



Childhood Overweight and the Retail Environment in Latin America and the Caribbean

Synthesis Report

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This synthesis report is based on research conducted by Kantar Retail and by the National Institute of Public Health in Mexico (INSP), led by Simón Barquera, MD, MS, PhD (Principal Investigator), Lizbeth Tolentino Mayo, MSc, (Coordinator) Idalia Robles Valencia Cinnya and Erika Fricke of the INSP Center for Nutrition and Health Research.*

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Foreword

Overweight and its more severe manifestation, obesity, affect more and more children worldwide, including children in the Latin America and Caribbean region. This increase is driven, in part, by inadequate breastfeeding practices and a shift away from traditional diets, rich in plant foods and whole grains, to a modern diet dominated by highly processed foods high in fats, sugar and salt.

According to the most recent available estimates, more than 1.9 billion adults (age 18 and over) around the world are overweight, and 650 million of these people are obese.¹ In Latin America and the Caribbean, 42 million to 52 million children and adolescents are overweight or obese.² Trends worsen as children grow older: These conditions affect 7 per cent of the region's children under age 5³ and more than 20 per cent of children, with ratios higher than 30 per cent in countries such as Belize and Mexico, and over 40 per cent in the Bahamas and Chile.⁴

Overweight and obesity rates are rising across cultures and societies. As recently described in a Lancet comment, it is critical that we do not frame this as a problem of individual willpower but rather look at the “complex interplay between factors that are not within individuals’ control ... and powerful wider environmental factors and activity by industry (eg, epigenetic, biological, psychosocial)) that underpin obesity.”⁵

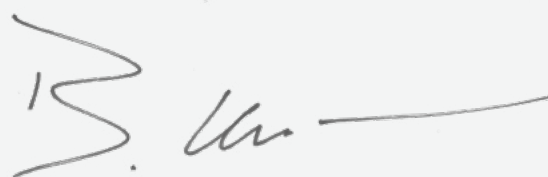
Aligned with this holistic perspective, UNICEF has been working with public and private actors to secure nutritious diets for children and their families through a food systems approach. More specifically, UNICEF's Regional Office for Latin America and the Caribbean and select country offices have been actively engaging on this issue since 2015, generating recommendations for policymakers and regulators and private actors in the multifaceted food and beverage industry.

This synthesis report builds on findings from two studies commissioned by UNICEF to shed light on the role of food and beverage distribution and promotion in the retail store environment as they influence children's nutrition and therefore impact children's rights. The research was conducted in six of the region's countries: Argentina, Brazil, Chile, Colombia, Costa Rica and Mexico. UNICEF

has chosen to focus on the retail sector because understanding the influence of marketing in the store environment is central to changing the consumption habits of families, including children. For example, one of the studies the report highlights found that three quarters of food and beverage purchases occur in supermarkets, and half of those decisions to purchase are unplanned. The results of these studies also point out that children are specifically targeted by marketing strategies in retail stores, typically with a focus on packaging designed to attract children and by positioning these products where children are most likely to see them.

Marketing to parents and caregivers is overwhelmingly geared towards unhealthy foods and beverages, for example, with 75 per cent of the stores studied using discount strategies to promote sugar-sweetened beverages. What's more, neither of the two studies could identify practices that promote healthier alternatives in retail stores, and retailers have seldom developed strategies or adapted their policies and store or supplier guidelines towards this end.

The retail industry, together with the food and beverage industry, has an enormous opportunity to positively impact children's nutrition. This report concludes with recommendations for industry and for policymakers on how to develop sustainable strategies to limit the promotion of unhealthy foods and beverages and establish positive practices to promote healthier alternatives and greater nutritional balance. UNICEF actively seeks out and aims to maximize opportunities to collaborate with all stakeholders, including in the private sector, to uphold children's right to adequate nutrition facilitated by a healthy environment.



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Glossary

Term	Definition
healthy diet	A healthy diet helps protect against malnutrition in all its forms as well as non-communicable diseases; a diversified, balanced and healthy diet will vary depending on individual characteristics but should include fruit, vegetables, legumes (e.g., lentils and beans), nuts and whole grains (e.g., unprocessed maize, millet, oats, wheat and brown rice), with at least five portions of fruit and vegetables per day ⁶
marketing	As defined in the World Health Organization (WHO) recommendations, “any form of commercial communication or message that is designed to, or has the effect of, increasing the recognition, appeal and/or consumption of particular products and services ... anything that acts to advertise or otherwise promote a product or service”; ⁷ because this broad definition is intended to reduce the impact of unhealthy food marketing on children, it is interpreted to cover all forms of direct or indirect promotion in a marketing strategy ⁸
overweight and obesity	<i>For children under age 5, overweight is weight-for-height greater than 2 standard deviations above the WHO Child Growth Standards median and obesity is weight-for-height greater than 3 standard deviations above the median; for children aged 5–19, overweight is body mass index (BMI) for age greater than 1 standard deviation above the WHO Growth Reference median and obesity is greater than 2 standard deviations above the median (see <www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>)</i>
retail stores/outlets	Different segments of the retail sector, including hypermarkets, supermarkets and convenience stores (for details on these store types, see the table ‘Store classifications’, page 28)
sugar-sweetened beverages, or ‘sugary drinks’	All types of beverages containing free sugars, including carbonated or non-carbonated soft drinks, fruit/vegetable juices and drinks, liquid and powder concentrates, flavoured water, energy and sports drinks, ready-to-drink tea, ready-to-drink coffee, and flavoured milk drinks
undernutrition	Defined by UNICEF as the outcome of insufficient food intake and repeated infectious diseases; it includes being underweight for one’s age, too short for one’s age (stunted), dangerously thin for one’s height (wasted) and deficient in vitamins and minerals (micronutrient malnutrition)
unhealthy foods	Foods and beverages that contain substantial amounts of fat, sugar and/or salt and are high in calories but contribute few vitamins and minerals to the diet; consumption of these foods, such as sugar-sweetened beverages, candy and chips, may contribute to excess calorie intake and unwanted weight gain in children and adolescents
ultra-processed foods	Industrially processed foods that, along with salt, sugar and fat, contain a large number of additives such as preservatives, sweeteners, sensory enhancers, colourants, flavours and processing aids, but little or no whole food

Summary

Factors that promote overweight and obesity are particularly concerning in Latin America and the Caribbean, where an estimated 58 per cent of adults are overweight (compared to 34 per cent globally) and 23 per cent are obese⁹ – and 7 per cent of children under age 5 are overweight, compared to a global average of 5.6 per cent.¹⁰ UNICEF's Regional Office for Latin America and the Caribbean and select country offices have been actively engaging on the issue of childhood obesity since 2015, generating recommendations for both regulators and private actors in the multifaceted food and beverage industry.



2 billion people

around the world are overweight, and 650 million are obese.

In Latin America and the Caribbean

42–52 million children and adolescents

are overweight or obese.



This synthesis report builds on UNICEF-commissioned research conducted by the National Institute of Public Health in Mexico (INSP) and Kantar Retail¹¹ to examine point-of-sale marketing strategies used by retailers and the food industry to promote food and non-alcoholic beverages to children and adolescents, along with their parents or guardians. They also considered how such strategies contribute to decisions to purchase and

consume ultra-processed products high in sugar, fat and salt and low in nutritional value, instead of healthy alternatives.

These studies have provided essential, though not statistically representative, data from Argentina, Brazil, Chile, Colombia, Costa Rica and Mexico. The findings confirm that:

- In-store marketing practices such as product placement and pricing do sway customers' purchases, across different countries, retail outlets and socio-economic groups.
- This is a child rights concern because current in-store marketing practices are predominantly promoting unhealthy products and are targeting children.

Through store audits and interviews with management personnel, Kantar Retail's team found that techniques aimed to attract children include eye-level placement of products, promotions with prizes, and the use of licensed movie and cartoon characters. INSP's fieldwork found that some type of marketing was used in all areas of the stores – and most of it promoted unhealthy foods. Interviews with adult consumers revealed that pricing was the main factor that caught their attention and helped them make their decision to buy; for children, the decisive factor was the packaging.

The synthesis report concludes that both governments and businesses have a responsibility as well as a tremendous opportunity to help reduce the rates of overweight and obesity that are affecting the region's children, adolescents and families. Its cross-cutting recommendations highlight ways to limit the promotion of unhealthy food while establishing positive practices to promote healthy alternatives and greater nutritional balance.

Obesity/overweight – Latin America and the Caribbean key statistics



58% of adults are **overweight**
(compared to 34% globally)
23% are **obese**



7% of children **under age 5** are overweight or obese.
20% of children are overweight or obese.



