

Label, Limit, Protect

*Assessing Food Marketing
Regulation for Children in
India*

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EQUITY, LAW & POLICY



LABEL, LIMIT, PROTECT: ASSESSING FOOD MARKETING REGULATION FOR CHILDREN IN INDIA

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The Centre for Health Equity, Law & Policy is a research, knowledge production and advocacy forum, which works on law & policy issues related to health, embedding its work in the right to health as envisaged within India's constitutional framework and her international commitments. It is located at the India Law Society, Pune.

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CONTENTS

1. INTRODUCTION	2
2. REGULATING ULTRA-PROCESSED FOOD MARKETING TO CHILDREN IN INDIA: LEGAL FRAMEWORK, GAPS, AND ENFORCEMENT CHALLENGES	6
2.1. Statutory and Regulatory Framework Governing UPF Advertising	6
2.1.1. The Consumer Protection Act (CPA), 2019 and CCPA Guidelines	6
2.1.2. The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992	8
2.1.3. The Advertising Standards Council of India	8
2.1.4. Cable Television Networks (Regulation) Act, 1995	9
2.1.5. Food Safety and Standards Act, 2006 and FSSAI's Regulations	9
FSSAI's Interventions & Implementation	10
Front-of-Pack Labelling (FOPL) in India	13
2.1.6. Digital and Influencer-Driven Marketing of UPFs to Children	17
2.2. Analysis	19
3. INTERNATIONAL LESSONS IN REGULATION OF FOOD ADVERTISING TO CHILDREN	21
3.1. Chile	22
3.1.1. Food Labelling and Advertising Law in Chile	22
The Transition to Healthier Policy Decisions: Pathway for FOPL	22
Regulatory Framework of the Food Law	24
Impact on Consumption, Reformulation, and Advertising Exposure	25
3.1.2. Consumer Protection Law in Chile	26
Consumer Redress and Dispute Resolution	26
Collective Dispute Resolution	27
Monitoring and Consumer Awareness	27
3.1.3. Self-regulatory mechanism in Chile	27
3.2. Canada	29
3.2.1. Food Labelling & Advertising law in Canada	29
3.2.2. Federal policy efforts and public demand	31
3.2.3. Self-regulatory mechanism in Canada	32
3.2.4. Consumer Protection Law in Québec	34
3.2.5. Impact on Consumption and Advertising Exposure	35
4. CONCLUSION: DISCUSSION AND RECOMMENDATIONS	37
4.1. Comparative insights	37
4.2. Beyond Legal Reform	38
4.3. Policy Recommendations	39

1. INTRODUCTION

Obesity has become a global public health challenge of significant and growing proportions. According to the World Health Organisation, 1 in 8 people globally were living with obesity worldwide in 2022, a figure that reflects a dramatic and sustained epidemiological shift.¹ Worldwide adult obesity has more than doubled since 1990, while adolescent obesity has quadrupled over the same period.² The scale of the problem among children is equally alarming: in 2024, 35 million children under the age of five were overweight, and in 2022, over 390 million children and adolescents between the ages of 5-19 were overweight, including 160 million living with obesity.³

India is not immune to this trend; it is also confronting a rapidly rising prevalence of childhood overweight and obesity. Accompanying this trend is a sharp increase in non-communicable diseases (NCDs) such as diabetes, cardiovascular disease, and hypertension.⁴ National Family Health Survey (NFHS) data reflects that obesity is rising across all age groups in India, with rates among under-five children more than doubling in just over a decade and adolescent obesity rates increasing rapidly.⁵ A recent analysis underscores the need to move beyond treating obesity as a mere lifestyle condition, and to recognise it as a chronic disease with long-term medical, social and economic consequences.⁶

A significant driver of this crisis, in addition to unhealthy diets and sedentary lifestyles, is the rapid rise in the consumption of ultra-processed foods (UPFs) and high-fat, salt, and sugar (HFSS) foods.⁷ UPFs are defined through the NOVA classification, which categorises foods according to the nature, extent, and purpose of industrial processing.⁸ Under NOVA, UPFs are Group 4 products - industrial formulations designed for hyper-palatability, convenience, and long shelf life. They have progressively displaced traditional diets across India.⁹ HFSS foods are identified through a nutrient-based regulatory approach, typically using nutrient

¹ World Health Organization, “Obesity and overweight” (WHO, 8 December 2025), *available at*: <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight> (last visited February 27, 2026).

² *Ibid.*

³ *Ibid.*

⁴ PIB Delhi, “Healthy population a key pillar to ensure a resilient future: Economic Survey 2025-26” (Ministry of Finance (Government of India), 29 January 2026).

⁵ Alka Gupta, “India: Overweight and obesity rising across all ages – from youngest children to adults” UNICEF (New Delhi, 11 September 2025).

⁶ Rinku Ghosh, “Obesity is a chronic disease, not a lifestyle condition, say top docs: White paper shows spiral by 2050” *The Indian Express*, 23 February 2026.

⁷ Arun Gupta, “Why there is a Need to Prioritise Regulation of Ultra-processed Foods and HFSS Foods in India?,” *Preventive Medicine: Research & Reviews* (2024), at pp. 90 & 91; Government of India, Ministry of Finance, Department of Economic Affairs, *Economic Survey 2024–25* (New Delhi, January 2025), at pp. 344–8.

⁸ Gyorgy Scrinis et al., “Policies to halt and reverse the rise in ultra-processed food production, marketing, and consumption” *The Lancet* (2025).

⁹ Government of India, Ministry of Finance, Department of Economic Affairs, *Economic Survey 2024–25* (New Delhi, January 2025), at p. 345.

profile models and threshold values to determine which products should be restricted in marketing to children. In practice, HFSS foods overlap substantially with UPFs, underscoring the need to regulate both categories coherently.¹⁰

A central mechanism driving UPFs and HFSS food consumption is aggressive and targeted food marketing.¹¹ The problem is not only that unhealthy food is available, but also that children are continuously exposed to persuasive food promotion across television, packaging, social media, and online video, gaming and influencer-led content.¹² UNICEF's global child nutrition reporting shows that unhealthy food environments are sustained by high availability, affordability, and aggressive marketing for unhealthy food products, while a global youth poll reported high recent exposure to advertisements for sugary drinks, snacks, and fast food.¹³ In India, the same pattern is reflected linking rising obesity to the increasing penetration of packaged and processed foods, aggressive and targeted advertising, and the displacement of traditional diets.¹⁴ Indian evidence also reflects this concern. A Punjab study on food labels and advertisements shows how food packaging, television advertising and low nutrition literacy interact in shaping children's eating behaviour and family purchasing patterns.¹⁵ Marketing strategies are specially calibrated to appeal to children through cartoon characters, bright packaging, celebrity endorsements, and digital engagement tools that blur the line between entertainment, information and advertisement.

Children are especially vulnerable to this form of commercial influence as their developmental capacities are still evolving.¹⁶ Childhood and adolescence are formative periods during which food preferences, habits and behavioural responses are formed, often under conditions of limited autonomy and limited ability to recognise commercial intent.¹⁷ The WHO/UNICEF rights-based framework specifically stresses children's developmental vulnerability and the need to place their best interests at the centre of policy design, including when governments regulate business practices that affect health.¹⁸

¹⁰ Arun Gupta, "Why is there a Need to Prioritise Regulation of Ultra-processed Foods and HFSS Foods in India?," *1 Preventive Medicine: Research & Reviews* (2024); Gyorgy Scrinis et al., "Policies to halt and reverse the rise in ultra-processed food production, marketing, and consumption" *The Lancet* (2025).

¹¹ United Nations Children's Fund (UNICEF), *Feeding Profit. How Food Environments Are Failing Children. Child Nutrition Report 2025* (New York, September 2025).

¹² *Ibid.*

¹³ Alka Gupta, "India: Overweight and obesity rising across all ages – from youngest children to adults" UNICEF (New Delhi, 11 September 2025).

¹⁴ *Ibid.*

¹⁵ Madhur Verma et al., "Exploring the influence of food labels and advertisements on eating habits of children: a cross-sectional study from Punjab, India," *23 BMC Public Health* 311 (2023).

¹⁶ United Nations Children's Fund (UNICEF), *Ultra-Processed Foods and Children: State-of-the-Art Review* (UNICEF (Child Nutrition and Development, Programme Group), New York, NY, December 2025), at p. 7; Amandine Garde et al., *A Child Rights- Based Approach to Food Marketing: A Guide for Policy Makers* (UNICEF, April 2018), at p. 5.

¹⁷ United Nations Children's Fund (UNICEF), *Ultra-Processed Foods and Children: State-of-the-Art Review* (UNICEF (Child Nutrition and Development, Programme Group), New York, NY, December 2025), at p. 7.

¹⁸ World Health Organisation (WHO) & The United Nations Children's Fund (UNICEF), *Taking Action to Protect Children from the Harmful Impact of Food Marketing: A Child Rights-Based Approach* (UNICEF & WHO, Geneva, 2023), at pp. 15–6.

Childhood obesity is not merely a question of personal lifestyle or parental choice, but is a child rights and right to health issue that engages the State's duty to protect children from harmful commercial food environments.¹⁹ A child rights framework is especially important because food marketing affects a cluster of rights at once: the rights to health, to adequate and nutritious food, to development, to information, and to protection from exploitation.²⁰ Children are not only consumers, but far more fundamentally are right-holders. Governments are duty bearers required to ensure that commercial practices do not undermine children's health and well-being.²¹ Legal scholarship on childhood obesity and the right to health further supports this approach by emphasising that the right to health is not only a right to treatment but also a basis for preventive action, and that State obligations include duties to respect, protect, and fulfil health rights in the face of third-party incursions.²² In the Indian constitutional setting, this framework aligns with Article 21 and the Directive Principles of State Policy under Article 39(e)–(f) and 47, which require protection of children's health and development and protection from exploitation.²³ Viewed through this lens, the rise of childhood obesity in India is not simply an epidemiological trend; it is a signal that children's health rights are being compromised by commercial determinants of health to which the State has a constitutional responsibility to address.

India has a body of laws and regulations that implicate food marketing to children. These include rules under the *Food Safety and Standards Act, 2006* and its regulations, advertising stands administered by the Advertising Standard Council of India (ASCI), consumer protection frameworks, and school-specific guidelines that restrict the sale of junk food on school premises. Taken together, these instruments reflect a degree of legislative and regulatory acknowledgement that food marketing to children requires attention. The critical question, however, is whether this framework is coherent, comprehensive and sufficiently enforced to meet the scale of nature of the challenge.

Against this background, this paper examines whether India's current legal and regulatory framework adequately protects children from the marketing of ultra-processed and other unhealthy foods, such as those with HFSS. Specifically, it (i) maps India's existing legal and policy framework across food safety and labelling, advertising standards, consumer protection, and school-related controls; (ii) evaluates gaps and enforcement, including fragmented oversight, misleading claims, celebrity/digital marketing, and over-reliance on self-regulation; (iii) draws relevant comparative lessons from jurisdictions such as Chile and Canada (Québec) that have more robust child-protective regulatory frameworks; and (iv) recommends legal and policy reform for a more coherent, enforceable, rights-based

¹⁹ *Ibid.*, , at p. 13.

²⁰ *Ibid.*

²¹ *Ibid.*, , at pp. 13–6.

²² Katharina Ó Cathaoir, "Childhood Obesity and the Right to Health," 18 *Health and Human Rights* 249–62 (2016), at pp. 253–4.

²³ Constitution of India, 1950, art. 21, 39 (e)-(f) & 47; Rakesh Sharma, "Right to health under the domain of article 21" (2021).

child-protective regulatory regime in India. In assessing how well existing Indian law aligns with child rights (right to health) standards and identifying the reforms needed, the paper aims to provoke measures that better serve the protection of children.

2. REGULATING ULTRA-PROCESSED FOOD MARKETING TO CHILDREN IN INDIA: LEGAL FRAMEWORK, GAPS, AND ENFORCEMENT CHALLENGES

This section outlines the legal and regulatory landscape governing the advertising and marketing of ultra-processed foods (UPFs) to children in India. In doing so it also examines the effectiveness of existing legislations and policies. It begins with the consumer protection framework on misleading advertising under the *Consumer Protection Act, 2019* and the *Central Consumer Protection Authority's (CCPA) 2022 Guidelines*, before turning to sector-specific controls. It then examines the food safety and labelling regime under the *Food Safety and Standards Act, 2006* and the *Food Safety and Standards Authority of India's (FSSAI) regulations*, including school-focused interventions and the emerging pathway for front-of-pack labelling. Finally, it considers the shift of UPF marketing to digital platforms, including influencer-led and other online promotional strategies that increasingly shape children's food choices.

