younger than

18 years to advertising for fast foods and sugary beverages in five higher income nations found that the highest level of exposure is in the United States, with 80% of parents exposed to one or more advertising medium.⁸ Spending on advertising for toddler milk grew fourfold between 2006 and 2015.⁷ The pervasive promotion of unhealthy foods and beverages via mass media, digital platforms, social influencers, and billboards constitutes a form of predatory marketing that is a ripe target for policy action to improve children's diets.

Misleading and deceptive claims and imagery on advertising and packaging create confusion among parents about the healthfulness of fruit drinks and toddler milks. Fruit drink packages commonly feature images of fruit, make claims about nutrients (e.g., vitamin C, absence of sugar) and the presence of natural ingredients and "real" juice without disclosing actual juice content (often

< 10%), and downplay the addition of low-calorie sweeteners.⁹ Such claims lead parents to incorrectly believe that fruit drinks are healthy beverages. Toddler milks also feature nutrition and health claims (e.g., promotes brain development) unsupported by scientific evidence.¹⁰

Countermarketing media campaigns are one promising approach to addressing the marketing of unhealthy products, building on the experience of tobacco prevention and control efforts. Countermarketing has been defined as "communications strategies designed to reduce the consumption of unhealthy products by exposing the motives and denormalizing marketing activities initiated by the producers."^{11(p120)}

In this issue of *AJPH*, Harris et al. (p. S807) describe an online study that tested the effectiveness of two short videos in changing attitudes, beliefs, and purchase intentions related to fruit drinks and toddler milks among a

group of caregivers of children aged 9 to 36 months. The videos provided information to counteract misperceptions about the beverages by highlighting ingredients such as added sugars and low-calorie sweeteners, calling out misleading health claims, and offering healthy beverage choice recommendations from trusted messengers (e.g., pediatricians). The videos significantly reduced caregivers' intentions to serve both drinks, with a greater effect on toddler milks. They also reduced caregivers' positive attitudes about the beverages and about food and beverage companies. Study strengths included its randomized controlled trial design and the diversity of participants. Limitations included a primary outcome of purchase intent rather than actual or even simulated purchases and a post-intervention study design with no baseline measures. Unlike tobacco and other SSB countermarketing initiatives, these videos did not directly call out

BOX 1— A Bakers' Dozen of Policy Options to Reduce Promotion and Availability of Unhealthy Food to Children Younger Than 2 Years

1. Develop and enforce more stringent rules for restricting false and misleading advertising and health claims, including removal of unfounded structure/function claims and misleading imagery and inclusion of appropriate disclaimers to enable parents to make informed food choices.
2. Use the consumer protection power of state attorneys general to file lawsuits against false, deceptive, and misleading advertising of foods and beverages for consumption by children.
3. Ban "junk food" advertising online and on television before 9 p.m. following the lead of the United Kingdom.
4. Allow only advertisements for healthy products on public property, such as mass transit, schools and school buses, and other public venues.
5. Strengthen FDA labeling requirements to make food labels a more useful tool for parents by requiring: (1) nutrition or health warning front of package labels on products high in added sugars, saturated fats, and sodium; (2) front of package labels on fruit drinks that disclose percentage fruit juice, amount of added sugars, and presence of low-calorie sweeteners; and (3) front of package labels on toddler milks that disclose ingredients and amounts of added sugars and saturated fats.
6. Set stronger standards for formulation and marketing of toddler milks.
7. Mobilize child and health professional organizations to advocate for restrictions on predatory marketing to parents and children.
8. Enforce and further expand the Children's Online Privacy Protection Rule to limit digital and social media marketing to young children.
9. Expand the use of antitrust rules to reduce monopoly concentration in the food industry, thereby limiting resources for marketing and addressing lack of competition on price and quality.
10. Impose taxes on unhealthy products (including toddler milks, fruit drinks and other sugar-sweetened beverages) and dedicate revenues to promoting early childhood health and development.
11. Adopt healthy food retail policies that encourage the promotion of healthy products and restrict marketing and availability of unhealthy ones.
12. Eliminate federal corporate tax deduction for the marketing of unhealthy foods and beverages.
13. Encourage child health providers to educate parents about the importance of restricting unhealthy food consumption in first 1000 days of life and how to recognize marketing tactics that encourage unhealthy food choices.

industry behavior as deceptive or explicitly seek to diminish brand loyalty.

Although countermarketing may be a valuable part of a portfolio of strategies to reduce the impact of marketing unhealthy foods, it alone will not be sufficient. Implementing countermarketing on a scale that can compete with industry marketing will be challenging given the substantial resources required, although using social media channels may prove to be a low-cost, feasible option.¹² Fortunately, the implementation of a suite of policies, regulatory actions, and legal interventions that include countermarketing, taxation, and front-of-package warning labels could make a real difference in counteracting the marketing of unhealthy beverages to parents of younger children (Box 1). Together, these strategies could begin to denormalize the production, marketing, and sales of these products for children. Over time, these approaches could be extended to all ultraprocessed foods and to other populations. As shown by the tobacco control movement, these strategies could change the acceptability of predatory marketing and other harmful industry practices, creating a social climate more conducive to stronger public health protections.

We cannot tolerate a food system that encourages parents to supply their children with unhealthy foods and beverages. In a society committed to ensuring a healthy future for all of its children, food companies would not be able to urge parents to buy products for their children known to contribute to premature death, preventable illnesses, and lifetime health problems. We owe it to our children to protect them by adopting a comprehensive set of actions to reduce exposure to unhealthy foods and beverages. **APPH**

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CONFLICTS OF INTEREST

The authors have no conflicts of interest to declare.

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