Rates of obesity rise as children get older; 15% of age 13 – 15-year olds had a BMI ≥ 25 compared to 7.3% of under-5



Parents are
90% influenced by brand
70% influenced by publicity
70% influenced by store magazines



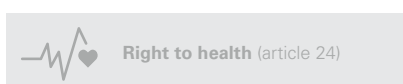
80% of the population now lives in cities

Latin America and the Caribbean has the highest urbanization rate in the developing world

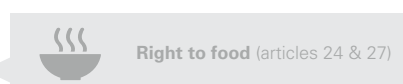


Increased access to retail environments

Key rights and Sustainable Development Goals affected by retail food marketing



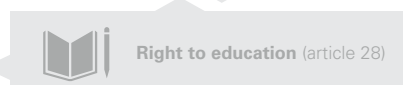
Right to health (article 24)



Right to food (articles 24 & 27)



Right to life, survival and development (article 6)



Right to education (article 28)



2 ZERO HUNGER



3 GOOD HEALTH AND WELL-BEING

Goal 2, to end hunger, achieve food security and improved nutrition, and promote sustainable agriculture – includes targets to ensure access to nutritious food and to end malnutrition in all its forms (wasting, stunting and overweight)

Goal 3, to ensure healthy lives and promote well-being for everyone, at all ages – includes a target to reduce premature deaths from non-communicable diseases by one third

Findings from the UNICEF-commissioned studies



52% of children are **influenced by packaging**

8% of parents are **influenced by packaging**



65% of the products sold in supermarkets are **processed foods**

15% of the products sold in supermarkets are **fresh produce**

In Argentina, Brazil, Chile, Costa Rica & Mexico

50%

bought unplanned products

Main **unplanned purchases**

of products within the reach of children include:

- sweet snacks (30.6%)
- sugary beverages (28.2%)
- cereals (15.3%)
- cookies (14.4%)
- salty snacks (13.8%)



Most common products **found in the entrance area** within reach of children include:

- sugar-sweetened beverages (28.4%),
- sweet snacks (28%),
- cereals (27.6%)

Conclusions

In-store marketing practices do sway customers' purchases across different countries, retail outlets and socio-economic groups

Multi-stakeholder action can protect children from inappropriate marketing of ultra-processed and unhealthy foods and beverages and ensure healthier options are available and affordable

Retail sector can employ multiple strategies to increase contribution to improved child health and nutrition

Public policies should be implemented to incentivize and regulate businesses to safeguard children's well-being

Recommendations for retailers

1. Create a strategy to promote healthy eating, reduce childhood overweight and prevent obesity. Align with local governments, and harness retailers' resources and assets.
2. Organize in-store environments to encourage buying healthier foods and discourage purchases of unhealthy foods.
3. Increase marketing and promotions of healthy foods and decrease marketing and promotions for unhealthy foods.

Recommendations for policymakers and regulators

1. Set up overweight-prevention strategies grounded in a holistic food systems-based approach to address children's nutrition needs.
2. Establish regulations that promote healthy 'impulse zones' and ban advertising and other strategies used to promote unhealthy foods to children in retail locations.
3. Prohibit packaging on unhealthy foods and beverages designed to attract children, and regulate mandatory front-of-package interpretive food labelling.

01

Introduction

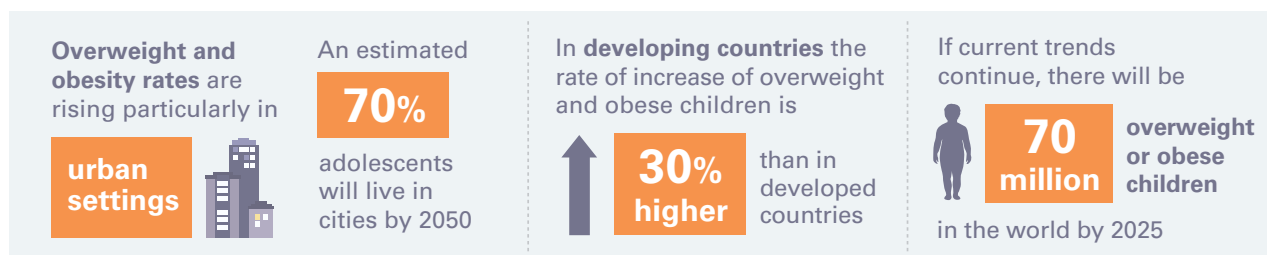
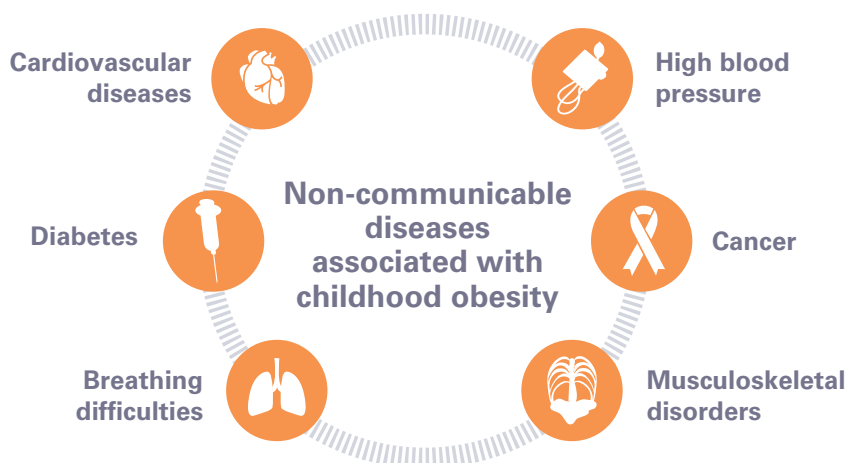


The 2030 Agenda and the Sustainable Development Goals, adopted in September 2015, include a focus on nutrition and health. Specifically, Goal 2 – to end hunger, achieve food security, improve nutrition and promote sustainable agriculture – includes targets to ensure access to nutritious food and to end malnutrition in all its forms (wasting, stunting and overweight). Goal 3, to ensure healthy lives and promote well-being for everyone, at all ages, includes a target to reduce premature deaths from non-communicable diseases by one third. There are deep-rooted links between these two goals, and achieving both of them will help secure the fundamental rights outlined in the Convention on the Rights of the Child – including the right to survive and develop, to enjoy the

highest attainable standard of health, to have adequate nutritious foods and to access and participate in education.

Malnutrition affects every country in Latin America and the Caribbean to some extent, and most countries in the region are facing an overlapping ‘double burden’ of undernutrition and overweight or obesity. Although the rates of undernutrition among children have decreased by half during the past two decades, both underweight and overweight are often present in the same communities or even the same households. This synthesis report focuses on childhood overweight and obesity and their impacts throughout the life cycle (see Figure 1).

Figure 1. Potential health risks related to childhood overweight and obesity, and global trends in childhood overweight and obesity



Source: United Nations Children’s Fund, The State of the World’s Children 2011: Adolescence – An age of opportunity, UNICEF, New York, February 2011, p. 20.

As described in UNICEF's 2018 report on children's rights and food marketing, "obesity can affect a child's health, educational attainment and quality of life."¹² Among children and adolescents, overweight is associated with immediate health risks, including hypertension and insulin resistance.¹³ Not only do rates of obesity rise as children get older,¹⁴ recent evidence indicates that children who are obese are more likely to be obese as an adult.¹⁵ Furthermore, they face higher risks of developing non-communicable diseases such as diabetes, cardiovascular disease and certain types of cancer during adulthood.¹⁶

The economic burden of overweight and obesity is also striking. The estimated cost of lost work productivity due to overnutrition in Latin America and the Caribbean is in the billions of dollars and is mainly the result of absenteeism related to poor health. According to a study by the Economic Commission for Latin America and the Caribbean and the World Food Programme, the projected total costs (lost productivity plus health-care expenses) between 2015 and 2078 would average an estimated \$1.0 billion per year in Chile, \$3.1 billion in Ecuador and \$13.1 billion in Mexico.¹⁷

1.1 Applying a food-system approach to support healthy diets

Considering how children are impacted by elements of the food system, including 'obesogenic' environments – the environments that promote weight gain – is essential to supporting healthy diets and reducing obesity risk. UNICEF works with governments, the private sector and civil society to foster a healthy and sustainable food system. This includes generating evidence and research, convening stakeholders, providing

recommendations, implementing initiatives, and advocating for marketing policies and practices that facilitate children's right to health and adequate nutrition.

UNICEF's work to foster a healthy and sustainable food system includes generating evidence and research, convening stakeholders, providing recommendations, implementing initiatives, and advocating for marketing policies and practices that facilitate children's right to health and adequate nutrition.

In recognition that marketing and advertising strategies used by the food and beverage industry outside and inside retail outlets are among the crucial factors that affect obesity risk, UNICEF's Regional Office for Latin America and the Caribbean has commissioned a series of studies. This began, in 2014, with a review of existing regulations related to food and beverage companies' marketing in schools and through communication channels such as the Internet and social media in three countries (Argentina, Costa Rica and Mexico).¹⁸

In 2016, UNICEF commissioned a study on ways to improve labelling of food and beverage products targeting children and adolescents in order to facilitate better information for consumers in Argentina, Chile, Costa Rica and Mexico.¹⁹ One recommendation in this study on product labelling study was to improve public and private sector policies on in-store marketing techniques in order to promote healthy diets for all children. The study is therefore also one of the reasons driving UNICEF's examination of the in-store retail environment.

1.2 Childhood obesity and the context in Latin America and the Caribbean

A better understanding of factors contributing to the increase in overweight is critical in Latin America and the Caribbean, where an estimated 58 per cent of the region's adults are overweight, compared to 34 per cent globally, and 23 per cent are obese.²⁰ Among children under age 5 in the region, data indicate that, on average, 7.1 per cent are overweight, compared to the global prevalence of 5.6 per cent.²¹ Diet-related conditions are also on the rise, with cardiovascular disease being the most common cause of death. The number of people with diabetes in Central and South America is projected to grow from 24 million in 2014 to 38 million in 2035, an increase of 60 per cent.²²

The prevention of overweight and obesity is increasingly recognized as a crucial part of ending child malnutrition in all its forms, and multiple global strategies have recently been established to combat this escalating epidemic. In 2012, for example, the World Health Assembly endorsed the Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition, which set six global nutrition targets to be reached by 2025; the fourth target is "no increase in childhood overweight." Two years after that, the Director-General of WHO established a high-level Commission on Ending Childhood Obesity.