2.1. Statutory and Regulatory Framework Governing UPF Advertising

2.1.1. The Consumer Protection Act (CPA), 2019 and CCPA Guidelines

The Consumer Protection Act (CPA), 2019, read with the *Guidelines for Prevention of Misleading Advertisements and Endorsements for Misleading Advertisements, 2022*, constitute the primary legal framework regulating advertisements directed at children in India. Children are recognised as a particularly vulnerable consumer group due to their limited capacity to critically assess commercial messaging. However, this vulnerability often results in their rights as consumers²⁴ being inadequately protected. The Act acknowledges the inherent power imbalance and information asymmetry between advertisers and consumers, and seeks to curb deceptive practices such as unverified claims and exaggerated promises.

CPA defines a “misleading advertisement²⁵” as one that falsely describes a product or service; provides false guarantees or misrepresents its nature, substance, quantity, or quality; conveys express or implied representations amounting to an unfair trade practice; or deliberately conceals material information. The Central Consumer Protection Authority (CCPA)²⁶, established under the Act, is empowered to take suo motu action against

²⁴ Dr Suchithra Menon C, “Child As A Consumer – Perspectives From Law And Behaviour” (Live Law, 10 July 2020)(last visited December 12, 2025).

²⁵ The Consumer Protection Act, 2019 (Act 35 of 2019), s.2 (28).

²⁶ The Consumer Protection Act, 2019 (Act 35 of 2019), s.10.

misleading advertisements, thereby strengthening class action consumer protection. The 2022 Guidelines expand accountability by adopting a broad definition of “advertiser,” encompassing not only manufacturers but also advertising agencies²⁷ and other entities involved in the creation and dissemination of advertisements.

Guidelines specifically addresses advertisements targeted at children²⁸. It prohibits exaggerated or unrealistic representations of product features that are likely to mislead children, as well as health or nutritional claims that are not adequately and scientifically substantiated. Advertisements suggesting that a product can enhance intelligence, physical ability, or confer exceptional recognition are expressly disallowed. The Guidelines also explicitly refers to “junk food²⁹,” stating that chips, carbonated beverages, and similar snacks and drinks shall not be advertised during programmes meant for children on channels exclusively catering to children. The Guidelines also discourage advertisements that promote “illogical consumerism.³⁰”

Despite this framework, a significant proportion of UPFs in the Indian market appear to violate the section on ‘misleading advertisements’ of the CPA. These products often contain excessive levels of fats, sugars, and salts, yet are marketed as “healthy” or feature imagery of fruits and vegetables despite containing negligible or no such ingredients. In 2023, a qualitative analysis³¹ conducted by the Nutrition Advocacy in Public Interest (NAPi) and the Breastfeeding Promotion Network of India (BPNI) examined 43 advertisements for pre-packaged food products. The study found that all 43 products were UPFs and were high in one or more nutrients of concern, including sugars, salt, and saturated fat. The advertisements relied heavily on celebrity endorsements, emotional appeals, and unsubstantiated health claims, frequently targeting children, while omitting critical information such as the actual content of sugar, salt, and fat. In doing so they violate Section 2(28) of the CPA, 2019, as such practices amount to the concealment of material information and misleading representations.

Although the Guidelines appear clear and health-affirming on paper, a closer examination reveals significant gaps. Crucial terms such as “junk food,” “illogical consumerism,” and goods promoted “without necessity” remain undefined, allowing for inconsistent interpretation and weakened enforcement. Additionally, Section 12 permits “obvious exaggerations” or hyperbolic³² claims intended to attract consumer attention, thereby blurring the line between permissible creative expression and actionable deception. While

²⁷ Guidelines for Prevention of Misleading Advertisements and Endorsements for Misleading Advertisements, 2022, s.2(c).

²⁸ The Consumer Protection Act, 2019 (Act 35 of 2019), s.8.

²⁹ The Consumer Protection Act, 2019 (Act 35 of 2019), s.8(3).

³⁰ *Ibid.*, s.8(4).

³¹ Arun Gupta, Nupur Bidla ,Reema Dutta. “Junk Push - Rising Ultra-processed Food Consumption in India-Policy, Politics and Reality” *Nutrition Advocacy in Public Interest in India* (NAPi) (2023).

³² Guidelines for Prevention of Misleading Advertisements and Endorsements for Misleading Advertisements, 2022, s.12(e) (2).

the provisions on disclaimers³³, aim to promote transparency by mandating uniform font, language, and full disclosure, they are largely ineffective in countering the persuasive power of child-oriented packaging and labelling.

2.1.2. The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992

The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 (IMS Act), is India's earliest and most stringent laws designed to protect children (particularly infants) and mothers from misleading and harmful advertising practices by food manufacturers. The Act was enacted to ensure that breastfeeding is not undermined by aggressive marketing of infant milk substitutes, feeding bottles, and infant foods. It strictly prohibits any form of advertisement or promotion of infant milk substitutes, feeding bottles, or infant foods that directly or indirectly suggest these products are equivalent or superior to mother's milk.

The Act explicitly bans advertisements³⁴, and bars companies from distributing free samples³⁵ or gifts to mothers, health workers, or hospitals. This is significant because it curtails the marketing tactics often used to influence parental decisions through emotional or health-related claims. The Act also forbids the use of images of infants, mothers, or any graphics that could idealise artificial feeding, thereby preventing manipulative packaging and visual marketing strategies. Moreover, the Act requires strict labelling regulations, mandating that all such products carry clear warnings that "mother's milk is best for your baby."³⁶ Any misleading statement or omission that could promote artificial feeding over breastfeeding constitutes a legal violation, which is punishable with imprisonment or fines.³⁷

The IMS Act is a public health-oriented legislation that has contributed to a measurable decline in the sales, and consequently the consumption, of commercial baby foods in India. Sales, which stood at approximately 40,000 tonnes in the 1980s, declined to around 30,000 tonnes during the period between 2016 and 2021.³⁸

2.1.3. The Advertising Standards Council of India

The Advertising Standards Council of India (ASCI), a self-regulatory body for advertising in India, enforces its *Code for Self-Regulation in Advertising*, which mandates that all advertisements must be honest, not misleading, and not exploit consumers' lack of experience or knowledge, especially that of children. Under the ASCI Code and its *Guidelines*

³³ The Consumer Protection Act, 2019 (Act 35 of 2019), s.11.

³⁴ The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 (Act 41 of 1992), s.3

³⁵ *Ibid.*, s.4.

³⁶ *Ibid.*, s.6.

³⁷ *Ibid.*, s.20.

³⁸ Arun Gupta, Nupur Bidla, Reema Dutta. "Junk Push - Rising Ultra-processed Food Consumption in India-Policy, Politics and Reality" pp- 77, *Nutrition Advocacy in Public Interest in India* (NAPI) (2023).

for Advertising of Food and Beverages (2020), advertisers are prohibited from presenting HFSS foods as healthy or essential for growth. Advertisements cannot disparage healthy dietary habits, mislead about nutritional value, or encourage overconsumption. They must also avoid using celebrities, influencers, or cartoon characters to promote HFSS products in a manner that targets children directly. Furthermore, the ASCI requires that advertisements making nutritional or health claims must be supported by scientific evidence, and any disclaimers must be clear, legible, and not contradict the main message. Violations are subject to corrective action, including advertisement withdrawal, as recommended by ASCI's Consumer Complaints Council.³⁹

2.1.4. Cable Television Networks (Regulation) Act, 1995

Complementing ASCI's efforts, the *Cable Television Networks (Regulation) Act, 1995*, through its Advertising Code (contained in the Cable Television Networks Rules, 1994), provides statutory backing to restrict the broadcast of misleading or harmful advertisements. Rule 7 of the Advertising Code prohibits advertisements that promote products hazardous to the health or safety of children or that encourage unhealthy lifestyles. It specifically mandates that no advertisement shall violate laws such as the Food Safety and Standards Act or misrepresent food as beneficial without adequate substantiation.

2.1.5. Food Safety and Standards Act, 2006 and FSSAI's Regulations

Food Safety and Standards Authority of India (FSSAI) regulates misleading food practices affecting all consumers (including children) that arises from the *Food Safety and Standards Act, 2006*. It grants the regulators broad control over how food products are advertised, packaged, labelled, and presented. This Act defines "advertisement" extensively, enabling FSSAI to scrutinise claims made across media and on food packaging.⁴⁰ It also empowers the authority to regulate how foods are packaged and labelled to prevent deceptive presentations⁴¹ and to restrict unfair or misleading food advertisements that may influence consumer behaviour.⁴² Violations of these provisions attract penalties for misleading advertising upto ₹10,00,000.⁴³

Following the Delhi High Court's direction in *Uday Foundation v Union of India (2013)*⁴⁴ seeking to curb "junk food" in school canteens to protect children's health, FSSAI introduced a major child-specific intervention through the *Food Safety and Standards (Safe Food and*

³⁹ "ASCI Upholds Complaints against 145 Advertisements out of 180," *Moneylife NEWS & VIEWS* available at: <https://www.moneylife.in/article/asci-upholds-complaints-against-145-advertisements-out-of-180/56905.html> (last visited December 10, 2025).

⁴⁰ *Food Safety and Standards Act, 2006 (No. 34 of 2006)*, 2006. s.3(b).

⁴¹ *Ibid.*, s. 23.

⁴² *Ibid.*, s. 24.

⁴³ *Ibid.*, s. 53.

⁴⁴ *Uday Foundation for Congenital Defects & Rare Blood Groups v. Union of India*, W.P.(C) No. 8568 of 2010 (Delhi High Court Oct. 29, 2013).

Balanced Diets for Children in School) Regulations, 2020. These regulations require that schools ensure no sale, free distribution, or promotion of food high in saturated fats, trans-fats, added sugar, or sodium within school premises.⁴⁵ They also establish norms for promoting safe food and balanced diets and expressly regulate food marketing, advertising and selling to children in and around school campuses.⁴⁶ These regulations additionally restrict HFSS food availability and advertisement within 50 meters of schools to foster healthier eating habits and food environment for children.⁴⁷ The FSSAI also issues *Food Safety & Standards (Labelling & Display) Regulations, 2020* requiring disclosure of nutrient contributions to the Recommended Daily Allowance (RDA) of total calories, saturated, and trans-fats, sodium, and added sugar per 100 g of foods, enabling consumers to make informed dietary choices.⁴⁸

In April 2025, FSSAI attempted to strengthen consumer protections through digital tools that allow reporting of misleading claims related to food products. The *Food Safety Connect app* and the *Food Safety Compliance System (FoSCoS)* platform enable consumers to upload images and details of misleading labels, reinforcing the regulatory framework established under the *Food Safety & Standards (Advertising and claims) Regulations, 2018*,⁴⁹ and the *Labelling and Display Regulation, 2020*.⁵⁰ The Regulations, 2018 details what food companies may and may not claim, prohibiting the use of certain terms such as “natural”, “pure”, or “homecooked” unless strict criteria are met.⁵¹ However, these regulations still do not classify HFSS foods or specifically address advertisements targeting children, leaving room for Food Business Operators (FBOs) to exploit loopholes. This contributes to unhealthy food marketing environments that undermine national efforts to shape healthy eating habits from an early age.⁵²

FSSAI's Interventions & Implementation

In the broader public health context, the Ministry of Health & Family deploys the Reproductive, Maternal, New born, Child, Adolescent Health and Nutrition (RMNCAH+N) strategy under the National Health Mission (NHM), which comprises measures to promote nutrition and tackle child obesity across the nation. These measures are the Eat Right

⁴⁵ *Food Safety and Standards (Safe Food and Balanced Diets for Children in School) Regulations, 2020*. s.3(5).

⁴⁶ *Ibid.*, s.4.

⁴⁷ *Ibid.*, s.5.

⁴⁸ *Food Safety and Standards (Labelling and Display) Regulations, 2020*.

⁴⁹ *Food Safety and Standards (Advertising and Claims) Regulations, 2018*.

⁵⁰ Food Safety and Standards Authority of India, *FSSAI Empowers Consumers to Report Misleading Claims on Food Products* 30 April 2025 (FSSAI, New Delhi).

⁵¹ Shalini Bassi et al., “Are advertising policies affirmative in restricting the marketing of foods high in fat, salt and sugar (HFSS) in India?: evidence from SWOT Analysis,” 21 *The Lancet Regional Health - Southeast Asia* (2024).

⁵² *Ibid.*, p. 5.

Movement⁵³, Fit India Movement⁵⁴ and the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD).⁵⁵ The Eat Right Movement, launched by FSSAI, specifically engages children along with citizens to promote healthy eating and build awareness about the risks linked to consumption of food high in fat, salt, and sugar (HFSS) that is associated with the risks that directly contribute to childhood obesity.⁵⁶ Eat Right School is an FSSAI initiative under the Eat Right India movement that educates children on safe and healthy eating through interactive learning tools, training materials, and school-based activities.⁵⁷ In a 2020 World Bank Report,⁵⁸ under Eat Right School, 31,758 schools have registered, 1,051 school health and wellness coordinators have been certified, and 23,053 school-based activities have been conducted. The programme has recorded participation from 75,137 students across 3,500 schools in the first phase of the Eat Right Creativity Challenge. These numbers may indicate some level of initiative, but they do not provide sufficient basis to assess scale, coverage, or impact. Notably, the report does not mention the heavy influence of marketing of ultra-processed food on children.

