

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

Restricting the promotion of unhealthy food and beverages to children became an urgent need during the COVID-19 pandemic for two key reasons:

1. There was strong evidence to suggest COVID-19 pandemic conditions were likely to exacerbate already high rates of obesity among Australian children and adolescents. As of 2017-18, one in four children aged 5-17 years were overweight or obese<sup>1</sup>. However, school closures and other COVID-19 restrictions disrupted the everyday routine of children and adolescents, leading to changes in their eating behaviors, physical activity levels and sleep schedules. Although more recent childhood obesity data is yet to be published in Australia, research has revealed the COVID-19 pandemic's impact on childhood physical activity, emotional health and care access levels<sup>2 3 4</sup>. Moreover, significant childhood weight gain has already been observed in post-pandemic studies in Asia, Europe and North America<sup>5 6 7</sup>.
2. There was clear association between excess weight and severe COVID-19 symptoms in children<sup>8 9 10</sup>.

In Australia, two-thirds of children under 16 years of age who 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.

<sup>1</sup> Australian Institute of Health and Welfare (2020). Overweight and Obesity among Australian children and adolescents. Cat. No. PHE 274. Canberra: AIHW.

<sup>2</sup> Goldfeld, S., O'Connor, E., Sung, V., et al. (2022). Potential indirect impacts of the COVID-19 pandemic on children: a narrative review using a community child health lens. *Med J Aust*, 216(7): 364-372.

<sup>3</sup> Rhodes, A. (2020) COVID-19 pandemic: Effects on the lives of Australian children and families. RCH National Child Health Poll.

<sup>4</sup> Hollonds, A. (2022). 'Mental health shapes my life': COVID-19 & kids' wellbeing. Australian Human Rights Commission.

<sup>5</sup> Trivedi, M., Frisard, C., Crawford, S., et al. (2022) Impact of COVID-19 on childhood obesity: Data from a paediatric weight management trial, *Pediatr Obes*, 17(12): e12959

<sup>6</sup> Yang, S., Guo, B., Ao, L., et al. (2020). Obesity and activity patterns before and during COVID-19 lockdown among youths in China. *Clin. Obes*, 10: e12416

<sup>7</sup> Wehrauch-Blucher, S., Huizinga, O., Joisten, C., et al. (2023). Changes in Lifestyle and Body Weight in Children and Adolescents during the COVID-19 Pandemic: A representative survey of parents in Germany. *Obes Facts*, 16(3):301-312.

<sup>8</sup> Kompaniyets, L., Agathis, N., Nelson, J., et al. (2021). Underlying medical conditions associated with severe COVID-19 illness among children. *JAMA Netw Open*, 4(6): e2111182.

<sup>9</sup> Guzman, B., Elbel, B., Jay, M., et al. (2022). Age-dependent association of obesity with COVID-19 severity in paediatric patients. *Paediatr Obes*, 17(3): e12856.

<sup>10</sup> Fernandes, D., Oliveria, C., Guerguis, S., et al. (2020) Severe acute respiratory syndrome coronavirus 2 clinical syndromes and predictors of disease severity in hospitalised children and youth. *J Pediatr*, 230:23-31

# KIDS COVID CATCH→UP

Although COVID-19 restrictions are no longer in place, some of the negative child behavioural changes elicited by the pandemic have persisted, including increased screen time<sup>11 12</sup>. To mitigate further drivers of obesity, it is essential to enforce restrictions around the marketing of unhealthy foods and drinks to children and young people<sup>13</sup>.

Children are particularly sensitive to marketing, and it significantly influences their attitudes to nutrition and diet<sup>13</sup>. Research indicates exposure to unhealthy product marketing influences children's brand awareness and product preferences<sup>13</sup>.

Dental decay is also a significant concern and remains the most common chronic childhood disease in Australia. Concerningly, over 80 percent of dental cavity burden among children is experienced by roughly one-fifth of the child population<sup>14</sup>.

The most recent nationwide findings reported that over 27 percent of children aged 5-9 years and 10.9 percent of children aged 10-14 years have dental cavities in their primary teeth<sup>10</sup>.

The adverse effects of poor dental health can influence overall health and wellbeing. In children particularly, poor dental health has the potential to negatively impact a child's ability to eat, speak, sleep and socialise, which may adversely affect them later in life<sup>15</sup>.

In 2021, a University of Wollongong study found that in a single week, children were exposed to an average of 168 online junk food and drink promotions, compared with an average of 19 promotions per week when watching television<sup>16</sup>. This research builds upon prior research that found 13-17-year-old children are exposed to almost 100 online promotions of unhealthy food every week<sup>17</sup>. Advertisers spend hundreds of millions of dollars annually in Australia to influence<sup>18</sup>.

The marketing industry in Australia is largely self-regulated, presenting major conflicts of interest. This means the food and beverage industries seeking to promote their products are mostly responsible for operating a system of codes aiming to 'protect' children from their own marketing. What is troubling about this system is it is mostly voluntary. An analysis of these voluntary codes by the Food for Health Alliance has identified major loopholes that demonstrate a narrow application of the codes and show that the system is prone to transparency and oversight concerns<sup>19</sup>.

<sup>11</sup> Goldfeld, S., O'Connor, E., Sung, V., et al. (2022). Potential indirect impacts of the COVID-19 pandemic on children: a narrative review using a community child health lens. *Med J Aust*, 216(7): 364-372.

<sup>12</sup> Hedderson, M., Bekelman, T., Li, M., et al. (2023). Trends in screen time use among children during the COVID-19 pandemic, July 2019 through August 2021. *JAMA Netw Open*, 6(2):e2256157.

<sup>13</sup> [Policies to protect children from the harmful impact of food marketing: WHO guideline](#)

<sup>14</sup> Do, L. & Spencer, A. (2016). *The National Child Oral Health Study 2012-14*. University of Adelaide Press, University of Adelaide

<sup>15</sup> Sanders, A. (2007). Social Determinants of Oral Health: conditions linked to socioeconomic inequalities in oral health and in the Australian population. AIHW cat no. POH 7. Canberra: Australian Institute of Health and Welfare

<sup>16</sup> [Journal of Medical Internet Research - Australian Children's Exposure to, and Engagement With, Web-Based Marketing of Food and Drink Brands: Cross-sectional Observational Study \(jmir.org\)](#)

<sup>17</sup> Kelly B, Bosward R, Freeman B. Social online marketing engagement (SoMe) with food and drink brands: Real time measurement of Australian children. Under preparation.

<sup>18</sup> [National Obesity Strategy 2022-2032 \(health.gov.au\)](#)

<sup>19</sup> [Home Page - Food For Health Alliance](#)

## 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/Territory Governments implement policies, programs 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.

RACP position statement: [Oral Health in Children and Young People Position Statement](#) that acknowledges oral health is integrally linked to the overall health of children and young people.

[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.
- 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

[Impact of unhealthy food marketing on children | Obesity Evidence Hub](#)

- A direct link between junk food advertising to children and childhood obesity
- The average Australian 5 to 8-year-old is exposed to at least 827 unhealthy food advertisements on TV each year.
- Australian adolescents are exposed to roughly 100 unhealthy food promotions per week online.
- There tends to be social inequality in the marketing of unhealthy foods, with a higher quantity and proportion of unhealthy food advertisements near schools in lower socioeconomic areas. The same observation was made around train stations.
- Researchers note a “cascade of effects” in which exposure to unhealthy food marketing influences children’s brand awareness and preferences, and consequent purchases and consumption.
- The frequency with which a child consumes unhealthy foods may be associated with the level of emotional arousal they experience after exposure to marketing.