In 2015, the Pan-American Health Organization (PAHO) established the Five-Year Plan of Action for the Prevention of Obesity in Children and Adolescents, which aims to halt the rise of the epidemic so that there is no increase in current

national prevalence rates. This plan calls for implementation of related fiscal policies, such as taxes on sugar-sweetened beverages and energy-dense, nutrient-poor products; regulation of food marketing and package labelling; improvement of school nutrition and physical activity environments; and promotion of breastfeeding and healthy eating.²³ The PAHO Nutrient Profile Model was published in 2016 to support the design and implementation of strategies to prevent and control overweight and obesity among children and adolescents.²⁴

As part of UNICEF's food systems approach, initiatives have been undertaken to limit the negative impact of food marketing to children and adolescents in Latin America and the Caribbean, and countries such as Brazil and Chile have launched legislation to regulate food marketing practices (*see Box 1 on next page*).

Companies use a vast array of techniques to attract consumers and influence their purchasing decisions. And the placement of promotional displays, position of products on shelves and other in-store marketing strategies all affect consumption. For this reason, it is important to analyse these different strategies in retail settings and identify opportunities to adapt them to influence the choice of healthy foods.

Although the scope of this research is limited and results are preliminary, available evidence indicates that the positioning of food in retail environments has a significant influence on children's consumption.²⁵ An article by Wansink and colleagues, published in 2013, points to a diverse range of additional strategies in school settings that have been found to improve the nutritional profile of foods chosen by young students. These techniques include: manipulating the presentation to offer healthier foods first;

using nutrition 'report cards' to highlight the content of foods and beverages; calling healthy foods by catchy and appealing names; and increasing the convenience and attractiveness of healthy food, for example, by pre-slicing fruit.²⁶

Because there are still noticeable gaps in the evidence, it is necessary to deepen the analysis of these techniques and their impacts on children. Further research to confirm these findings in different settings should be a priority.

Box 1. Chile fights obesity with food labelling law

In June 2016, Chile implemented the Law of Food Labelling and Advertising (Law 20.606) to combat childhood obesity. The new labelling system requires that packaged food companies prominently display black warning logos in the shape of a stop sign on items high in sugar, salt, calories or saturated fat. It also bans the sale of any of those products in schools, as well as advertisements on television, digital media and other channels that target children under age 14.

Early results are encouraging: In a study of 1,067 adults by the Instituto de Comunicación e Imágen, the University of Chile found that more than 90 per cent of participants had a good or very good impression of new front-of-package labelling and restrictions on the sale of processed foods in schools. A 2018 follow-up report on the law found that 93 per cent of consumers understood the information on new labels. Furthermore, 48 per cent of participants said they compare food and beverage front-of-package labelling on different products, indicating that they consider a product's nutrient composition when grocery shopping, and 79 per cent said that this comparison influenced their purchasing decisions. Additionally, companies have now reduced the sugar content of their products to avoid being labelled as 'unhealthy'.

02

Objectives and structure of the report



Childhood Overweight and the Retail Environment in Latin America and the Caribbean aims to increase the evidence on impacts of retail store marketing and promotion techniques on the purchasing and consumption patterns affecting children. It offers a synthesis of two studies commissioned by UNICEF's Regional Office for Latin America and the Caribbean that examine these strategies from different angles:

- For the first study, Kantar Retail conducted a series of store audits to document in-store marketing activities in four countries: Argentina, Brazil, Colombia and Mexico.
- In the second study, Mexico's Instituto Nacional de Salud Pública (National Institute of Public Health of Mexico), known as INSP, documents in-store marketing techniques by store format and socio-economic status of the area where the store is located – in addition to interviews with shoppers on their purchasing decisions – in three countries: Argentina, Costa Rica and Mexico.

The data from these studies form the basis of this synthesis report. Findings from both studies indicate that exposure to food marketing and advertising in retail outlets contributes to the purchase and consumption of unhealthy foods. In alignment with these findings, and evidence from other research, the objective of this report is to provide a robust and comprehensive review of food and beverage in-store marketing and advertising strategies at the point of sale. The report aims to:

- **Contribute** to the body of knowledge to prevent childhood obesity by addressing how retailers influence consumer choices in Latin America and the Caribbean and the resulting impact on children's nutritional status.
- **Identify** advertising and marketing strategies for consumer goods shown to positively influence consumer behaviour in supermarkets in the region, with a focus on

Argentina, Brazil and Mexico.

- **Map out and assess** results, lessons learned and good practices in promoting healthy foods and diets in the retail environment.
- **Make recommendations** on actions that can be taken by retail stores, retail associations and regulators in the region to positively impact family consumption habits, community health and children's nutrition.

Section 3 of the report provides a review of current research and literature on retailers' practices related to advertising, food labelling and fiscal policies for food and non-alcoholic beverages and high-calorie products in the region, and their impact on childhood overweight and obesity.

Section 4 presents the results of studies carried out by Kantar Retail and INSP. This research provides essential, though not statistically representative, data covering six countries of Central and South America (Argentina, Brazil, Chile, Colombia, Costa Rica and Mexico). The studies examine different point-of-sale marketing strategies used by retailers and the food industry to promote food and non-alcoholic beverages to children and adolescents, along with their parents or guardians. They also consider how such strategies in retail settings influence decisions and consumption habits of families and children towards the purchase and consume products high in sugar, fat and salt and low in nutritional value, instead of healthier alternatives, in retail settings.²⁷

The synthesis report concludes by providing key insights from the studies and then proposes recommendations for policymakers, regulators and retailers to consider when designing strategies and practices to contribute to the reduction of child overweight and obesity in Latin America and the Caribbean.

03

Factors that influence purchase and consumption patterns



Overweight and obesity represent an imbalance between food intake and energy expenditure, due in large part to changes in eating patterns and physical activity, combined with increased availability of ultra-processed foods that have high sugar, fat and salt content.

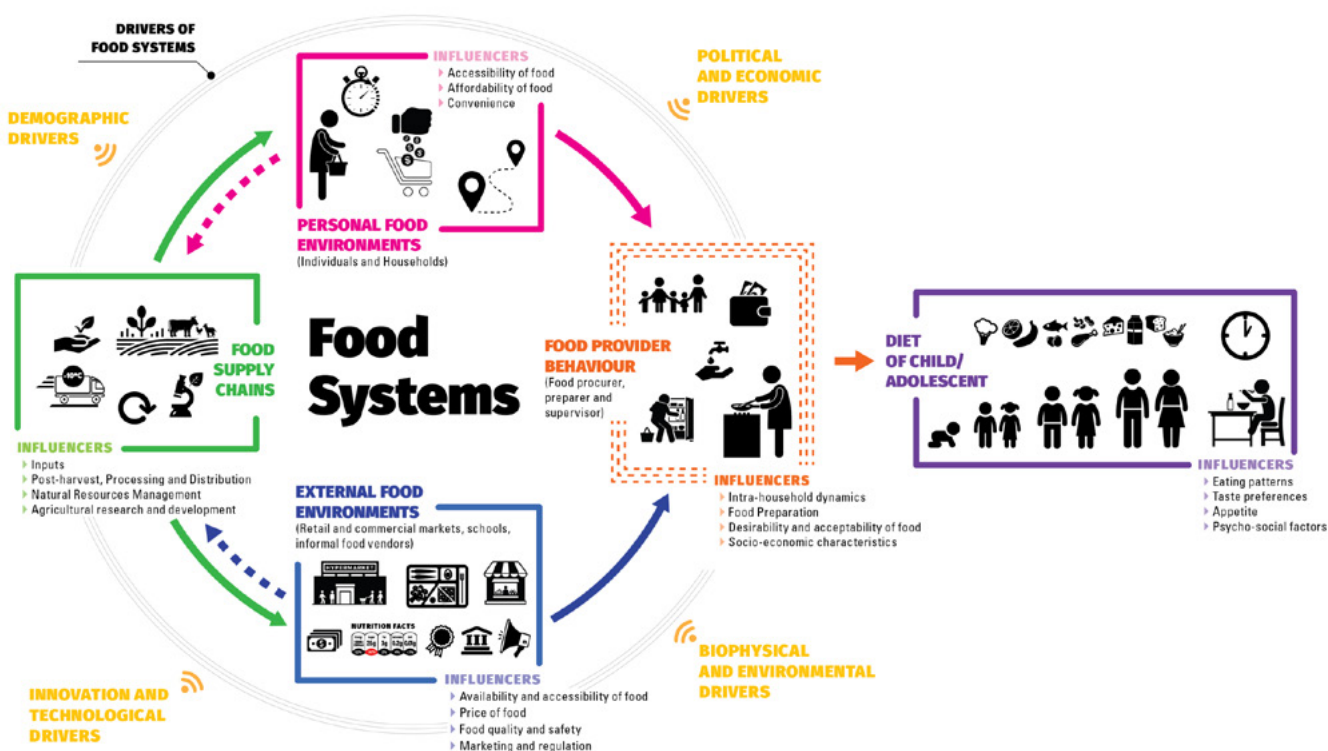
Extensive evidence identifies exposure to unhealthy food environments that are characterized by increased access to foods high in fats, free sugars and salt and aggressive promotion of these products – often referred to as ‘obesogenic environments’ – as a major determinant of obesity in children. As such, narratives that focus on individual responsibility for eating healthily are unhelpful and potentially damaging.