The FSSAI has acted in certain instances where misleading food labels have posed direct risks to children's health. Reports indicated that flavoured beverages marketed using the term "ORS" were consumed by children in lieu of genuine Oral Rehydration Solution, resulting in adverse health outcomes.⁵⁹ Through an April 2022 directive, FSSAI determined that such use of "ORS" constituted misbranding under the Food Safety and Standards Act, 2006, as it was liable to mislead consumers and endanger children suffering from diarrhoeal conditions.⁶⁰ Upon finding that disclaimers were ineffective in mitigating consumer confusion, FSSAI imposed a ban on the use of "ORS" or similar expression in the naming or advertising of food products.⁶¹

⁵³ Government of India (Press Information Bureau), "Eat Right India: Safe, Healthy & Sustainable Food for All" (PIB, 2025).

⁵⁴ Government of India, "Fit India - Be fit," 2019 available at: <https://fitindia.gov.in/> (last visited November 17, 2025).

⁵⁵ Ministry of Health & Family Welfare, *Operational Guidelines: National Programme for Prevention & Control of Non-Communicable Diseases (2023-2030)* (Government of India, 2023).

⁵⁶ Lok Sabha, Shri Gaurav Gogoi and Dr Sambit Patra, "Government of India Ministry of Health and Family Welfare Department of Health & Family Welfare" (2025).

⁵⁷ Ashi Kohli Kathuria, Deepika Anand and Ishira Mehta, *Eat Right India: A Case Study- Attempting to Transform India's Food Ecosystem to Advance Public Health and Improve Lives* (The World Bank, Washington, D.C., 2020).

⁵⁸ *Ibid.* p. 19.

⁵⁹ Anonna Dutt, "No more fake ORS, says food regulator after Hyderabad doctor's 8-yr fight: 'There were big companies but we won'" *The Indian Express*, 18 October 2025.

⁶⁰ Food Safety and Standards Authority of India, *Direction under Section 16(5) Regarding Misleading Advertisement and Marketing of ORS Substitute Products* (FSSAI, New Delhi), para. 2.

⁶¹ Editor, "Delhi High Court refuses to interfere with FSSAI's order banning use of term 'ORS' on label of food products and beverages" *SCC Times*, 2025 available at: <https://www.sconline.com/blog/post/2025/11/04/del-hc-on-banning-use-of-ors-label-on-food-and-beverages/> (last visited November 17, 2025).

Further, In *Dr. Reddy's Laboratories Ltd. v Union of India*,⁶² The Delhi High Court upheld FSSAI's prohibition on the use of the term "ORS", including in composite brand names, for food products such as fruit-based and ready-to-drink beverages. The court accepted FSSAI's finding that such labelling created consumer confusion between therapeutic ORS and non-therapeutic, high-sugar beverages, leading to adverse health outcomes, particularly among children suffering from diarrhoeal dehydration. Treating the FSSAI directions⁶³ as general regulatory measures grounded in public-health risk assessment, the court declined to interfere, emphasising that trademark rights cannot override statutory food safety obligations.

Similarly, the FSSAI expressed grave concern over irresponsible food marketing that influences children's food choices and issued show cause notices to McDonald's for an advertisement seen to promote unhealthy substitutes and disparaging healthier foods like vegetables, in violation of *Food Safety & Standards (Advertising and Claims) Regulations, 2018*.⁶⁴

In February 2025, a coordinated government response emerged to address the long-standing concern of deceptive marketing in the food and beverage industry. A 19-member committee was formed, chaired by the Union Minister for Food Processing Industries, to examine misleading advertisements about processed food and recommend more stringent regulations.⁶⁵ Previous efforts included a 2016 Memorandum of understanding (MoU) between the FSSAI and the ASCI to monitor misleading food advertisements.⁶⁶ Additionally, in 2018, the Ministry of Information and Broadcasting issued a directive that restricted junk food advertising on children's television channels, while allowing such advertisements on mainstream networks.⁶⁷ Further, FSSAI identified 32 violations of the *Food Safety and Standards (Advertising and Claims) Regulations, 2018*, by FBOs in 2023.⁶⁸ Notably, 21,042 consumer complaints have been made through the Food Safety Connect portal in the last five years.⁶⁹ These complaints commonly pertain to issues

⁶² *Dr. Reddys Laboratories Limited & Others v. Union of India & Another*, W.P.(C) No. 16303/2025 & CM Appl. 66695/2025 (Delhi High Court Oct. 31, 2025).

⁶³ Food Safety and Standards Authority of India (FSSAI), "Clarification regarding Order dated 14.10.2025 on withdrawal of permissions for use of the term 'ORS' along with brand names" (Food Safety and Standards Authority of India, Regulatory Compliance Division, New Delhi, 2025).

⁶⁴ Food Safety and Standards Authority of India, *Irresponsible Advertising A Matter of Grave Concern: FSSAI* (New Delhi, 22 November 2019).

⁶⁵ Harikishan Sharma, "Union Govt sets up committee to tackle 'misleading' advertisements on processed foods" *The Indian Express* (New Delhi, 7 February 2025).

⁶⁶ Food Safety and Standards Authority of India, "Press Release: FSSAI signs MoU with ASCI to address misleading advertisements in the F&B sector" (FSSAI, 2016).

⁶⁷ Food Safety and Standards Authority of India (FSSAI), "No Junk Food Ads on Cartoon Channels; Govt Says No Ban on Mainstream TV" (FSSAI, 2018).

⁶⁸ Food Safety and Standards Authority of India, "FSSAI finds 32 new cases of misleading ads, claims by food biz operators" (FSSAI, 2023).

⁶⁹ Rajya Sabha, "Government of India Ministry of Consumer Affairs, Food and Public Distribution Department of Consumer Affairs" (2025); PTI, "FSSAI gets 21,042 consumer grievances against food delivery apps in last 5 fiscal years" *The Economic Times*, 1 April 2025.

such as substandard food, labelling defects, and misleading claims.⁷⁰ However, the data is presented in a broad aggregate form, without any demographic breakdown. To effectively address issues such as child obesity, a more granular classification of complaints is necessary to enable a targeted public health response.

Despite these measures, monitoring gaps remain evident. RTI findings indicate that key government bodies, including those responsible for regulating misleading advertisements, have not detected any misleading food promotion in recent years despite extensive evidence of such advertisement and the lack of child-specific monitoring, particularly when misleading food advertisements contribute directly to unhealthy dietary patterns in children.⁷¹

More recently, there was a complaint lodged by NAPI in 2024, challenging misleading sugar-related claims in biscuit advertisements, which elicited a regulatory response stating that existing food safety regulations do not mandate disclosure of nutrient content in advertisements.⁷² This underscores the persistent weakness of the current regulatory framework in addressing misleading food advertising with significant public health implications.

Front-of-Pack Labelling (FOPL) in India

The WHO describes Front-of-Pack Labelling (FOPL) as supplementary nutrition information that functions as a practical policy tool to promote healthy diets by making nutrition information more accessible and easier to understand at the point of purchase, unlike detailed back-of-pack nutrient declarations that are often complex and poorly understood. FOPL is designed to complement package labelling through simple, frequent graphic cues.⁷³ Its principal aim is to provide convenient, relevant, and readily understood guidance to help consumers make informed purchases and healthier eating choices.⁷⁴ Consistent with this, India's *Food Safety and Standards (Labeling and Display) Regulation, 2020* define "Front of Pack" as the part of the package that faces forward in the principal field of vision and is typically the first thing a consumer sees, and define "Labelling" broadly to include any written, printed, or graphic matter present on the label, accompanying the food or display

⁷⁰ Rajya Sabha, "Government of India Ministry of Consumer Affairs, Food and Public Distribution Department of Consumer Affairs" (2025).

⁷¹ Kavita Bajeli-Datt, "Govt drive against misleading food product ads a non-starter: RTI reply" *The New Indian Express*, 28 July 2025.

⁷² Kashmeera Sambamurthy, "Bitter truth behind food ads: Will stricter regulations finally hold brands accountable?" *Third Eyesight: leading management consultant - retail, consumer, fashion, food, textiles, home, strategy, India, business growth, marketing, ecommerce, omnichannel*, 4 March 2025.

⁷³ World Health Organization, *Guiding Principles and Framework Manual for Front-of-Pack Labelling for Promoting Healthy Diet* (Geneva, 2018).

⁷⁴ *Ibid.*

near it.⁷⁵ These regulations further lay down India’s general mandatory labelling requirements for pre-packaged foods and “display” requirements for food premises.⁷⁶

UNICEF’s policy brief on front-of-pack *nutrition* labelling (FOPNL) adds a child-focused lens by explaining that unhealthy food products frequently use front-of-pack claims and child-appealing packaging (cartoons, characters, colours) that create a “health halo” influence children’s pestering behaviour, and mislead families making simplified, at-a-glance labels more realistic than detailed nutrition panels.⁷⁷ UNICEF further notes that robust FOPNL can support other child-protective policies such as marketing restrictions to children, school food standards, and even taxation.⁷⁸

The FOPL model broadly falls into two groups: Interpretive systems, which provide at-a-glance meaning about relative healthfulness of the food package and non-interpretive systems, which mainly present numerical nutrient summaries without guidance.⁷⁹ Many countries have adopted different FOPL/ FOPNL models across this spectrum. These include interpretive schemes such as the UK Multiple Traffic Light, France’s Nutri-Score, and Chile’s warning labels; non-interpretive approaches such as percentage reference intakes in the EU; and hybrid designs such as the Health Star Rating in Australia and New Zealand, each illustrating different regulatory choices about whether the label should merely disclose nutrients or actively signal healthfulness.⁸⁰ Consumer feedback and evidence synthesis suggest the interpretive/ hybrid systems perform consistently well in making healthful food choices.⁸¹

India’s food labelling regulation reflects some momentum towards FOPL, but progress remains incremental and falls short of the pace required to establish a mandatory framework. In 2014, FSSAI’s expert groups recommended that India adopt a clear, prominent interpretive labelling system to help consumers instantly identify harmful levels of fat, sugar, and salt in processed foods, emphasising consumers’ right to know “upfront” the nutritional risks associated with products.⁸² Yet, more than a decade later, India still lacks a mandatory FOPL regime. This regulatory inertia persists despite mounting evidence of rising non-communicable diseases and its link with overconsumption of UPF.

⁷⁵ *Food Safety and Standards (Labelling and Display) Regulations*, 2020.

⁷⁶ *Ibid.*

⁷⁷ UNICEF, *Front-of-Pack Nutrition Labelling of Foods and Beverages* (UNICEF, 2021).

⁷⁸ *Ibid.*

⁷⁹ World Health Organization, *Guiding Principles and Framework Manual for Front-of-Pack Labelling for Promoting Healthy Diet* (Geneva, 2018).


⁸⁰ UNICEF, *Front-of-Pack Nutrition Labelling of Foods and Beverages* (UNICEF, 2021), at pp. 14 & 15; World Health Organization, *Guiding Principles and Framework Manual for Front-of-Pack Labelling for Promoting Healthy Diet* (Geneva, 2018).

⁸¹ UNICEF, *Front-of-Pack Nutrition Labelling of Foods and Beverages* (UNICEF, 2021), at p. 5.

⁸² Sukanya Nair, “Front of-Pack (FOP) Labelling on Packaged Foods” *Centre for Science and Environment (CSE)*.

In 2018, FSSAI published draft⁸³ FOPNL labelling rules proposing a red warning mark/ a red indication where per serving calories, fat, trans-fat, sugar, or sodium exceed stipulated cut-offs based on the Indian recommended dietary allowances. However, concern remains that this may not work well for India given literacy and nutrition-awareness gaps; pictorial/ symbol-based labels are likely more effective.⁸⁴ Additionally, food industry stakeholders voiced concerns over the proposed red colour as it signals “danger” and can deter consumers, further urging India to adopt more positive, voluntary labelling models used in other countries.⁸⁵ FSSAI recently announced that it would constitute a new panel with ‘health and nutrition background’ to revisit the draft regulations.⁸⁶

In 2021, FSSAI commissioned the Indian Institute of Management Ahmedabad (IIM-A) to conduct India’s nutrition-policy study.⁸⁷ The resulting report compared global FOPL formats (No label, Health Star Rating (HSR), Nutri-Score, Warning Labels, Multiple Traffic Lights, and Monochrome GDA), and concluded that the Health Star Rating (HSR) system was most acceptable and easiest to understand.⁸⁸ On the other hand, another report found that warning labels were more effective in deterring unhealthy food purchases, the very objective FOPL seeks to achieve.⁸⁹

FOPL formats	FOPL Design/ Symbol
Health Star Rating (HSR)	

⁸³ Food Safety and Standards Authority of India (FSSAI), “Notice calling for suggestions, views, comments etc from stakeholders on the draft Food Safety and Standards (Labelling and Display) Regulations, 2018” (FSSAI, 2018).

