

## 6. Restrict marketing of unhealthy diets to children and young people through regulation

There is emerging evidence that excess weight is an important factor that increases the chance of COVID-19 progressing to severe disease.

In Australia, two-thirds of children under 16 years of age who have needed ICU-level care for COVID-19 have excess weight (weight above the 95th percentile for their age), which is at least twice the proportion of children with excess weight in the general population.

The impacts of the pandemic are likely to exacerbate already high rates of obesity in children and adolescents. Almost one quarter (24.9%) of children aged 5-17 years were overweight or obese in 2017-18 (17% overweight and 8.1% obese).

School closures and other COVID-19 restrictions, have disrupted the everyday routine of children and adolescents, leading to changes in their eating behaviors and physical activities. Already, the proportion of US children who are overweight or obese has surged to unprecedented levels.

## Further reading:

RACP Position Statement: [Action to prevent obesity and reduce its impact across the life course](#) which called for the Federal Government to make obesity prevention and treatment an urgent priority by taking key actions including:

- A national obesity prevention strategy
- Sugar tax on sweetened beverages, and reinvesting revenue in initiatives encouraging healthy diets and physical activity
- Restricting marketing of unhealthy foods and beverages to children
- Revising Health Star Rating System
- Improving equitable access to weight-loss surgery for patients with severe obesity.

RACP Position Statement: [Early Childhood: The Importance of the Early Years](#) which recommended the Federal and State Governments implement policies, programmes and interventions including:

1. Improved parental, post-natal and infant mental health support.
2. Increased paid parental leave, more paid sick leave for working parents and carers, and affordable childcare.
3. Mandatory regulations to restrict the marketing of unhealthy diets to children and young people, a sugar tax and parental education on health nutrition, physical activity and sleep.
4. Integrated healthcare delivery to improve access to child and allied health and social care services to disrupt the intergenerational cycle of disadvantage.
5. Long-term sustainable funding for early childhood education and care.
6. A social safety net for disadvantaged children.
7. Creating safe environments for children by encouraging non-violent parenting and providing trauma informed mental health services for families exposed to family violence, child abuse and neglect.

[Brands off our kids - Obesity Policy Coalition \(opc.org.au\)](#) The major areas of policy interest are to:

- analyse and prioritise policy initiatives that are likely to have an impact on reducing obesity, particularly in children
- undertake research to provide the evidence base for policy proposals
- encourage all levels of government to support evidence-based policy initiatives to address the overweight and obesity epidemic, and
- provide leadership to guide and assist researchers and policy professionals working on obesity and overweight issues in Australia.

Williams, P et al: [COVID-19 in children in NSW, Australia, during the 2021 Delta outbreak: Severity and Disease spectrum.](#)

This prospective cohort study of 17 474 children aged under 16 years who were confirmed positive COVID-19 cases cared for by the Sydney Children's Hospital network during the period of the Delta outbreak in Sydney (1 June- 31 October 2021). The study concluded that most children had asymptomatic or mild disease. Hospitalisation was uncommon and

occurred most frequently in young infants and adolescents with comorbidities. More children were hospitalised for social reasons than for medical care. Risk factors for hospitalisation included:

- Age under 6 months or between 12 and 16 years
- A history of prematurity
- A history of medical comorbidities