3.1 The nutrition transition: Challenges to a healthy food system

The complex elements of a food system (the production, processing, marketing, distribution, purchasing and consumption of food, together with consumer practices, resources and behaviours) as defined by UNICEF and the Global Alliance for Improved Nutrition (GAIN), are illustrated in Figure 2.

During the past two decades, the food system – particularly the way in which foods and beverages are produced, processed, distributed, marketed and consumed – has changed dramatically.

Figure 2. UNICEF-GAIN food systems framework



Source: United Nations Children's Fund and Global Alliance for Improved Nutrition, 'Food Systems for Children and Adolescents: Working Together to Secure Nutritious Diets', UNICEF Office of Research Innocenti, Florence, November 2018, p. 8, open PDF from <www.unicef.org/videoaudio/PDFs/1_Framing_presentation_UNICEF-GAIN_UNICEF_Florence_Final.pdf>.

Many countries in Latin America and the Caribbean have undergone a 'nutrition transition' – a shift from traditional diets high in fruit and vegetables and low in animal products to an energy-dense and nutrient-poor diet composed of refined carbohydrates, high fat intake and processed foods.²⁸ This transition has been supported by the rapid expansion of self-service stores and supermarkets across the region, bringing cheap and mostly unhealthy diets to even the most remote areas.

From a dietary perspective, it is now recognized that an individual's food preferences, purchasing decisions and eating behaviours are shaped by pricing, promotion, availability and affordability. These factors, in turn, are influenced by changes in the global, national and local food environments, in addition to factors such as income, socio-economic status, urbanization, globalization, and high exposure to marketing and advertising.

During recent decades, the region has experienced strong economic growth, and several countries have advanced from low-income to middle-and high-income status. Concurrently, the region has exhibited a marked increase in the consumption of unhealthy food and a decrease in physical activity. While rising incomes facilitate access to more diverse and nutrient-rich foods, they also enable access to more unhealthy food items. Research from the High-Level Panel of Experts on Food Security and Nutrition shows that, as household incomes rise, the consumption of foods associated with health and unhealthy diets generally increases.²⁹

Globalization also has a significant impact on diet and nutrition by altering the quantity, type and cost of food available for consumption, and associated dietary demands. In addition, it shapes the food environment and dietary consumption patterns through the expansion of supermarkets, and the associated increase in food choices and access.³⁰

Latin America and the Caribbean has the highest urbanization rate in the developing world, with 80 per cent of the population now living in cities.³¹ Along with changes in income and lifestyle, urbanization affects consumption through increased access to different types of food outlets and increased demand for processed and convenient products.

3.2 Elements of the food environment: Marketing unhealthy foods to children

Globally and locally, much of today's food environment promotes the consumption of unhealthy foods. Marketing – which encompasses placement, promotion, packaging and price (the '4Ps')³² – is a key influencer of consumption and, consequently, diets. While marketing influences everyone, children can be particularly vulnerable to its persuasive power. WHO and other major health organizations consider children's exposure to pervasive marketing of unhealthy foods as a significant risk factor for childhood obesity, with children considered as a group of consumers who are disproportionately affected by marketing practices.³³

Recent research from the region confirms that there is a great deal of food promotion to children, particularly in the form of television advertising, that is typically aimed at highly processed, energy-dense or unhealthy products. In Argentina, a recent study from the Fundación Interamericana del Corazón (Inter-American Heart Foundation) found that children, on average, are exposed to 60 food advertisements per week on television, and 9 out of 10 of the products advertised were for unhealthy foods.³⁴ Moreover, children enjoy this kind of advertising.

The marketing and advertising of nutritionally poor products and sugar-sweetened beverages to children and adolescents has increased in the region, influencing their food preferences, purchase requests and eating patterns. It has also

encouraged children to request that their parents purchase foods they have seen advertised, often referred to as 'pester power'.³⁵

It is important to understand how consumers interact with and learn about different products, and the marketing incentives that influence their final decision to purchase certain foods, based on the promotion of food and beverages at the point of sale. This includes the distribution, promotion and marketing of unhealthy products in retail outlets.

In 2010, supermarkets/hypermarkets in Latin America accounted for more than 50 per cent of the food retail market, with only five companies controlling approximately a quarter of the market.³⁶

Furthermore, about 65 per cent of the products sold in supermarkets are processed foods, while fresh produce (fruits and vegetables) accounts for about 15 per cent of supermarket sales.³⁷ Previous in-store audits in the region found that the foods occupying most of the space in these stores were

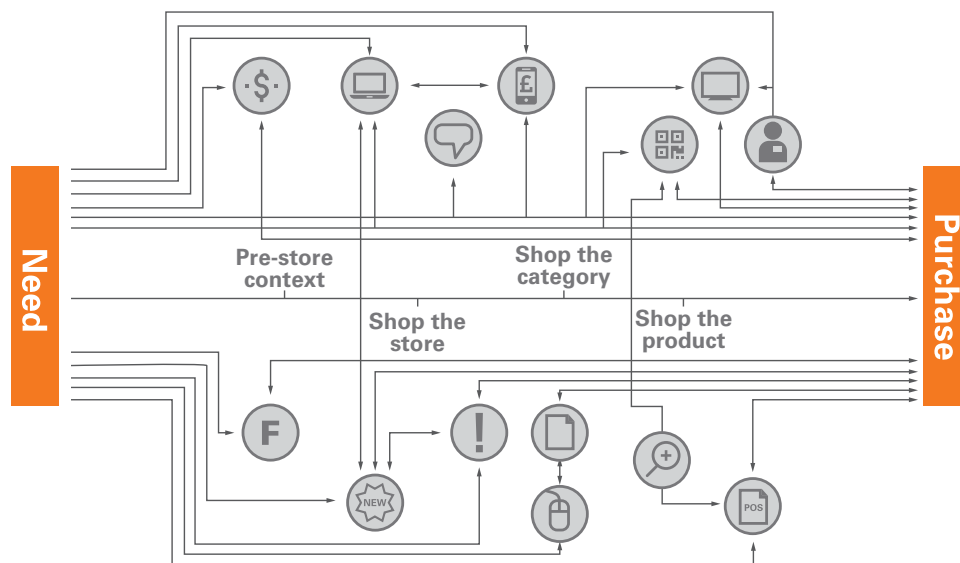
cookies, sugar-sweetened beverages, potato chips and canned foods; these products also tended to be prominently displayed.³⁸

3.3 Marketing strategies in the retail environment

Retail outlets are where people make decisions about what and how much to buy and to consume, for themselves and for their families. Within the retail environment, several factors affect consumers' purchasing decisions, including: price, promotion and packaging, store layout and in-store marketing strategies, shelf signage, in-store coupons, video displays and interactive media, sampling programmes and other prominent displays, such as end-of-aisle displays. All are strategies used to influence consumers along the 'path to purchase', as illustrated in Figure 3.

Figure 3. The path-to-purchase process

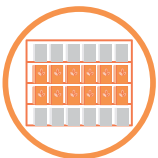
The initial path of purchase models typically depicted a linear journey, beginning from the point at which the consumer recognizes a need to a point at which the consumer makes the purchase. With the advent of different forms of marketing and new digital tools and technologies, the path to purchase has become complex.



Source: Kantar Retail, 'In Store Marketing for Children's Food and Beverages', UNICEF Latin America and the Caribbean Regional Office (internal document, 2018).

Within the retail food environment and among modern retail sector outlets – including convenience stores, supermarkets and hypermarkets – multiple strategies are used that significantly influence consumers’ choices. Retail stores have the authority to decide what products to stock, how many to stock, and how much variety to offer. They decide which products to promote through price-setting, in-store advertising and discounts, which in turn influence the decisions consumers make about food.

Furthermore, how retail outlets are organized physically, how food and beverages are presented in the market, and what promotions are offered can all impact a shopper’s experience and orientation, nudging them towards certain products. Marketing strategies categorized according to the 4Ps are outlined below and on the following page.



Placement

These marketing practices cover how retail outlets are organized physically to influence purchase behaviour, for example, how foods are presented in the market and the accessibility of certain items over others (from relative height on the shelf, location in the store layout and customer path in store).



Promotion

Promotion, such as advertising, is another key factor for retailers. The World Health Organization defines promotion as “marketing activities other than advertising, personal selling, and publicity that stimulate consumer purchases at point-of-sale.”³⁹ In-store promotion includes giveaways, samples and price reductions (as different from standard pricing). For example, children’s toys found within a box sugary cereal or two-for-one offers on chocolate bars promote specific products and influence consumer behaviour.



Packaging

Product packaging is one of the most important determinants of a consumer’s decision to purchase. Packaging is meant to show off the product, display its price and value, and communicate its intended benefits to consumers, including children. Companies selling processed foods and sugar-sweetened beverages invest substantially in making their products attractive and as widely available as possible.