⁸⁴ Richa Pande, SubbaRao M Gavaravarapu and Bharati Kulkarni, “Front-of-pack nutrition labelling in India,” 5 *The Lancet Public Health* e195 (2020).



⁸⁵ *Ibid.*

⁸⁶ Gayatri Sapru, “A Star-Crossed Label” *The Reporters’ Collective*, 5 October 2025.

⁸⁷ Arvind Sahay, Rahul Sanghvi and Ranjan K Ghosh, “Consumer preferences for different nutrition front-of-pack labels in India” *Indian Institute of Management Ahmedabad (IIM Ahmedabad)* (2022).

⁸⁸ *Ibid.*, p. 7.

⁸⁹ Gyorgy Scrinis et al., “Policies to halt and reverse the rise in ultra-processed food production, marketing, and consumption” *The Lancet* (2025), at p. 6; UNICEF, *Front-of-Pack Nutrition Labelling of Foods and Beverages* (UNICEF, 2021).

Nutri-Score											
Warning Labels											
Multiple Traffic Lights	<p>Each serving (150g) contains</p> <table border="1" data-bbox="874 846 1310 1003"> <tr> <td>Energy 1046kJ 250kcal</td> <td>Fat 3.0g LOW</td> <td>Saturates 1.3g LOW</td> <td>Sugars 34g HIGH</td> <td>Salt 0.9g MED</td> </tr> <tr> <td>13%</td> <td>4%</td> <td>7%</td> <td>38%</td> <td>15%</td> </tr> </table> <p>of an adult's reference intake Typical values (as sold) per 100g: 697kJ/ 167kcal</p>	Energy 1046kJ 250kcal	Fat 3.0g LOW	Saturates 1.3g LOW	Sugars 34g HIGH	Salt 0.9g MED	13%	4%	7%	38%	15%
Energy 1046kJ 250kcal	Fat 3.0g LOW	Saturates 1.3g LOW	Sugars 34g HIGH	Salt 0.9g MED							
13%	4%	7%	38%	15%							

Source: Compiled from UNICEF, *Policy Brief: Front-of-Pack Nutrition Labelling of Foods and Beverages* (2021); George Cheriyan & Simi T.B., *Front-of-Package Labelling* (CUTS CART, 2025)⁹⁰

Following the IIM-A report, FSSAI issued a September 2022 draft amendment⁹¹ proposing the Indian Nutrition Rating (INR), a 0.5–5 star FOPNL label broadly similar to the Health Star Rating Approach used in Australia and New Zealand. Although the draft attracted over 14,000 public and stakeholder comments, finalisation has been delayed.⁹²

The minutes of a February 2022 stakeholder consultation on FOPL indicate that the Scientific Panel recommended nutrient thresholds for the two broad categories - Foods and Beverages - and that FSSAI opted to incorporate the HSR format into the draft regulations despite consumer representatives objections that a star-based score carries a positive connotation

⁹⁰ UNICEF, *Front-of-Pack Nutrition Labelling of Foods and Beverages* (UNICEF, 2021); T.B. Simi and George Cheriyan, *Front of Package Labelling: All You Need to Know About* (CUTS Centre for Consumer Action Research and Training (CART), 2021).

⁹¹ Food Safety and Standards Authority of India (FSSAI), “Draft-Food Safety and Standards (Labelling and Display) Amendment Regulations, 2022,” 2022, at pp. 36–38.

⁹² Lok Sabha, “Ministry of Consumer Affairs, Food and Public Distribution” (2025); Rema Nagrajan, “Activists accuse food regulator of stalling on-pack labelling regulation” *The Times of India*, 20 July 2025.

and may not serve the intended warning function for nutrients of concern. The meeting further proposed a 4-year transition period beginning with voluntary use in 2023 and mandatory adoption by 2027.⁹³

Most recently, in 2024, a Public Interest Litigation (PIL) was filed by *3S and Our Health Society* before the Supreme Court seeking mandatory warning labels on HFSS foods.⁹⁴ Recognising the urgency, the Court, in April 2025, directed FSSAI's Expert Committee to finalise recommendations within three months, reaffirming that the authority is statutorily obligated to regulate labelling in the interest of public health. However, compliance remained inadequate. In its February 2026 order, the Supreme Court expressed dissatisfaction with FSSAI's response, noting the lack of meaningful progress and absence of consensus on the proposed nutrition rating model, and directed the authority to reconsider the issue and file a fresh response within four weeks.⁹⁵

Despite a decade of committee meetings, consultations, studies, expenditures, and judicial nudges, India still lacks a mandatory FOPL system.

2.1.6. Digital and Influencer-Driven Marketing of UPFs to Children

In the contemporary digital landscape, children spend a substantial amount of time online, making social media and digital platforms central sites for marketing and advertising. Advertisers increasingly use immersive and creative strategies to promote UPFs, often through celebrities, influencers, and content creators who act as trusted intermediaries for younger audiences. Practices such as product placements, mukbangs,⁹⁶ direct engagement, and paid partnerships normalise and encourage UPF consumption among children and adolescents. The rapid expansion of digital marketing, particularly after the COVID-19 pandemic, has strengthened the influence of large food corporations while simultaneously making regulation more challenging. A prominent example is McDonald's collaboration with the Korean pop group BTS, whose global fan base includes millions of children and young people. The launch of the BTS Meal in 2021, led to widespread social media engagement, store sell-outs, and viral, unpaid promotion by fans, effectively turning consumers into marketers.⁹⁷

Child influencers also play a significant role in shaping children's consumption of

⁹³ Food Safety and Standards Authority of India (FSSAI), "Minutes of the Stakeholders' Meeting on Front of Pack Labelling" (FSSAI, 2022).

⁹⁴ *3S and Our Health Society v Union of India & Others*, W.P.(C) No. 437/2024 (Sup. Ct. of India Apr. 9, 2025).

⁹⁵ LiveLaw News Network, "Supreme Court Unsatisfied With FSSAI, Asks It To Consider Front-of-Pack Labels Warning Of High Sugar, Fat & Sodium In Food," 15 February 2026.

⁹⁶ *Mukbang* refers to a video shared on social media in which the creator films themselves eating large quantities of food, and often provides a review of the food as well. *Mukbang* can also refer to the genre of such videos.

⁹⁷ Marketing Maverick, "Here's Everything About The BTS Meal by McDonald's" *Marketing Maverick*, 2025 available at: <https://marketingmaverick.io/p/everything-about-the-bts-meal-by-mcdonald-s> (last visited February 20, 2026).

ultra-processed foods. A 2020 study by the NYU School of Global Public Health and the NYU Grossman School of Medicine found that child influencers generate millions of impressions for unhealthy food and beverage brands through product placements.⁹⁸ Nearly 43% of the most popular videos by child influencers promoted food and drinks, with over 90% featuring unhealthy branded products or fast food.⁹⁹

In 2021, the ASCI released the *Guidelines for Influencer Advertising in Digital Media* which require all social media influencers to disclose if the products/content they are promoting are advertisements, and if there is a material connection¹⁰⁰ between the influencer/endorser and the advertiser.¹⁰¹ Following this, the Department of Consumer Affairs (“DoCA”) released ‘Endorsement Know-hows’¹⁰² in January 2023, which provides details of disclosure requirements applicable to celebrities, influencers, and virtual influencers on social media platforms.

Conversely, there have been positive developments in the digital space where civil society organisations have introduced campaigns to increase awareness regarding the increasing consumption of UPF. One such example is the campaign “#PacketKeAndarkyaHai?” [What is inside the packet?] by NAPI, to inform the public about the importance of reading labels and discourage consumption of UPF. Similarly, in 2023 the influencer Revant Himatsingka, popularly known as ‘FoodPharmer’, urged schools to start a ‘sugar boards’ campaign, which involves a visual representation of the quantity of sugar contained in a bottle of aerated drink or packaged fruit juice. Sugar boards provide essential information, including recommended sugar intake, the sugar content in commonly consumed foods (such as junk food and cold drinks), health risks associated with high sugar consumption and healthier dietary alternatives.¹⁰³ In 2025, the Central Board of Secondary Education (CBSE) instructed over 24,000 affiliated schools to set up ‘sugar boards’ to inform students about the risk of intake of excessive sugar.¹⁰⁴

⁹⁸ Amaal Alruwaily et al., “Child Social Media Influencers and Unhealthy Food Product Placement,” 146 *Pediatrics* e20194057 (2020).

⁹⁹ *Ibid.*

¹⁰⁰ A material connection is any connection between an advertiser and influencer that may affect the weight or credibility of the representation made by the influencer. Material connection could include, but is not limited to benefits and incentives, such as monetary or other compensation, free products with or without any conditions attached including those received unsolicited, discounts, gifts, contest and sweepstakes entries, trips or hotel stays, media barter, coverage, awards, or any family or employment relationship, etc.

¹⁰¹ <https://www.ascionline.in/wp-content/uploads/2023/08/GUIDELINES-FOR-INFLUENCER-ADVERTISING-IN-DIGITAL-MEDIA>

¹⁰² “Centre releases guidelines for celebrities, influencers, and virtual influencers on social media platform,” available at: <https://www.pib.gov.in/Pressreleaseshare.aspx?PRID=1904528®=3&lang=2> (last visited January 6, 2026).

¹⁰³ Maitri Porecha, “Why are ‘sugar boards’ necessary in schools? | Explained” *The Hindu*, 27 May 2025, section Education..

¹⁰⁴ *Ibid.*

2.2. Analysis

Despite the existence of an extensive legal and policy framework regulating food advertising and discouraging the marketing of UPF to children, India continues to witness pervasive non-compliance in practice. The implementation and enforcement remains weak and fragmented. Legislations and Guidelines operate in isolation, and there is limited coordination between regulatory bodies such as the CCPA, FSSAI, and ASCI. As a result, despite the presence of multiple safeguards on paper, misleading and persuasive advertising of junk food and unhealthy products targeting children continues largely unchecked.

A major implementation challenge lies in the absence of clear definitions and binding enforcement mechanisms. For example, neither the CPA Guidelines, FSSAI Regulations the ASCI Code defines “junk food” or “HFSS” foods precisely, creating room for advertisers to bypass restrictions through creative labelling, partial disclosures, or indirect marketing. Although the CCPA has the authority to impose penalties and order product recalls, it has seldom exercised these powers in cases involving ultra-processed foods (UPFs), particularly in relation to targeted marketing practices that may violate the Consumer Protection Act, 2019. Its actions have been reactive rather than preventative.

The ASCI suffers from inherent structural limitations. As a self-regulatory, non-statutory private body, ASCI lacks the power to impose penalties and relies largely on voluntary compliance, significantly diluting its deterrent value. Although it has developed advertising principles, collaborated with government bodies, and taken suo motu action in certain cases, its enforcement capacity remains limited. A survey by the Federation of Indian Chambers of Commerce and Industry found that 56% of advertising and marketing professionals themselves considered India’s self-regulatory framework inadequate and ineffective.¹⁰⁵ Similarly, although the *Cable Television Networks Act* prohibits unhealthy food advertisements during children’s programming, monitoring compliance across hundreds of channels and digital platforms is logistically difficult and inconsistently executed.

The IMS Act, while robust in its prohibitions on infant food marketing, is limited in scope to early childhood nutrition and lacks equivalent enforcement structures for older children’s exposure to unhealthy food marketing. Even then, there are violations by major food corporations. In 2024, Public Eye, a Swiss civil society organisation supported by the International Baby Food Network (IBFAN), exposed Nestlé’s “double standards” in marketing baby cereals, finding high added sugar in products for Africa and lower-income nations while selling sugar-free versions in Europe, potentially hooking infants onto sugar early and

¹⁰⁵Federation of Indian Chambers of Commerce & Industry. (2024). Advertising Standards in India: An Introduction, available at https://ficci.in/public/storage/SEDocument/20240/Survey_on_Advertising_Standards.pdf.

worsening health crises like diabetes.¹⁰⁶ Post this exposé, Nestlé has brought out versions of baby cereals without ‘refined sugar’ in India, while cereals with sugar are still available in online marketplaces such as Amazon.¹⁰⁷

Moreover, digital and social media advertising, wherein children are increasingly exposed to targeted marketing, largely fall outside the ambit of traditional monitoring systems. Regulatory authorities have limited technological infrastructure and inter-agency collaboration to track violations online. The result is a regulatory gap between law and practice. This has been exacerbated by the struggle to bring in a regulatory framework for an FOPL regime in India for over a decade, where there has been a constant tussle between the big food corporations and those pushing for public health reforms. Despite there being many interventions by FSSAI to reduce the use of UPF, implementation on the ground remains unclear, and there is an apparent lack of change of consumer behaviour.