Packaging full of images and messages meant to ‘hook’ children and build brand recognition and loyalty, along with the marketing of unhealthy foods, often involves the use of fun and colourful packaging, character licensing, images of children and other symbols that are recognizable and appealing to children. For children, cues such as eye-level placement, appealing product packaging displays increase their desire to purchase an item and/or request that their parents purchase it. In Guatemala, a study shows that children prefer the taste of food from packages with a licensed character compared with the same food in packages without the character.⁴⁰



Price

The cost of food at retail is another important component underlying purchasing decisions, and any adjustments made to price will affect both the consumer and the retailer. Most consumers in the region pay attention to the price of foods, and retailers often lower the price of a certain item relative to its alternatives or offer a discount if shoppers buy a certain quantity to increase sales of targeted foods. In recent years, the number of products sold by retail outlets has grown exponentially. This suggests that retailers can choose among an ever-increasing number of products, making different producers and brands compete to list their products.

Most products have a recommended retail price, sticker price or list price, but it is not necessarily the price retailers use or the price consumers pay. Depending on demand and retail space, items may be priced higher or lower. For instance, demand for certain products in supermarkets may drive increases in supply and a greater availability of such products, which in turn may have positive effects (reduction) on the price of the product. In Latin America and the Caribbean, deep discounts and price promotions of unhealthy foods are common.

Box 2. The role of retailers

More than half of all purchase decisions that are made in the supermarket are unplanned.^[1] Therefore, marketing tactics employed inside grocery stores have an enormous potential to help families choose healthier options. Retail outlets shape the preferences of families and children in several ways: the location of the stores, the foods they sell, the prices they charge, the marketing strategies they use, and the nutrition-related activities they implement.^[2] Stores can make healthy foods available and accessible and promote healthy diets and habits, or encourage the consumption of unhealthy foods by making healthy foods too expensive for the majority of the population to buy. For example, research found that the same retailers and manufacturers that use cartoons, characters and 'fun' logos to attract children to unhealthy food sometimes use these strategies to positively influence the preferences of children and adolescents towards better-quality diets.^[3]

Source: [1] Instituto Nacional de Salud Pública, 'Caracterización de la promoción de alimentos y bebidas no alcohólicas dirigido a la población infantil y adolescente en puntos de venta (tiendas de autoservicio) en países latinoamericanos', INSP, Mexico City, 2018. [2] Kantar Retail, 'In-Store Marketing for Children's Food and Beverages', UNICEF Latin America and the Caribbean Regional Office (internal document, 2018). [3] Maria, R., et al., 'Nutritional Transition and Child and Adolescent Population: Protective measures against the marketing of harmful food and beverages', *Journal of Food and Nutrition*, vol. 34, no. 3, 2009, pp. 217–229; Gunnarsdottir, Ingibjorg, and IngaThorsdottir, 'Should We Use Popular Brands to Promote Healthy Eating Among Children?', *Public Health Nutrition*, vol. 13, no. 12, May 2010, pp. 2064–2067; and Mørk, Trine, et al., 'An Analysis of the Effects of a Campaign Supporting Use of a Health Symbol on Food Sales and Shopping Behaviour of Consumers', *BMC Public Health*, vol. 17, 2017.

04

Results of
the Kantar
Retail study



UNICEF commissioned Kantar Retail to carry out a study aimed at further examining the marketing and advertising strategies used by the food industry for the promotion and sale of food and non-alcoholic beverages to children in retail outlets. The review entailed a series of store audits in Argentina, Brazil, Colombia and Mexico, with the objective of documenting the current state of in-store marketing activities used by major food companies to promote food and beverage products to children and their caretakers.

Kantar Retail's team also interviewed more than 10 top management personnel from the largest retailers in Argentina, Brazil and Mexico. The study found several examples of unhealthy products targeted to children using a variety of promotional strategies, and very few examples of retailers executing in-store initiatives to support child nutrition in the countries studied. It also found that the most relevant strategy in retail marketing practices is packaging, especially as it relates to attracting the attention of children.

4.1 Methodology

Between November 2017 and January 2018, Kantar Retail conducted a series of store audits in Argentina, Brazil, Colombia and Mexico, reviewing more than 20 stores and collecting more than a thousand photographs with the objective of documenting the current state of in-store activities being carried out by major retailers to promote food and beverage products to children. In the second part of the study, Kantar Retail interviewed more than 10 top management personnel from the largest retailers in Argentina, Brazil and Mexico to obtain what is called the 'Voice of the Customer': the explicit and unfiltered opinions and perceptions about child nutrition and the role of the retail industry.

4.2 Key findings

Retailers are already investing in organizing the in-store environment, including through the 4Ps, in order to increase the probability of consumption and to adhere with in-store guidelines. In order to maximize profitability, retailers strive to constantly improve store layouts; evaluating the brands they stock to ensure that the packaging is visually appealing; and adapting packaging to in-store guidelines on colour, size and shapes of displays, iconography and fonts.

A wide range of promotional strategies was used to attract children, including eye-level exhibits, branded displays, point-of-purchase materials, promotions with prizes, temporary price reductions, co-branding, and the use of licensed movie and cartoon characters.

During the interviews, every retailer confirmed that they have in-store guidelines that suppliers should comply with, including on exhibition, safety rules and marketing intended to reduce costs, increase efficiency, ensure shopper satisfaction and standardize operations. Specific in-store elements can be negotiated by suppliers and adjusted in terms of the look, feel and content that benefits the retailer and suppliers. In addition, retailers have the final word and a veto option if they do not agree with the supplier/brand proposal.

In terms of using in-store methods to communicate messages about child nutrition, every retailer agreed that they make no distinction between that type of message and the ones they use to communicate about any other issue or product. Overall, these findings suggest that product placement and marketing messaging could, to a degree, be controlled or adapted by local stores to avoid targeting unhealthy food to children.

In-store marketing strategies are used to target children. The Kantar Retail study found that a wide range of promotional strategies was used to attract children, including eye-level exhibits, branded displays, point-of-purchase materials, promotions with prizes, temporary price reductions, partnering with other companies (co-branding), and licensed movie and cartoon characters.

In contrast, there were few examples demonstrating how these tactics were being used to foster the consumption of healthy products. The sale of Super Reyecitos egg campaign in Colombia was one example identified, in which the packaging communicates the benefits of the product for child development and nutrition.

Child nutrition is a major concern for local communities. Interviews found that retailers acknowledge child nutrition as a key topic to work on and a major concern for the communities in which they have a presence. Related topics mentioned in the interviews included:

- increased pressure from countries and governments through regulations on unhealthy products, for example, higher taxes, constraints put on production and commercialization, warning labels and messages on packaging;

- global, regional and local consumer trends towards a healthier lifestyle along with a more natural and healthy diet;
- products perceived by consumers as health-oriented and 'natural' are among the fastest growing categories during the past five years and are a high-profit group of products; and
- retailers' existing social responsibility initiatives that include nutrition pillars, though they are not specifically focused on children.

Despite this concern, the study found only a few examples of retailers undertaking in-store initiatives to support child nutrition in Latin America; one example is described in Box 3 (*below*). Those that did exist were mainly led by retailers' foundations or corporate affairs departments, demonstrating a disconnect between commercial objectives and corporate strategy. These findings also indicate that while retailers are aware of the importance of child nutrition in local communities, they are not taking full advantage of opportunities to support healthier diets for children.

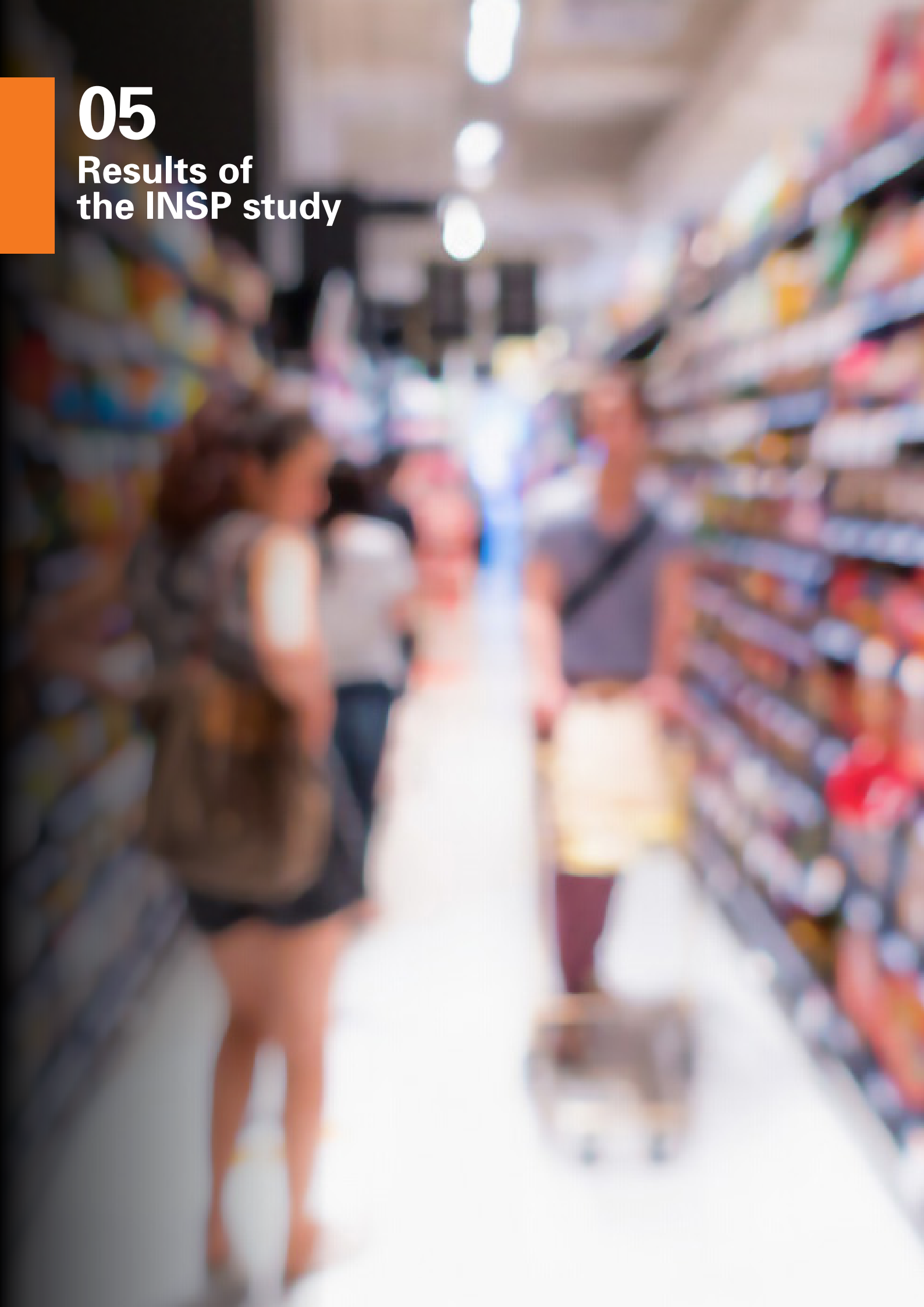
Box 3. Disney promotes healthy eating in supermarket chains in Chile