Overall, while India’s legal framework reflects a strong normative commitment to protecting children from unhealthy food marketing, its impact is undermined by weak enforcement, fragmented regulation, and an overreliance on self-regulation. This has allowed the continued normalisation of unhealthy food consumption among children, where harms to public health are treated as collateral damage in the pursuit of commercial profit. There may be policies and practices from other jurisdictions that can inform better implementation in India.

¹⁰⁶ Laurent Gaberell Abebe Patti Rundall, Manuel, “How Nestlé gets children hooked on sugar in lower-income countries” *available at*: <https://stories.publiceye.ch/nestle-babies/> (last visited December 19, 2025).

¹⁰⁷ “CERELAC Baby Food Cereal | No Preservatives | Wheat Apple for 6 to 24 Months Baby | Source of Iron & Protein for Babies | Instant Cereal | 350g / 360 g (Weight may vary upwards): Amazon.in: Baby Products,” *available at*: https://www.amazon.in/CERELAC-Cereal-Months-Protein-300g-350g/dp/B00I4SYXIK/ref=sr_1_5?crd=XLH3RFF3KK9G&dib=eyJ2IjojMSJ9.z1azzIzMnUDpDXwWn4GR35hxguq7ZytNPQSF8BviOck5sxQW_kVMZNlxRz_rfKeXkKTMJEHoKTcvRTZ822e4rxel sar9aB7bfEXVIVovupqOzKZ7ubOlnq6x8dyVPURUgU7uzp6U9PslsESW0qQ3891RohJt-Wz-l-8GNZvLusdsLxinSzspG2JStmOg6sLAURbULSrmyXBUhJe1tjD9SUBdnJPzwtdQ0zggLnKDbCFjFjzCEXpD6ydE39KI0Kx03AsZyMa0rgeZsTv4R1OO4iYjli5EF9FPp7ZpDJWUHMU.Yi7n6I p8HjbDkPtWH6JpvYCqlarRchta2XpDIKp2btk&dib_tag=se&keywords=nestle%2Bcerelac%2B6%2Bmonths&qid=1767770654&sprefix=neslte%2Bcer%2Caps%2C449&sr=8-5&th=1 (last visited January 2, 2026).

3. INTERNATIONAL LESSONS IN REGULATION OF FOOD ADVERTISING TO CHILDREN

This section examines selected international jurisdictions that have demonstrated notable effectiveness in the design and implementation of Front-of-Pack Labelling (FOPL) regimes. The countries discussed, Chile and Canada (with particular reference to the province of Quebec), illustrate how interpretive labelling frameworks can function as public health interventions to address rising obesity levels and curb the consumption of ultra-processed foods. These jurisdictions provide instructive examples of how FOPL can mitigate information asymmetry between consumers and food manufacturers, influence purchasing behaviour, and operate alongside broader regulatory measures aimed at improving population-level nutrition outcomes, especially for children. Rather than advocating for direct regulatory transplantation, this section adopts a learning-oriented comparative approach, identifying principles and practices that may inform the evolution of India's FOPL framework within its own institutional and socio-economic context.

Chile provides an apposite comparative case for India; both countries face similar structural drivers of diet-related non-communicable diseases, including rapid nutrition transition, increased consumption of ultra-processed foods, and aggressive marketing directed at children. Chile successfully implemented a mandatory and interpretive FOPL regime grounded in public health evidence. Chile's experience, therefore, offers valuable lessons for India on regulatory clarity, political will, and the use of FOPL as an effective public health intervention.

Canada is a particularly useful comparative example for India because it offers a rare, well-documented "policy laboratory" within one country: Québec has a statutory ban on commercial advertising directed at children under 13 applied through a contextual test, while the rest of Canada relies far more on industry self-regulation and broadcast preclearance. This creates a built-in comparison between enforceable law and voluntary codes, and makes Canada a robust example for India to learn from when considering issues such as age threshold, enforcement, and how to regulate marketing across modern media.

3.1. Chile

In Chile, obesity and diet-related diseases have long posed serious public health challenges, with elevated body mass index and unhealthy dietary patterns emerging as leading contributors to premature mortality and disability. By 2016, Chile had the highest per capita consumption of sugary beverages globally, and nearly two-thirds of the population was classified as overweight or obese.¹⁰⁸ These dietary patterns have been a major driver of the rising burden of non-communicable diseases. Children were not immune to these trends, with ultra-processed foods (UPFs) forming a significant part of their diets. A 2021 study examining the diets of approximately 960 preschool-aged children found that UPFs accounted for nearly half (49%) of their total energy intake. Children with higher UPF consumption exhibited greater intake of total energy, saturated and monounsaturated fats, carbohydrates, total sugars, and vitamin D compared to those in the lowest consumption quintile.¹⁰⁹

3.1.1. Food Labelling and Advertising Law in Chile

The Transition to Healthier Policy Decisions: Pathway for FOPL

In June 2016, Chile enacted the *Food Labelling and Advertising Law (Law 20,606)*,¹¹⁰ or the Food Act, a landmark framework designed to create healthier food environments, with the protection of children's health as a central objective. The law introduced several key measures, including front-of-package labelling (FoPL), restrictions on food marketing, and school guidelines. However, this was no easy feat, especially considering that this was unprecedented in Chile or any other country. Chile faced technical challenges, such as the definition of regulatory concepts and scope, and political challenges like the opposition of the food industry and conflicts of opinions and priorities among governmental institutions.¹¹¹

The drafting of Chile's Food Labelling and Advertising Law took place between 2006 and 2012 and involved the introduction of the bill in the National Congress alongside extensive legislative, academic, and public debate. Although Law No. 20,606 was approved and published in July 2012, it required further clarification as it lacked precision on regulatory scope, excluded certain products, and set nutrient cut-off values without clear scientific

¹⁰⁸ "Landmark Chilean Food Policies Show Positive Results," *Global Health Advocacy Incubator* available at: <https://www.advocacyincubator.org/news/2020-03-18-landmark-chilean-food-policies-show-positive-resuls> (last visited January 12, 2026).

¹⁰⁹ C. Araya et al., "Ultra-Processed Food Consumption Among Chilean Preschoolers Is Associated With Diets Promoting Non-communicable Diseases," 8 *Frontiers in Nutrition* (2021).

¹¹⁰ "Law No. 20.606 on Nutritional Composition of Food and Food Advertising (as amended by Law No. 20.869 of November 13, 2015), Chile, WIPO Lex," available at: <https://www.wipo.int/wipolex/en/legislation/details/16343> (last visited January 20, 2026).

¹¹¹ Pablo Villalobos Dintrans et al., "Implementing a Food Labeling and Marketing Law in Chile," 6 *Health Systems & Reform* e1753159 (2020).

justification. The law was implemented gradually in three phases—initial implementation in 2016, revised nutrient thresholds in 2018, and full enforcement by June 2019.¹¹²

The phased implementation expanded the range of actors involved, including industry, international organisations, academia, public institutions, civil society, and the media.¹¹³ The Ministry of Health (MoH) played a central role, commissioning studies through an open competitive process to assess consumer understanding of different FoP label designs. These studies identified the black octagonal “high in” warning as the most effective. Parallel debates focused on defining “advertising to children,” leading to a broad regulatory scope that covered packaging, branding, digital media, and online platforms.

Following the preparation of the final draft, the MoH received strong support from civil society, international organisations, and segments of academia, although it encountered significant resistance from the food and advertising industries. Industry opposition was articulated through both formal mechanisms under the Lobby Law¹¹⁴ and informal media campaigns, largely centred on concerns regarding economic impacts, particularly on small and medium enterprises (SMEs), and the replacement of Guideline Daily Amount (GDA) labels with FoP warnings.¹¹⁵ The food industry tried fighting the Food Act in Chilean Courts on constitutional grounds, by invoking arguments surrounding their ‘right to commercial expression’ and ‘right to property’, claiming that the prohibition on child-attractive imagery and trademarks constitutes a ‘regulatory taking’ of their intellectual property.¹¹⁶ The courts weighed these arguments as being against the right to health and ruled that public health concerns justify Chile’s advertising restrictions.

To manage this resistance, the Food Act incorporated flexibility measures, including the coexistence of FoPL “high in” warnings on the front of packages and GDA information on the back, a shift in label language from “excess of” to “high in,” and a phased tightening of nutrient thresholds over four years. SMEs were granted a three-year grace period, which reduced opposition and enabled continued implementation. Despite concerns that this concession could be used to delay or undermine the reform, the process concluded successfully in June 2019 with the final adjustment of nutrient cut-off values. Responsibility for monitoring compliance was assigned to the MoH’s sanitary regulatory authority (SEREMI), with penalties directed at the establishments where food products were sold,

¹¹² *Ibid.*

¹¹³ *Ibid.*

¹¹⁴ A law that regulates the interactions between particular interest groups and authorities. To know more, see - “Lobby Law – BritCham,” *available at*: <https://britcham.cl/doing-business-in-chile/customs-regulations-standards/lobby-law/> (last visited January 20, 2026).

¹¹⁵ Pablo Villalobos Dintrans et al., “Implementing a Food Labeling and Marketing Law in Chile,” 6 *Health Systems & Reform* e1753159 (2020), at p-4.

¹¹⁶ Marcelo Campbell, “Chile: Front-of-Package Warning Labels and Food Marketing,” 50 *Journal of Law, Medicine & Ethics* 298–303 (2022).

such as retailers, rather than at food manufacturers.¹¹⁷ This enforcement approach was crucial in facilitating the prompt and effective implementation of the regulation.

All major disputes were eventually resolved by emphasising obesity prevention as a national priority, especially for protecting children’s health.

Regulatory Framework of the Food Law

As mentioned previously, the Food Act regulates food labelling and food information, food sales of foods in schools, and food marketing and advertising. At the core of Chile’s regulatory approach is its mandatory Front-of-Pack (FoP) warning labelling system, administered by the MoH under the Food Sanitary Regulations.¹¹⁸ Manufacturers, producers, distributors, and importers of pre-packaged foods are required to display clear and prominent warning labels on products that exceed government-defined thresholds for calories, sugars, sodium, or saturated fats.¹¹⁹ These labels are standardised, highly visible, and interpretive, enabling consumers—particularly parents and caregivers—to quickly identify products that pose nutritional risks.

Chile’s food labelling regime is supported by strict linguistic and formatting standards. Mandatory information must be presented primarily in Spanish (the official language of Chile) using legible font sizes and clear layouts, with key warnings highlighted through bold text and contrasting colours.¹²⁰ These requirements are designed to enhance consumer comprehension and reduce the scope for misleading health claims.

The Food Law also places robust restrictions on food marketing to children. Article 3 of the Food Labelling and Advertising Law prohibits deceptive or misleading advertising practices, while Article 6 bans the promotion, sale, and free distribution of unhealthy foods in nursery, primary, and secondary schools, especially to children under 14 years of age. The sale of foods, through advertisement hooks such as gifts, contests or games are also prohibited. The Act also specifically defines what ‘advertising’ entails, which is “*any form of marketing, communication, recommendation, propaganda, information or action intended to promote the consumption of a product*”.¹²¹

In addition, advertising of foods bearing warning labels is subject to stringent broadcast restrictions, including a comprehensive ban on television advertising between 6 am and 10

¹¹⁷ Grace Melo et al., “Structural responses to the obesity epidemic in Latin America: what are the next steps for food and physical activity policies?,” 21 *The Lancet Regional Health – Americas* (2023).

¹¹⁸ Food Sanitary Regulation - that sets the nutrient thresholds, defines the warning label and lays down formatting and placement requirements.

¹¹⁹ Law No. 20,606 (ON THE NUTRIENT COMPOSITION OF FOOD AND ITS ADVERTISING), 2012, art 2.

¹²⁰ *Ibid.*

¹²¹ Law No. 20,606 (ON THE NUTRIENT COMPOSITION OF FOOD AND ITS ADVERTISING), 2012, art 7.

pm, a time period when children are most likely to be exposed.¹²² These measures reflect an explicit recognition of children’s heightened vulnerability to food marketing and the State’s obligation to safeguard their right to health. The law further mandates educational initiatives promoting healthy eating and physical activity within schools, supported by collaboration between the Ministries of Health and Education through a mandatory nutritional monitoring system.¹²³ The law also incorporates the School Feeding Programme (PAE), which supplies free breakfasts, snacks, and lunches to over half of all school-age children, primarily from the most socio-economically disadvantaged families attending public and state-subsidised private schools. As a result, the PAE is prohibited from offering foods that exceed established critical nutrient thresholds, including items such as sugar-sweetened milk, processed chicken nuggets, dressings, and mixed dishes containing excessive levels of regulated nutrients.¹²⁴

Impact on Consumption, Reformulation, and Advertising Exposure

Empirical evaluations of Chile’s regulatory framework demonstrate measurable public health benefits. Studies assessing food purchases before and after implementation report significant reductions in the purchase of products high in sugars, sodium, and saturated fats, alongside a marked decline in the consumption of sugary beverages. Notably, households reduced purchases of high-sugar drinks by nearly a quarter, while consumption of healthier alternatives such as water and beverages without added sugars increased.¹²⁵

The law has also driven substantial product reformulation. Following the phased implementation of increasingly strict nutrient thresholds, the proportion of packaged foods requiring “high in” warning labels declined considerably. The most pronounced reductions were observed in sugar content in sweet foods and beverages and sodium levels in savoury products, indicating industry adaptation in response to regulatory pressure.¹²⁶

Importantly, Chile’s advertising restrictions have led to a sharp decrease in children’s exposure to unhealthy food marketing. Research indicates substantial reductions in both

¹²² Francesca R. Dillman Carpentier et al., “Restricting child-directed ads is effective, but adding a time-based ban is better: evaluating a multi-phase regulation to protect children from unhealthy food marketing on television,” 20 *International Journal of Behavioral Nutrition and Physical Activity* 62 (2023).

¹²³ Law No. 20,606 (ON THE NUTRIENT COMPOSITION OF FOOD AND ITS ADVERTISING), 2012, art 4.

¹²⁴ Grace Melo et al., “Structural responses to the obesity epidemic in Latin America: what are the next steps for food and physical activity policies?,” 21 *The Lancet Regional Health – Americas* (2023).

¹²⁵ See Sebastián Araya et al., “Identifying Food Labeling Effects on Consumer Behavior,” 41 *Marketing Science* 982–1003 (2022), Lindsey Smith Taillie et al., “Changes in food purchases after the Chilean policies on food labelling, marketing, and sales in schools: a before and after study,” 5 *The Lancet Planetary Health* e526–33 (2021).

¹²⁶ Natalia Rebolledo et al., “Changes in the critical nutrient content of packaged foods and beverages after the full implementation of the Chilean Food Labelling and Advertising Law: a repeated cross-sectional study,” 23 *BMC Medicine* 46 (2025).

the prevalence of “high in” food advertisements¹²⁷ and the use of child-directed marketing techniques, with children’s exposure to such advertising declining by over 70% following full implementation of the law.¹²⁸

3.1.2. Consumer Protection Law in Chile

Chile has established a comprehensive legal framework to safeguard consumer rights, primarily through the *Consumer Protection Law (Law No. 19.496)*,¹²⁹ enacted in 2004. This law consolidates key regulations governing transactions between consumers and businesses, ensuring transparency, preventing fraudulent practices, and upholding consumers' right to accurate information. The Consumer Protection Law enforces strict measures to ensure transparency and honesty in advertising. Businesses are required to substantiate claims about their products, enabling consumers to make informed choices. Violations may result in fines and penalties imposed by the National Consumer Service (SERNAC). The law also addresses deceptive claims related to product safety (e.g., "non-toxic" or "ozone-free") under Article 28(e) of the Consumer Protection Law, deeming it a breach if suppliers knowingly or negligently mislead consumers.

Consumer Redress and Dispute Resolution

Consumers have access to multiple redress mechanisms under the Consumer Protection Law. They may file complaints against suppliers for breaches relating to product quality, quantity, safety, or other contractual issues under Article 23 of the Consumer Protection Law.¹³⁰ Complaints can be submitted through SERNAC's Consumer Service Platform, which offers both face-to-face support at regional offices, municipal centres, and partner institutions, as well as remote support via an online portal, videoconferencing, or a call centre. Complaint processing is free, and SERNAC emphasises extrajudicial resolutions by engaging with suppliers. In 2019, the platform processed over 370,000 complaints, with the number rising significantly in 2020 due to the COVID-19 pandemic.¹³¹ Suppliers can be fined significantly, with recent provisions allowing penalties up to 2,250 Unidad Tributaria Mensual (UTM)¹³² (a substantial amount) for misleading advertising, especially when it affects public health, safety, or the environment.¹³³

¹²⁷ *Ibid.*

¹²⁸ Francesca R. Dillman Carpentier et al., “Restricting child-directed ads is effective, but adding a time-based ban is better: evaluating a multi-phase regulation to protect children from unhealthy food marketing on television,” 20 *International Journal of Behavioral Nutrition and Physical Activity* 62 (2023).

¹²⁹ Law No. 19496 on Consumer Protection, 2018 (as amended up to Law No. 21081 of September 13, 2018), Chile) available at - <https://www.wipo.int/wipolex/en/legislation/details/16376>

¹³⁰ V. Andrade, “Chilean Consumer Law and Policy: A Brief Outlook,” 45 *Journal of Consumer Policy* 49–69 (2022).

¹³¹ UNCTAD and United Nations Conference on Trade and Development (UNCTAD), *Voluntary Peer Review of Consumer Protection Law and Policy: Chile* (UN, 2021).

¹³² The UTM is a Chilean unit used to calculate taxes, fines, and government fees, approximately 1.63 crores INR.

¹³³ Reform On The Strengthening Of SERNAC Is Enacted,” *vLex* available at: <https://vlex.com/vid/reform-on-the-strengthening-738739241> (last visited January 15, 2026).

Collective Dispute Resolution

Chile also provides for collective dispute resolution through two key mechanisms - Voluntary Collective Procedure and class action suits. The Voluntary Collective Procedure is a legally recognised mechanism formalised under the Consumer Protection Law as amended (Act No. 21081),¹³⁴ which facilitates out-of-court settlements for consumers affected by supplier misconduct. Managed by SERNAC in coordination with suppliers, it enables compensation, refunds, or indemnities for affected consumers. This procedure was previously informal but now operates under Paragraph 4 (arts. 54 H–54 S) of Title IV of the Consumer Protection Law.¹³⁵

Article 51 of the Consumer Protection Law allows consumer associations, the National Consumer Service, or a group of affected consumers to file class action lawsuits. Court judgments in these cases offer a uniform solution for all affected consumers, promoting efficient redress in cases involving large groups of consumers.¹³⁶

Monitoring and Consumer Awareness

SERNAC plays a critical role in monitoring market practices to ensure compliance with consumer protection laws. Its oversight spans sectors such as telecommunications, retail, and services, with the agency collaborating with other government bodies to detect and address malpractices. Beyond enforcement, SERNAC promotes consumer education through awareness campaigns and outreach programs. These initiatives aim to empower consumers with knowledge about their rights, including the right to truthful information and the ability to seek redress for faulty goods or services.¹³⁷

3.1.3. Self-regulatory mechanism in Chile

Chile also has a Self-Regulation and Advertising Ethics Council (CONAR), which is composed of the leading institutions and companies in the advertising and communication industry in the country. CONAR issues the *Chilean Advertising Code of Ethics*, which is a self-regulation instrument derived from the private will of the advertising sector, establishing a set of ethical standards and norms that should be adhered to by companies and professionals involved in advertising in Chile. The council is responsible for examining and resolving complaints regarding violations of the Code and for acting as an arbitral body in disputes arising among participants in the advertising activity.¹³⁸

¹³⁴ Amended version of the Consumer Protection Act (Law no. 19.496).

¹³⁵ V. Andrade, “Chilean Consumer Law and Policy: A Brief Outlook,” 45 *Journal of Consumer Policy* 49–69 (2022).

¹³⁶ *Ibid.*

¹³⁷ *Ibid.*

¹³⁸ ¿Qué es el CONAR?,” CONAR, 2010 available at: <https://www.conar.cl/sobre-conar/que-es-conar/> (last visited January 21, 2026).

Overall, Chile's regulatory experience illustrates how the protection of children from ultra-processed foods can serve as a powerful driver of comprehensive public health regulation. Anchored in the Food Labelling and Advertising Law, and reinforced by consumer protection legislation and self-regulatory norms, Chile has developed an integrated framework aimed at reshaping food environments and limiting children's exposure to unhealthy products. The phased, evidence-based approach—led by the MoH has enabled the State to counter industry resistance while prioritising children's heightened vulnerability to food marketing and the long-term health risks associated with UPF consumption. By explicitly recognising children as a group requiring enhanced protection and ensuring robust implementation, Chile's model demonstrates how law can be deployed to curb UPF consumption, reduce diet-related harms, and safeguard children's right to health.

3.2. Canada

Childhood obesity is increasingly shaped by food environments where children are intensively marketed products high in sugar, salt, and saturated fat. In Canada, the food and beverage industry spends about C\$1 billion each year on marketing to children, alongside concerns about high sodium, sugar, and saturated fat diets and widespread dental decay.¹³⁹ Marketing is criticised as exploitative because it targets children at a vulnerable developmental stage using techniques that appeal to children such as cartoon characters, fantasy, humour, product design, and strategic placement, particularly outside Québec where restrictions have historically been weaker.¹⁴⁰ This paper maps Canada’s layered legal and policy response, including federal truth-in-advertising and food labelling rules, Ad Standards’¹⁴¹ self-regulatory codes and broadcast preclearance (discussed below), and Québec’s statutory model. It further synthesises impact evidence to identify what has worked, what has not, and where key gaps remain.

3.2.1. Food Labelling & Advertising law in Canada

Canada’s general legal framework governing food advertising is anchored in broad federal prohibitions on misleading representations, complemented by detailed food-specific advertising and labelling rules and a significant self-regulatory system.

*The Competition Act*¹⁴² regulates misleading advertisements across all industries and is enforced by the Competition Bureau. It prohibits anyone from knowingly or recklessly making a materially false or misleading public claim when promoting a product or business, by any means.¹⁴³

A parallel and more food-specific set of rules is contained in *the Food and Drug Act (FDA)*.¹⁴⁴ It defines “Advertisement” broadly as any representation by any means that promotes, directly or indirectly, the sale of a food.¹⁴⁵ It also defines “food”, “label”, and “package”, bringing packaging-based marketing within the regulatory framework.¹⁴⁶ Substantively, the FDA prohibits labelling, packaging, processing, selling, or advertising food in a manner that is

¹³⁹ UNICEF Canada, *Biting Back: Protecting Children in Canada from Marketing of Unhealthy Food and Drink* (UNICEF Canada, Toronto, February 2024), at pp. 2 & 5.

¹⁴⁰ *Ibid.*, at p. 4.

¹⁴¹ Ad Standards (formerly Advertising Standards Canada) is the national, not-for-profit, self-regulatory body for the Canadian advertising industry. It establishes ethical standards through the Canadian Code of Advertising Standards, administers specialised codes including those governing children’s food and beverage advertising..

¹⁴² *Competition Act RSC 1985, c C-34*, 1985.

¹⁴³ *Ibid.*, s. 52 & 74.01.

¹⁴⁴ *Food and Drugs Act RSC 1985, c F-27*, 1985.

¹⁴⁵ *Ibid.*, s. 2.

¹⁴⁶ *Ibid.*

false, misleading, or deceptive or that is likely to create an erroneous impression about the food's character, value, quantity, composition, merit or safety.¹⁴⁷

The *Food and Drug Regulations (FDR)*,¹⁴⁸ made under the FDA, provide detailed rules on which nutrition and health-related claims may be made, the conditions for making them, and how information must be displayed, including on labels and in advertisements. As a part of Health Canada's¹⁴⁹ Healthy Eating Strategy (2016), Canada adopted a front-of-package nutrition symbol¹⁵⁰ system, which requires many prepackaged foods that are high in saturated fat, sodium, or sugar (HFSS) to display a mandatory "High in" symbol on the front of the package; the system has taken effect in January 2026.¹⁵¹ From a child-focused advertising perspective, the FDRs matter because they place extra limits on marketing for the youngest children.¹⁵² For example, for certain infant foods, the regulation can block promotion outright by prohibiting anyone from selling or advertising for sale those products if they exceed sodium limits.¹⁵³ They also curb "health halo" marketing aimed at toddlers by restricting nutrient content claims on label and in advertisements for foods intended solely for children under 4, allowing only a narrow set of permitted claims.¹⁵⁴ In addition, highly regulated categories like human milk fortifiers and human milk substitutes (infant formula) are subject to stringent "sell or advertise for sale" conditions, which further narrow what can be promoted and how, in the context of infant and young children's nutrition.¹⁵⁵

Beyond the FDA/FDR, the *Safe Food for Canadians Act*¹⁵⁶ also has a general anti-deception legal provision for food. It prohibits anyone from selling, labelling, packaging, importing, or advertising a food in a way that is false or misleading, or that is likely to give the public a wrong impression about what the food is, including its quality, composition, safety, or origin.¹⁵⁷

These laws are enforced by the Canadian Food Inspection Agency (CFIA), which conducts inspections, monitors compliance, and can initiate recalls or other corrective actions when necessary.¹⁵⁸ In its 2024-2025 Departmental Result Report, the CFIA points to the *Food Fraud Annual Report*, describing actions that prevent nearly 140,000 kg of misrepresented food,

¹⁴⁷ *Ibid.*, s. 5 & 9.

¹⁴⁸ *Food and Drug Regulations C.R.C., c. 870*.