A leading chain of supermarkets in Chile developed a campaign to promote healthy eating with the support of Disney. Under the slogan 'Eating healthy is fun', children and their families were invited to incorporate fruits and vegetables in their daily diet. The axis of the action was the presentation of assorted products in a gondola with the packaging featuring Disney characters, including Mickey, Minnie and Pluto.

As part of the strategy, the company opted for the development of small packaging formats so that they can be easily moved and used, for example, as a snack at school. The products included not only fruits and vegetables but also a variety of nuts. In addition, the packaging was accompanied by different advice on nutrition, information related to the ingredients in this type of product (vitamins, minerals, proteins) and the benefits a healthy diet provides.

05

Results of the INSP study



The INSP study aimed to document the point-of-sale marketing strategies used to promote food and non-alcoholic beverages to reach children and adolescents, and their parents or guardians, and to identify how these strategies might contribute to decisions to purchase products high in sugar, fat and salt and low in nutritional value. The research covered food retail stores in five Latin American countries: Argentina, Brazil, Chile, Costa Rica and Mexico.

The results show that a high exposure to marketing strategies, including price reductions, promotional marketing and product placement at point of sale, greatly influenced purchasing decisions. During store visits, it was clear that in all areas of the stores, some type of marketing was used – and most of it promoted unhealthy foods. When interviewing consumers, the main marketing strategy that caught their attention and helped them make their final decision to buy was the price of a product; for children, the decisive factor was the packaging.

High exposure to marketing strategies, including price reductions, promotional marketing and product placement at point of sale, greatly influenced purchasing decisions. During store visits, it was clear that in all areas of the stores, some type of marketing was used – and most of it promoted unhealthy foods.

5.1 Methodology and data collection

The research conducted by INSP used a mixed-methods approach (quantitative and qualitative) that included fieldwork conducted in the following cities:

- Buenos Aires, Termas de Río Hondo and Tucumán (Argentina);
- São Paulo (Brazil);
- Eighth Region of Bío and Santiago de Chile (Chile);
- Cartago, San José (Costa Rica); and
- Querétaro, Guadalajara, Mexico City, Monterrey, León, and San Luis Potosí (Mexico).

Twelve stores were selected in each city, for a total of 131 stores (24 in Argentina, 11 in Brazil, 12 in Chile, 12 in Costa Rica and 72 in Mexico); each store was visited twice, once during the week and once during the weekend. The selection of the stores was carried out strategically in each location through a classification of the population's socio-economic status (SES). In Mexico, the classification was based on the marginalization level determined by the National Population Council (CONAPO), which classifies low, medium and high marginalization based on access to basic services. Digital maps from the Mexican National Institute of Geography and Computer Science and Google maps were then used to attain addresses of the stores and zip codes to identify the three types of stores in the three marginalization levels. For the other countries, distinct indicators were used to determine socio-economic level. For example, indicators on residential segregation and a basic needs index were used in Argentina; in Chile, poverty level was used; in Costa Rica, a human development index; and in Brazil, income level.

Three different types of stores were visited in each location – hypermarkets, supermarkets and convenience stores – as defined in the table below.

Store classifications for the INSP study	
Type of store	Definition
Hypermarket	The size of the store is between 4,500 and 10,000 square metres; it offers almost all merchandise lines and provides some additional services.
Supermarket	The size of the store is between 500 and 4,500 square metres. The products it offers are mainly groceries and non-perishables food items; it provides some additional services, such as a pharmacy and photo processing.
Convenience store	The size of the store is about 250 square metres, but may be larger. It has most merchandise lines, but with a much smaller assortment and variety. It does not offer any type of additional services.

During each visit, an observation guide was used in each setting to document the distribution, layout, product placement, promotions and marketing strategies used inside and outside the store that influence consumer behaviour and choices. This allowed for a comparison between days of the week and stores.

The visits included observations on product placement on the shelves in different areas of the store (entrance, checkout and exit). Placement of different types of products was also observed, and shelves were divided into four levels, depending on their height: Level 1: 0–100 centimetres, Level 2: 100–150 centimetres, Level 3: 150–190 centimetres, Level 4: 190 centimetres or more. Given that the lower shelves are the most attractive and accessible to children and adolescents (because they are at eye level), information on Level 1 and 2 products was grouped together and identified as those within reach of children and adolescents.

In addition, during each visit, interviews were conducted outside the store with three shoppers. The criteria for interviewees was to: (1) be over 18 years of age; (2) make purchases for the household in which they currently live; and (3) live with a child or adolescent under age 18.

The interviews with shoppers used a questionnaire geared towards better understanding the factors that influence the choice of products at the point of sale. The questions also explored the planning of food purchases versus impulse purchases, how much attention shoppers place on marketing strategies, how such strategies influence their purchasing decisions, and the most important factors affecting their purchasing decisions.

The investigator approached interviewees with a letter of consent explaining the purpose of the study, the interview, and why they had been considered as a key part of the study. Only after obtaining signed consent were they interviewed. This questionnaire consisted of a series of closed- and open-ended questions. In total, 663 shopper interviews were completed.

A total of 131 stores was visited, and 260 observation guides were completed. The stores visited in each country varied, based on location and socio-economic status of the surrounding community, with 37.7 per cent of the observation guides carried out in stores in areas with low and middle socio-economic status and 62.3 per cent in high socio-economic areas. The distribution by store format was harmonized: about 30 per cent of the stores were convenience stores, 36 per cent were hypermarkets, and 33 per cent were supermarkets.

5.2 Key findings

The research and analysis conducted by INSP resulted in a wide range of relevant findings gathered through the store visits and interviews carried out with shoppers outside the stores. The results noted here focus on the factors that were found to have the most influence on purchasing behaviours and decisions in the retail environment, such as marketing strategies and family influence and/or preferences. Many commonalities were found between in-store marketing tactics and the purchasing decisions made by shoppers – including price reductions, promotional marketing and product placement to attract children and parents to certain foods.

Results from interviews

Among the 663 interviews conducted at store exits, 65.5 per cent of the interviews were carried out in Mexico. In this component of the research, Brazil did not participate. Of the total interviewees, 66.9 per cent responded that they went to the store with prior planning; 67.8 per cent of those with prior planning said that they visited the store with a list of products they planned to purchase. At stores located in high socio-economic areas, 69.1 per cent of the people interviewed as they left the store stated that they used a shopping list. No differences were observed by store format.

On average, 30 per cent of interviewees carried shopping lists. However, more than half of the respondents bought unplanned products, regardless of socio-economic level or store type. The main unplanned purchases of products within the reach of children were sweet snacks (30.6 per cent), sugary beverages (28.2 per cent), cereals (15.3 per cent), cookies (14.4 per cent) and salty snacks (13.8 per cent).

Overall, price and promotion were found to be the strategies that most influence the purchasing behaviours of adults, while children were most strongly affected by packaging. Packaging was significantly important to influence children's preferences (51.9 per cent) rather than adults (7.5 per cent). While pricing is the most important factor for the purchasing parent or adult, packaging was found to be the most significant factor for children, among all socio-economic levels and types of retail establishments.

Regarding media and product characteristics, the brand (89.7 per cent, mainly in supermarkets), publicity (69.6 per cent), and the store's magazine promotions (68.6 per cent, mainly in high SES stores) were the main factors that influenced the interviewees in their purchases. Social media was identified as having the least influence in purchase decisions (37.8 per cent).

Results from observation guides

A department allocated to soda, juices and other beverages was found in over 88 per cent of stores. However, departments providing prepared and gourmet foods, as well as fruits, vegetables, fish and seafood are less common in low SES stores than in middle and high SES stores. Fruits, vegetables, sweet snacks and prepared foods are found more often in high SES stores, especially in hypermarkets. In the case of convenience stores, gourmet and frozen foods, prepared foods and fish are not commonly found.

Audio or visual strategies within the store were widely used in all stores visited, including music (69.9 per cent) and audio announcements (32.8 per cent). The stores in the middle SES category used these strategies more often, although there were no statistically significant differences between the strategies used and type of store. In the 'other' category, strategies included illuminated advertisements, variation of lighting in certain areas, a promoter with a microphone, and some hired demonstrators.

In terms of the product placement on shelves,⁴¹ the most common products found in the entrance area, within reach of children, included sugar-sweetened beverages (28.4 per cent), sweet snacks (28 per cent), and cereals (27.6 per cent); the least displayed items included ready-to-eat cereals (8.8 per cent) and legumes (8 per cent). In stores in with low SES, the products most often

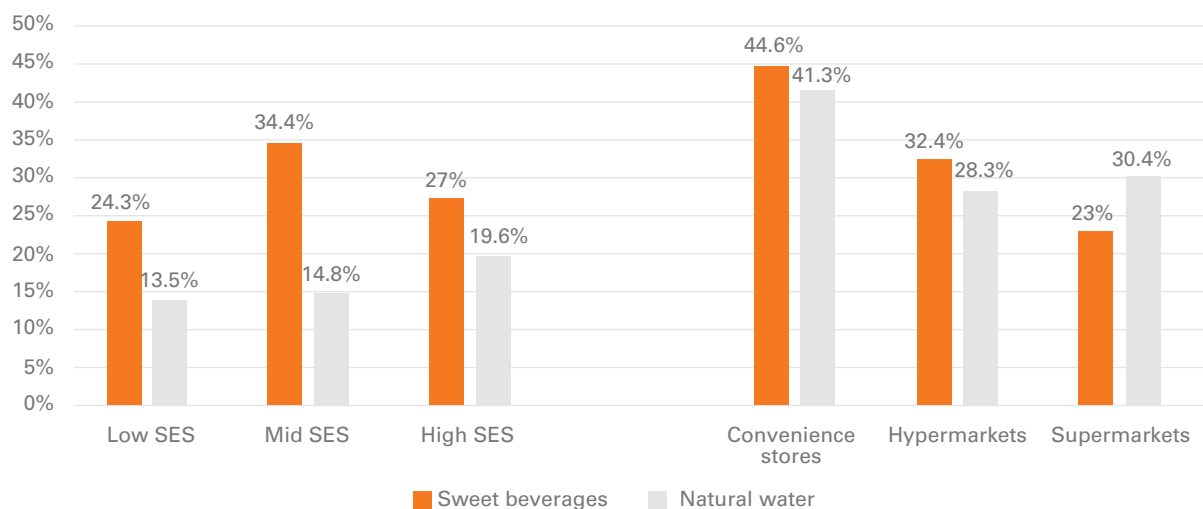
found in the entrance area were sweet snacks (43.2 per cent) and salty snacks (37.8 per cent), whereas in high SES stores, more fruits and vegetables were in reach. Four main marketing strategies in the entrance areas were observed:

1. Price-related promotions, including coupons and discounts (e.g., reduced by a percentage or 'two for the price of one');
2. Package related, including gifts and promotions that featured celebrities;
3. Promotional displays, such as product tasting; and
4. Product exhibits.

Price promotions were the most used, both inside the store (65.4 per cent) and outside (26.2 per cent), although it was more common in high to middle SES stores. On the other hand, package related promotions were more common in low SES stores (32.4 per cent) than in high SES stores (12.3 per cent). By store type, significant differences between supermarkets and convenience stores, where products exhibits were more prevalent in supermarkets, both inside (41.9 per cent) and outside the store (5.4 per cent).

In the entrance area, a variety of products was placed within children's reach. Sugary beverages were one of these products, and they were available in high quantities in all stores, regardless of socio-economic status; stores with middle SES and convenience stores offered the highest proportion of these beverages (*see Figure 4 on the next page*).

Figure 4. Percentage of stores offering sugary beverages and water at the reach of children and adolescents in the entrance area

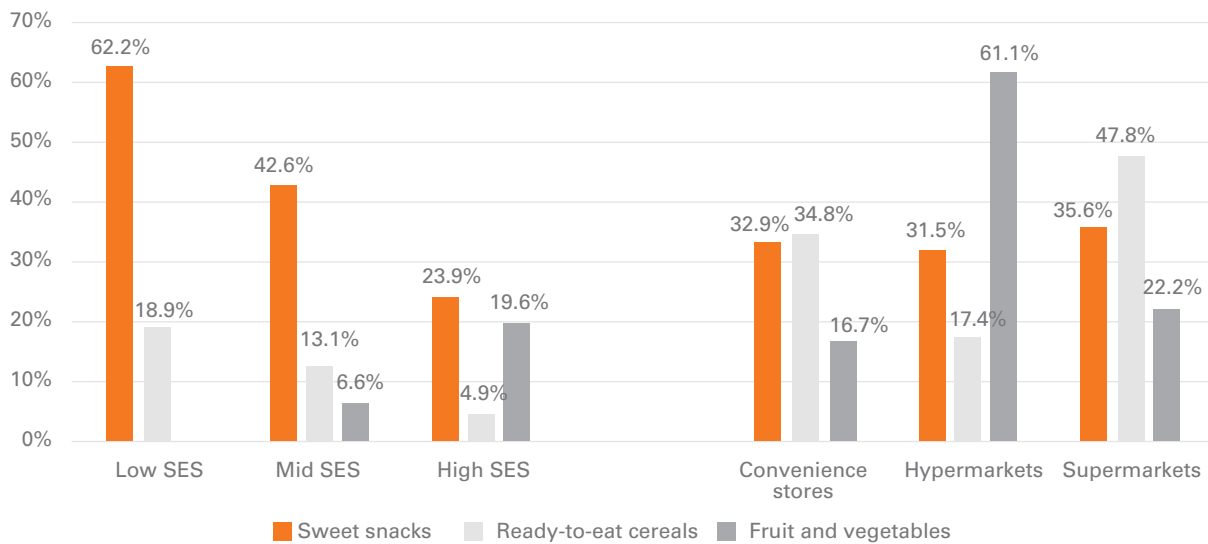


On the other hand, water was promoted more as the SES of the store increased (19.6 per cent in high SES compared to 13.5 per cent in low SES). Sugary beverages were more commonly found than water in both convenience stores and hypermarkets, while stores of all SES levels had a greater presence of sugary beverages.

Furthermore, the promotion of fruits and vegetables was directly related to socio-economic status of the

store: As the SES level increased, so did the availability of fruits and vegetables in the entrance area. For instance, not one low SES store had fruits and vegetables within the reach of children in the entrance area, while 6.6 per cent of middle SES stores and 19.6 per cent of high SES stores did (see Figure 5 on next page). Overwhelmingly, hypermarkets offered fruits and vegetables in the entrance area (61.1 per cent vs. 22.2 per cent for supermarkets and 16.7 per cent for convenience stores).

Figure 5. Percentage of stores offering sweet snacks, ready-to-eat cereals, and fruits and vegetables at the reach of children and adolescents in the entrance area



The opposite was found for sweet snacks: As the SES of the store decreased, so did the probability of finding these products at the entrance area. For instance, they were found in 62.2 per cent of store entrances with low SES, in comparison to 42.6 per cent for middle and 23.9 per cent for high. Ready-to-eat cereals followed a similar pattern (18.9 per cent for low SES vs. only 4.9 per cent for high SES stores).

In the register area, the main marketing strategy used was price promotions (70.8 per cent), followed by exhibits (46.2 per cent) and packaging (43.8 per cent). Packaging-related promotions were more frequent in low SES stores.

In the exit area, a greater variety of products was found, although sweet snacks were most prevalent (33.8 per cent), followed by sugary beverages (29.2 per cent) and cereals (26.2 per cent) in stores with a low socio-economic status.

Sweet snacks were also more frequently found within children’s reach in low SES stores, along with sugary beverages, salty snacks, all kinds of cereals and products of animal origin. Notably, salty snacks were significantly more common in low SES than in middle SES stores. Furthermore, fruits and vegetables are also more highly promoted in the exit in high SES stores. By store format, hypermarkets had more cereals on their

shelves than the others. Convenience stores were distinguished by very few fruits and vegetables on the shelves.

Multiple marketing strategies were observed inside the stores. The main findings show that price promotion strategies were the most popular way to promote all products, followed by exhibits.

By product type, sugary beverages were found to use all types of strategies, primarily price (79.6 per cent), exhibits (41.2 per cent), packaging (40 per cent) and promotional displays (32.3 per cent). A greater proportion of low SES stores used packaging related strategies for these beverages in comparison to high SES stores. Exhibit strategies were used more often in low and middle SES stores. However, no differences were found in strategy use between types of stores.

Ready-to-eat cereals also used all marketing strategies, including price (53.5 per cent), packaging (29.2 per cent), exhibits (22.7 per cent) and promotional displays (16.2 per cent).

However, stores with low SES used the packaging strategy much more than stores with high SES. In the case of salty snacks, the least utilized strategy was packaging. If they were used, it was generally in low SES stores or supermarkets.