¹⁴⁹ Health Canada is the federal department of the Government of Canada that helps Canadians maintain and improve their health, sets national health policy, and regulates health products, food, and environmental health.

¹⁵⁰ *Food and Drug Regulations C.R.C., c. 870* sec. B.01.350-B.01.351 & schedule K.1 for symbol format.

¹⁵¹ Nadia Flexner et al., "Estimating the dietary and health impact of implementing front-of-pack nutrition labeling in Canada: A macrosimulation modeling study," 10 *Frontiers in Nutrition* 1098231 (2023), at p. 2.

¹⁵² *Food and Drug Regulations C.R.C., c. 870* sec. B.25.002.

¹⁵³ *Ibid.*

¹⁵⁴ *Ibid.*

¹⁵⁵ *Ibid.*, sec. B.01.503(2).

¹⁵⁶ *Safe Food for Canadians Act SC 2012, c 24, 2012.*, s. 6.

¹⁵⁷ *Ibid.*, s. 6.

¹⁵⁸ Canadian Food Inspection Agency, *The Canadian Food Inspection Agency's 2024 to 2025 Departmental Results Report* (Government of Canada (Canadian Food Inspection Agency), 2025).

including lower-value product falsely labelled as premium, from being sold in Canada, and highlights public-facing campaigns and tools to help Canadians make informed choices by raising awareness about food labels, best-before dates and allergens.¹⁵⁹ The report adds that in 2024-2025, 82% of Canadians surveyed agreed the CFIA helps ensure the safety of food sold in Canada.¹⁶⁰

*Canada's Anti-Spam Law (CASL)*¹⁶¹ applies when food marketing is sent as a commercial electronic message (e.g., email or SMS). These messages generally require express or implied consent, and must include sender identification and a compliant unsubscribe option.¹⁶² Although it does not regulate 'food advertising' at kids overall, it can limit direct-to-child marketing by requiring consent before sending promotional messages.

3.2.2. Federal policy efforts and public demand

Canada has repeatedly pursued stronger government-led limits on unhealthy food marketing to children. Health Canada's 2015 multi-pronged healthy eating agenda included proposals to restrict unhealthy food marketing to children, and subsequent legislative efforts such as Senate Bill S-228,¹⁶³ which sought to prohibit marketing of unhealthy foods to children under 13; however, this Bill failed to pass before Parliament was prorogued.¹⁶⁴ Public sentiment has also favoured statutory action: polling cited in Canadian policy literature reports that 77% of parents in 2016 find it difficult to oversee advertising directed at children and that 75% of Canadians in 2020 supported federal restrictions on marketing foods high in salt, sugars and saturated fat to children under 13.¹⁶⁵ More recently, these efforts have continued through Private Member's Bill C-252¹⁶⁶ and a parliamentary study.¹⁶⁷

¹⁵⁹ *Ibid.*, , at pp. 14 & 15.

¹⁶⁰ *Ibid.*

¹⁶¹ *An Act to Promote the Efficiency and Adaptability of the Canadian Economy by Regulating Certain Activities That Discourage Reliance on Electronic Means of Carrying out Commercial Activities, and to Amend the Canadian Radio-Television and Telecommunications Commission Act, the Competition Act, the Personal Information Protection and Electronic Documents Act and the Telecommunications Act SC 2010, c 23*, 2010.

¹⁶² *Ibid.*, sec. 6.

¹⁶³ Senator Greene Raine, *Bill S-228: An Act to Amend the Food and Drugs Act (Prohibiting Food and Beverage Marketing Directed at Children)*, 2016.

¹⁶⁴ Bridget Kelly et al., "Contemporary Approaches for Monitoring Food Marketing to Children to Progress Policy Actions," 12 *Current Nutrition Reports* 14–25 (2023), at p. 20.; Fiona Sing et al., "A political economy analysis of the legislative response to unhealthy food and beverage marketing in Chile, Canada and the UK," 21 *Globalization and Health* 4 (2025), at p. 3.

¹⁶⁵ UNICEF Canada, *Biting Back: Protecting Children in Canada from Marketing of Unhealthy Food and Drink* (Toronto, February 2024), at pp. 9 & 10.

¹⁶⁶ Patricia Lattanzio, *Bill C-252: An Act to Amend the Food and Drugs Act (Prohibition of Food and Beverage Marketing Directed at Children)*, 2023.

¹⁶⁷ UNICEF Canada, *Biting Back: Protecting Children in Canada from Marketing of Unhealthy Food and Drink* (UNICEF Canada, Toronto, February 2024), at pp. 9 & 10.

3.2.3. Self-regulatory mechanism in Canada

Canada's self-regulatory mechanism for child-directed food marketing is administered by Advertising Standards Canada (Ad Standards)¹⁶⁸ and operated through a combination of preclearance and a complaints process after ads appear.¹⁶⁹

At the centre of this system is the *Code of the Responsible Advertising of Food and Beverage Products to Children*¹⁷⁰ (Food and Beverage Advertising Code/ the Code), which sets standards for responsible food and beverage advertising to children, recognising that children are a special audience, and that extra care is needed when creating such advertising.¹⁷¹ The Code is meant to complement the already existing legal, regulatory and self-regulatory rules instead of replacing them, so any advertising primarily directed towards children must still comply with all applicable laws and other codes, including the FDA, the FDR, the *Canadian Code of Advertising Standards*, provincial *Consumer Protection Laws* (notable in Québec), and, for broadcast, the *Broadcast Code for Advertising to Children*.¹⁷²

The key rule in the Code and its supporting Guide¹⁷³ is that a food or beverage advertisement must not be primarily directed to children under 13 unless the product meets nutrition criteria in Appendix A.¹⁷⁴ Whether an advertisement is “primarily directed to children” is determined through a context-based test. Ad Standards looks at (i) what the product is and its intended purpose, (ii) how the message is presented (creative features, tone, characters, style), and (iii) where and when the advertisement appears.¹⁷⁵ The Guide also explains how Ad Standards decides if an advertisement is child-directed by looking at where it appears and who is likely to see it, not just what the advertiser claims, using placement rules (such as whether children under 13 make up more than 15% of the expected audience).¹⁷⁶

Even where advertising is otherwise permitted, the Code specifically bans direct pressure on children to buy, including language that urges a child to purchase the product, to ask

¹⁶⁸ Advertising Standards Canada (Ad Standards) is Canada's national, not-for-profit advertising self-regulatory body.

¹⁶⁹ Advertising Standards Canada (Ad Standards), *Responsible Advertising of Food and Beverage Products to Children: Inaugural Annual Report (2024)* (Advertising Standards Canada, Toronto, 2024), at p. 3.

¹⁷⁰ Advertising Standards Canada, *Code for the Responsible Advertising of Food and Beverage Products to Children* (“*Food and Beverage Advertising Code*”), May 2023.

¹⁷¹ *Ibid.*, at p. 2.

¹⁷² *Ibid.*

¹⁷³ Advertising Standards Canada (Ad Standards), “Guide for the Responsible Advertising of Food and Beverage Products to Children (‘Food and Beverage Advertising Code’)” (Advertising Standards Canada, 2022).

¹⁷⁴ Appendix A is the Code's nutrition screen, setting maximum thresholds for saturated fat, sodium, and sugars across different categories of packaged foods. It also includes nutrition criteria for restaurant children's meals; Advertising Standards Canada, *Code for the Responsible Advertising of Food and Beverage Products to Children* (“*Food and Beverage Advertising Code*”), May 2023.

¹⁷⁵ *Ibid.*, at p. 3.

¹⁷⁶ Advertising Standards Canada (Ad Standards), “Guide for the Responsible Advertising of Food and Beverage Products to Children (‘Food and Beverage Advertising Code’)” (Advertising Standards Canada, 2022), at p. 15.

someone else to buy or inquire about it.¹⁷⁷ The Code further creates a strong protective zone in schools by prohibiting food and beverage advertising in elementary and middle schools (through Grade 8), regardless of the product’s nutritional profile.¹⁷⁸ The only exception is for bonafide educational or charitable initiatives where the product is not emphasised over the initiative.¹⁷⁹ In terms of modern marketing formats, the Code restricts paid promotion techniques such as product placement and paid integration into content, including interactive games/ digital content, when the content is primarily directed to children, unless the product meets the nutrition criteria.¹⁸⁰ It further adds a limited but important packaging safeguard by restricting wording on packaging that directly urges a child to purchase or to ask someone else to purchase and inquire.¹⁸¹

*The Broadcast Code for Advertising to Children*¹⁸² (the Children’s Code) defines key terms like “children’s advertising”,¹⁸³ “children”,¹⁸⁴ “child-directed message”,¹⁸⁵ and “children program”,¹⁸⁶ and requires preclearance with an Ad Standards clearance number, before a children’s commercial can air.¹⁸⁷ The rules are strict for food and beverage advertisements aimed at children under 12, especially when aired within or immediately adjacent to children’s programming, or where the broadcaster treats the commercial as child-directed regardless of the program context.¹⁸⁸ Broadcasters must follow the Children’s Code, and children’s commercials must be precleared by a committee that includes industry and parent representatives as part of the broadcasters’ Canadian Radio-television and Telecommunications Commission (CRTC) license requirements.¹⁸⁹

The Responsible Advertising of Food and Beverage Products to Children: Inaugural Annual Report (2024)¹⁹⁰ explains that Ad Standards encourages preclearance as a key compliance tool, but enforces the Food and Beverage Advertising Code mainly through a complaints process that applies to all advertisers in all media.¹⁹¹ If an advertisement is found

¹⁷⁷ Advertising Standards Canada, *Code for the Responsible Advertising of Food and Beverage Products to Children* (“Food and Beverage Advertising Code”), May 2023, at p. 4.

¹⁷⁸ *Ibid.*

¹⁷⁹ *Ibid.*

¹⁸⁰ *Ibid.*, at p. 5.

¹⁸¹ *Ibid.*

¹⁸² Advertising Standards Canada (Ad Standards), “The Broadcast Code for Advertising to Children” (Ad Standards website).

¹⁸³ *Ibid.*, s. 1(a).

¹⁸⁴ *Ibid.*, s. 1(b).

¹⁸⁵ *Ibid.*, s. 1(c).

¹⁸⁶ *Ibid.*, s.1(d).

¹⁸⁷ *Ibid.*, at p. 4, s.2.

¹⁸⁸ Advertising Standards Canada (Ad Standards), *Responsible Advertising of Food and Beverage Products to Children: Inaugural Annual Report (2024)* (Toronto, 2024), at p. 3.

¹⁸⁹ *Ibid.*

¹⁹⁰ Advertising Standards Canada (Ad Standards), *Responsible Advertising of Food and Beverage Products to Children: Inaugural Annual Report (2024)* (Toronto, 2024).

¹⁹¹ *Ibid.*, at pp. 6 & 7.

non-compliant, Ad Standards may require it to be amended or withdrawn, may ask the media carrying it to remove it, and may publicly report the advertiser's non-compliance.¹⁹²

3.2.4. Consumer Protection Law in Québec

Québec has one of the most developed legal regimes in Canada for restricting advertising to children through the *Consumer Protection Act*.¹⁹³ The legislation establishes a general prohibition on commercial advertising directed at persons under 13.¹⁹⁴ It further explains how to determine whether an advertisement is child-directed: decision-makers must consider the context of presentation, particularly (a) the nature and intended purpose of the goods, (b) the manner of presenting the advertisement, and (c) the time and place it is shown.¹⁹⁵ Crucially, the Act clarifies that an advertisement's appearance in media aimed at older or mixed audiences (including broadcast time not specifically for children) does not create a presumption that it is not directed at children.¹⁹⁶

The constitutionality and authority of this regime were confirmed in *Irwin Toy Ltd. v Quebec (Attorney General)*,¹⁹⁷ 1989, a judgment which functions as the constitutional backbone for Québec's approach. Although the Supreme Court acknowledged that restricting commercial advertising limits freedom of expression, it upheld the prohibition as a justified measure to protect children and rejected the argument that the law is invalid merely because advertising may occur through federally regulated broadcasting.¹⁹⁸

Québec's OPC¹⁹⁹ Guide²⁰⁰ further interprets "commercial advertising" as promotion of goods or services offered for sale or rental, or of an organisation engaged in such activities, and stresses that the prohibition applies across all formats and media, including evolving digital formats.²⁰¹ The Guide recommends a three-part assessment: whether the goods or services appeal to children (e.g., child-oriented cereal with a themed online game would be prohibited), whether the message is designed to attract children (overall impression), and whether children are targeted or likely to be exposed given the audience/time/place.²⁰² The guidance also lists common exemptions, including certain advertisements in children's magazines, advertisements for children's entertainment events, and advertising through

¹⁹² *Ibid.*

¹⁹³ Quebec (Canada), *Consumer Protection Act CQLR c P-40.1*, 1971.

¹⁹⁴ *Ibid.*, s. 248.

¹⁹⁵ *Ibid.*, s. 249.

¹⁹⁶ *Ibid.*

¹⁹⁷ *Irwin Toy Ltd. v. Quebec (Attorney Gen.)*, [1989] 1 S.C.R. 927 (Can.).

¹⁹⁸ *Ibid.*

¹⁹⁹ Office de la protection du consommateur (Consumer protection office) is a Quebec government agency that protects consumers by enforcing the Consumer Protection Act.

²⁰⁰ Office de la protection du consommateur (Québec), *Advertising Directed at Children under 13 Years of Age: Guide to the Application of Sections 248 and 249, Consumer Protection Act* (Gouvernement du Québec (Office de la protection du consommateur), September 2012).

²⁰¹ *Ibid.*, at pp. 2 & 3.

²⁰² *Ibid.*, at pp. 4–8.

store windows or displays and containers/packaging/labels.²⁰³ Non-compliance may lead to OPC warnings, voluntary undertakings, or criminal prosecution.²⁰⁴ Liability extends to any stakeholder involved in creating, designing, or distributing the advertisement.²⁰⁵ On indictment, fines range from C\$600–C\$15,000 (for a natural person) and C\$2,000–C\$100,000 (for a legal person), and a corporate officer (representative of a legal person) who knew of the offence can be held personally liable within the natural-person penalty range.²⁰⁶

3.2.5. Impact on Consumption and Advertising Exposure

Québec’s long-standing restriction on commercial advertising directed at children under 13 shows measurable, though incomplete, effects on both consumption behaviour and the marketing environment. A Québec study²⁰⁷ evaluating the province’s ban on advertising targeting children reports that the policy’s impact is reflected mainly in fewer fast-food purchase occasions, estimating a 13% weekly decrease in fast-food purchase propensity and an annual reduction in fast-food consumption valued at US\$88 million.²⁰⁸ Beyond purchasing, the ban appears to have influenced exposure patterns: compared with the rest of Canada, advertising viewed by Québec children is described as slightly healthier, with reduced exposure to child-directed tactics such as licensed characters and celebrity endorsements.²⁰⁹ The law’s impact is also reinforced through enforcement-driven compliance. Following guilty pleas for child-directed online marketing, companies reportedly changed their practices, with the *General Mills case* confirming the ban’s application across all media, including the web, and having a broader deterrent effect.²¹⁰

At the same time, evidence highlights persistent “leakage” and structural gaps that limit the policy’s protective reach. Even with declining exposure, Montréal children still encountered substantial food and beverage advertising on television: one analysis reports a 53% decrease between 2011 and 2019 (226 to 107 advertisements per child), yet concludes that the law does not protect children from unhealthy food advertising on broadcast television.²¹¹ The framework is also described as weaker at the point of sale, where packaging and in-store promotions often using bright colours, characters, and popular heroes continue to market

²⁰³ *Ibid.*, , at pp. 14-17.

²⁰⁴ *Ibid.*, , at pp. 18-19.

²⁰⁵ *Ibid.*

²⁰⁶ *Ibid.*

²⁰⁷ Tirtha Dhar and Kathy Baylis, “Fast-Food Consumption and the Ban on Advertising Targeting Children: The Quebec Experience,” 48 *Journal of Marketing Research* 799–813 (2011).

²⁰⁸ *Ibid.*, , at p. 799.

²⁰⁹ Elise Pausé, Lauren Remedios and Monique Potvin Kent, “Children’s measured exposure to food and beverage advertising on television in a regulated environment, May 2011–2019,” 24 *Public Health Nutrition* 5914–26, at p. 5915.

²¹⁰ Quebec Coalition on Weight-Related Problems, *A Review of Food Advertising to Children in Quebec* (Quebec Coalition on Weight-Related Problems, Montréal, Quebec, 2019), at pp. 17-20.

²¹¹ Elise Pausé, Lauren Remedios and Monique Potvin Kent, “Children’s measured exposure to food and beverage advertising on television in a regulated environment, May 2011–2019,” 24 *Public Health Nutrition* 5914–26, at p. 5920.

low-nutritional-quality foods.²¹² Overall, the review characterises children as only partially protected, noting that industry may exploit legislative exceptions to continue targeting children.²¹³

At the same time, more recent Canadian evidence suggests that policy environments have not consistently translated into large reductions in children’s exposure to unhealthy food marketing. A 2022 television advertising study comparing Ontario’s largely self-regulatory approach with Québec’s statutory framework found that unhealthy food advertising remained pervasive in both settings: foods classified as “of concern” made up 98.9% of food and beverage advertisements on English stations (Ontario) and 88.8% on French stations (Québec), concluding that neither Ontario self-regulation nor Québec’s current statutory approach sufficiently limits unhealthy advertising to children.²¹⁴

This pattern is reinforced by evidence that voluntary industry commitments have weak effects on marketing practices online. A Canadian content analysis found child-directed marketing on 19 websites from 12 companies, including nine companies that already had marketing-to-children policies.²¹⁵ Of 217 products marketed to children, 97% exceeded Health Canada’s proposed thresholds for saturated fat, sodium, or sugars, and 73% of those products were marketed by companies with policies supporting the conclusion that self-regulation is limited and stronger government regulation is needed.²¹⁶

²¹² Quebec Coalition on Weight-Related Problems, *A Review of Food Advertising to Children in Quebec* (Quebec Coalition on Weight-Related Problems, Montréal, Quebec, 2019), at p. 12.

²¹³ *Ibid.*, at p. 14.

²¹⁴ Julia Soares Guimaraes et al., “Child and non-child-targeted food and beverage advertisements on child television in two policy environments in Canada,” 214 *Appetite* 108186 (2025).

²¹⁵ Laura Vergeer et al., “The effectiveness of voluntary policies and commitments in restricting unhealthy food marketing to Canadian children on food company websites,” 44 *Applied Physiology, Nutrition, and Metabolism* 74–82 (2019).

²¹⁶ *Ibid.*

4. CONCLUSION: DISCUSSION AND RECOMMENDATIONS

Finally, digital marketing studies underscore the scale of youth exposure: a Canadian screen-capture study estimates children see about 4,067 food marketing instances per year and adolescents about 8,301, with roughly 90% classified as “less healthy,” concluding that government regulation is warranted.²¹⁷

Taken together, the Canadian experience shows that protecting children from unhealthy food marketing is not only a question of *what* the law says, but *who* it protects, *where* it applies, and *how* it is enforced. Overall, Canada’s regulatory record suggests that age thresholds should reflect children’s cognitive capacity to understand not only the selling purpose of advertising but also its persuasive intent, particularly as emerging evidence questions whether adolescents can reliably resist sophisticated marketing. It also underscores the need to regulate not only “child-directed” advertisements but the marketing children are widely exposed to in general media and digital spaces. Québec’s model demonstrates that enforceable, technology-neutral restrictions applicable across media can influence purchasing patterns and corporate compliance, while Canada’s broader reliance on self-regulation highlights persistent leakage through packaging, point-of-sale promotions, and online advertising.

India has acknowledged the need for a Front-of-Pack Labelling (FOPL) regulatory regime in response to the rising consumption of UPFs. Yet, despite multiple regulatory instruments governing food safety and advertising, implementation remains fragmented and weak. The existing framework has had limited success in curbing misleading or aggressive marketing practices directed at children, particularly in digital media spaces.

The delay in operationalising a robust and intelligible FOPL regime reflects sustained regulatory hesitation and resistance from powerful industry actors. FSSAI, though statutorily mandated to protect public health, appears constrained in advancing stringent labelling norms in the face of corporate influence and economic considerations. This regulatory inertia undermines accountability and dilutes the preventive potential of food governance mechanisms.

4.1. Comparative insights

Both Chile and Canada demonstrate a clear understanding of the need to protect children from the harms of targeted advertising. Their carefully designed policies reflect thoughtful

²¹⁷ Monique Potvin Kent et al., “Child and adolescent exposure to unhealthy food marketing across digital platforms in Canada,” 24 *BMC Public Health* 1740 (2024).

deliberation and active public participation, which have contributed to meaningful changes in consumer behaviour.

Chile's Food Labelling and Advertising Law represents a rights-oriented intervention. The law emerged from a sustained legislative process marked by engagement with public health experts, civil society, and academia. Crucially, the Chilean government demonstrated political resolve in foregrounding the right to health and resisting industry opposition. Chile proceeded in a phased manner where the industry was given time to adapt to the labelling regulations. It also ensured a mechanism for monitoring and imposition of penalties in case of violations. India can draw from this experience—both in terms of inclusive deliberative processes and in maintaining regulatory resolve in the face of industry opposition. The Chilean example also illustrates that FOPL works best when embedded within a broader ecosystem of marketing restrictions rather than as a standalone informational tool.

Canada also provides complementary lessons on the regulation of food advertising to children. Its framework reflects an age-tiered approach, affording the strongest protection to younger children, particularly those under 12 or 13. They are protected on the premise that they lack the cognitive maturity to recognise and critically assess persuasive commercial messaging. Importantly, Canadian regulatory practice has been informed by consultations with adolescents and teenagers, recognising varying levels of cognitive development and media engagement.

A key insight from the Canadian experience reveals that restricting only “child-directed” advertising is insufficient. Children remain substantially exposed to unhealthy food marketing through general-audience television, product packaging, sponsorships, and digital media. Accordingly, stronger regulatory approaches extend beyond advertisements explicitly intended for children and instead regulate advertising in contexts where children are likely to be significantly exposed. Canada also explicitly addresses modern advertising formats, including digital platforms, interactive content, product placement, and paid integration, imposing restrictions when content is primarily directed at children unless strict nutritional criteria are met. Compliance mechanisms are supported by clear standards, monitoring systems, and meaningful penalties.

For India, this suggests adopting a broader, context-sensitive regulatory standard that extends across television, streaming platforms, social media, gaming environments, influencer marketing, and algorithm-driven content. Without such expansion, regulation will perpetually lag behind marketing innovation.

4.2. Beyond Legal Reform

While legal reform is essential, it is important to point out that a purely statutory response will be insufficient if the underlying ideological framing remains unchallenged. The rise in

UPF consumption and childhood obesity is often narrated within a neoliberal framework that emphasises individual responsibility, parental choice, and lifestyle behaviour.²¹⁸ This framing hides the real structural factors shaping dietary habits, such as aggressive marketing, engineered food products, price differences, limited access to healthy food in urban areas, and the dominance of large food corporations.

When responsibility is individualised, regulatory interventions are softened, and public health harms are normalised as personal failings. In contrast, both Chile and Quebec implicitly reoriented the debate toward the food environment and the state's obligation to shield children from exploitative commercial practices.

For India, meaningful reform therefore requires a systemic transformation, from viewing children as rational consumers in a neutral marketplace to recognising them as rights-bearing individuals entitled to protection from manipulative food environments. This reorientation aligns with constitutional commitments under Article 21 and the Directive Principles of State Policy, which collectively ground the right to life, health, and nutrition.

4.3. Policy Recommendations

Building on the comparative analysis and structural critique, the following measures are recommended that India could adopt:

- **Adopt Clear Statutory Definitions:** Establish precise and scientifically grounded definitions of “ultra-processed foods” and “HFSS (High Fat, Sugar, Salt) foods” to avoid ambiguity.
- **Implement a Mandatory, Interpretive FOPL System:** Introduce a simple, evidence-based warning-label model based on robust public consultations, drawing from Chile’s “high in” framework, with phased compliance timelines.
- **Expand the Test for Child-Directed Advertising:** Instead of only looking at whether an advertisement is intended for children, also consider the context in which children are likely to see and be influenced by it, considering:
 - Nature and appeal of the product
 - Presentation style and persuasive techniques
 - Timing and platform
 - Likelihood of substantial child audience exposure
- **Extend Regulation to Digital Ecosystems:** Explicitly regulate influencer marketing, advergames, algorithm-targeted advertisements, sponsorships, and product placement in child-accessible spaces.

²¹⁸ Marike Andreas and Samira Barbara Jabakhanji, “The I-frame vs. S-frame: how neoliberalism has led behavioral sciences astray,” 14 *Frontiers in Psychology* 1247703 (2023).

- Strengthen Monitoring and Enforcement: Establish independent monitoring bodies, transparent reporting systems, and meaningful penalties for non-compliance. Accountability measures should also be in place, including penalties for officials who fail to enforce the law.
- Participatory Policymaking and Public Awareness: Ensure active involvement of parents, educators, adolescents, and civil society in policy design. Launch sustained awareness campaigns highlighting the health risks of UPFs, with child-centred communication strategies.
- Fiscal Measures: Consider placing UPFs within the highest Goods & Services Tax slab and evaluate the feasibility of targeted health taxes on these products to discourage consumption while funding public nutrition programmes.

India must place children's right to health at the centre of its food policies. Protecting children from harmful food environments is not just about better regulation, it is a constitutional and moral responsibility. If India wants lasting public health improvements, child nutrition must be a core priority.

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