Processed meats were primarily advertised with price promotions (77.3 per cent) and exhibits (31.5 per cent), while for dairy products, 84.2 per cent of stores used price promotions, followed by promotional displays (33.8 per cent) and exhibits (33.1 per cent). Fruits, vegetables and legumes were significantly used more in promotional displays in middle and low SES stores (21.3 per cent and 18.9 per cent, respectively). In addition, stores with low SES used more price promotion strategies to sell water than high SES stores.

06

Conclusion and recommendations



Many of the rights guaranteed by the Convention on the Rights of the Child are directly connected to nutrition, including every child's right to

survival, health and development to their full potential (see *Box 4, below*).

Box 4. Children's rights and food industry practices

Under the United Nations Guiding Principles on Business and Human Rights,^[1] children are identified as a potentially vulnerable group that needs special protection and specific consideration when fulfilling the corporate responsibility to conduct human rights due diligence. The Children's Rights and Business Principles take this principle further by offering specific guidance on how businesses – including those within and connected to the food system – can respect and support children's rights in all areas of their operations. Principle 6 underscores that companies should make sure there are no negative impacts on children resulting from any of their promotional communications, and that all marketing should comply with World Health Assembly standards,^[2] which include the WHO Recommendations on food marketing.^[3] Companies are also encouraged to use marketing that promotes positive self-esteem and healthy lifestyles.

As outlined in UNICEF's 2018 guidance for policymakers on food marketing, the child rights-based approach – grounded in international law – offers “an opportunity to build strategic alliances, coalitions and networks with other actors who share a similar vision and pursue common objectives. In relation to childhood obesity, this approach is likely to foster the involvement of a broad range of actors who may not have viewed the issue of marketing unhealthy food to children as raising concerns.”^[4] This can serve a dual purpose: encouraging governments to fulfil their obligations under the Convention on the Rights of the Child, and motivating companies to initiate proactive measures to avoid violating children's rights, for example, reformulating products with healthier ingredients or initiating in-store promotions for fruit, vegetables and other nutritious products.

Notes: [1] Office of the High Commissioner for Human Rights, 'Guiding Principles on Business and Human Rights: Implementing the United Nations "Protect, Respect and Remedy" Framework', HR/PUB/11/04, United Nations, 2011, open PDF from <www.ohchr.org/Documents/Publications/GuidingPrinciplesBusinessHR_EN.pdf>. [2] United Nations Children's Fund, 'Principle 6', UNICEF, Geneva, <www.unicef.org/csr/195.htm>. [3] World Health Organization, 'A Set of Recommendations on the Marketing of Foods and Aon-Alcoholic Beverages to Children', WHO, Geneva, 2010, available at <www.who.int/dietphysicalactivity/publications/recsmarketing/en>. [4] United Nations Children's Fund, *A Child Rights-Based Approach to Food Marketing: A guide for policy makers*, UNICEF, Geneva, April 2018, p. 30, open PDF from <www.unicef.org/csr/files/A_Child_Rights-Based_Approach_to_Food_Marketing_Report.pdf>.

Nutrition also has a direct effect on the right to education, as it impacts children's ability to attend and achieve in school. As reflected in the discussion and analysis throughout this report, the results generated through the Kantar Retail and INSP studies confirm that:

- **In-store marketing practices do sway customers' purchases, across different countries, outlets and socio-economic groups, and major efforts are directed at influencing children's interest and choices.**
- **This is a child rights concern because current in-store marketing practices are predominantly promoting unhealthy products and are targeting children.**

By 2050, an estimated 70 per cent of adolescents around the world will live in cities,⁴² and this trend towards urbanization is reflected in Latin America and the Caribbean. Because retail outlets have an increasingly influential role in the rapidly expanding urban food environment, finding ways to reduce the extent and impact of unhealthy food marketing on children of all ages is crucial. Though some government regulations and voluntary pledges by companies are in place, these measures rarely protect children over age 12 and are unevenly applied in the retail environment. Addressing these gaps offers a vital opportunity to reduce rising overweight and obesity rates and prevent the life-threatening impacts of diet-related, non-communicable diseases.

This report invites all stakeholders to take immediate action to create in-store environments that facilitate and encourage the consumption of more nutritious products, while decreasing consumption of less nutritious alternatives.

The retail environment is a key arena for multi-stakeholder action to protect children from inappropriate marketing of ultra-processed and unhealthy foods and beverages, and to ensure that healthier options are available and affordable.

Multiple strategies can be employed by the retail sector to increase its contribution to improved nutrition and health. Likewise, public policies must be implemented to incentivize and regulate businesses to safeguard children's well-being.

Based on the evidence, this section outlines cross-cutting strategies to address holistic issues in the food system, as well as key point-of-sale interventions related to promotion, placement, price and packaging. Implementing these recommendations can positively influence consumers for healthy diets, and will be strengthened through cooperation between regulators and companies throughout the food retailing industry.

6.1 Recommendations for policymakers and regulators

To effectively and sustainably reduce the rates of overweight and obesity that are affecting children, adolescents and their families, action must be taken by governments and other regulating bodies to promote a food system and environment that facilitate the consumption of healthier foods. Towards this end, the recommendations offer cross-cutting strategies that can be applied at the broader system level.

A crucial part of this effort includes the regulation of food marketing to limit children's exposure to unhealthy products through all media channels and platforms. In addition to the recognized influence of television, radio and online marketing, the evidence reviewed in this report shows how consumers are significantly influenced by marketing directly in the retail environment. In response, national and local governments should focus on the development, implementation and evaluation of policies to improve the in-store marketing environment for children in a way that gives them incentives to increase their consumption of healthier options.

The evidence shows how consumers are significantly influenced by marketing directly in the retail environment. While implementing the strategies described in these recommendations, governments can pave the way for stronger engagement with food and beverage retailers – with the shared goal of promoting children's health and nutrition.

To support these goals, UNICEF makes the following recommendations:

General/cross-cutting strategies:

- **Set up obesity-prevention strategies**, including comprehensive marketing regulations that protect children at all ages and cover all promotional channels, including the retail environment.
- **Develop a holistic food systems-based approaches to address children's nutrition needs**, including strategies across sectors and the supply chain that make healthier products more desirable and affordable.
- **Develop fiscal and incentive structures that favour healthy products**, such as subsidies to foster the consumption of fruits and vegetables. Implement taxes based on the nutrient profile of foods and beverages; this can reduce the consumption of unhealthy products through higher taxation, including on retail-branded products.
- **Provide guidance and tools for all actors**, including frameworks for how businesses and communities can create, implement and support policies and regulations that contribute to an in-store marketing environment that incentivizes the consumption of healthier foods.

In-store marketing environment

- **Establish regulations that promote healthy ‘impulse zones’** and mandate that checkout aisles are free of unhealthy foods and beverages. In cooperation with retailers, the removal of unhealthy products from checkout counters can be accompanied by guidance on ways to promote replacements with healthy products that can yield value for these businesses.
- **Ban advertising and other strategies used to promote unhealthy foods to children in and around retail locations**, including eye-level placement of unhealthy foods and beverages. Limit in-store promotions – such as discounts, ‘buy one get one free’ and multi-buy offers – for unhealthy food products, but allow them for healthy products.
- **Prohibit packaging on unhealthy foods and beverages that is designed to attract children**, and limit the use of franchises, fake benefits and other misleading practices for packaging on unhealthy foods and beverages.
- **Regulate mandatory front-of-package interpretive food labelling.** The labelling of food in retail outlets is one way to inform consumers about foods and beverages with high content of fat, sugar and salt, allowing them to make more thoughtful decisions about what they purchase and consume.

Governments have a vital responsibility to strengthen the regulatory environment towards ensuring that all retailers follow practices that respect and support children. While implementing the strategies described in these recommendations, governments can also pave the way for stronger engagement with food and beverage retailers regarding their responsibilities to reduce the impact of marketing on children – with the shared goal of promoting children’s health.

6.2 Recommendations for retailers

As evident throughout this report, how food is sold influences which foods are bought, and presumably what is consumed. Elements of the in-store retail environment do indeed influence consumer behaviour.

Retailers can contribute to building healthier and more productive communities as they apply these and other key strategies for reducing childhood overweight and preventing obesity. At the same time, they can support their goals for corporate social responsibility, while maintaining market share and profitability.

To provide a healthy environment for children, in-store marketing and point-of-sale practices need to be revised and refocused. Action should be taken – from the boardroom to the checkout counter – to proactively increase the appeal of fruits, vegetables and the healthier alternatives of certain food categories. In support of these goals, UNICEF makes the following recommendations:

General/cross-cutting strategies

- **Create a strategy to promote healthy eating, reduce childhood overweight and prevent obesity**, including realistic and achievable targets. This strategy could encompass taking action to:

Establish an internal committee with representatives from different areas (marketing, distribution, etc.) responsible for carrying out an analysis of the company's impact, designing a corresponding strategy to promote healthy eating and prevent obesity, identifying appropriate indicators, and establishing progressive goals.

Ensure that all in-store advertising of food to children is of a high ethical standard and compliant with national and international guidelines.

Improve the nutritional value of the store's own products (retailer's labels) and encourage the reformulation of suppliers' products.

Increase the sale of fruits and vegetables, through pricing strategies for example, which would adjust the profit sharing balance between healthy and less healthy food and beverages.

Implement initiatives that encourage young people and their families to make healthier food choices.

- **Align with local governments in the communities where the company operates and support public policies that aim to reduce childhood overweight and prevent obesity.** Countries are increasingly committed to the prevention of obesity and have developed different strategies and initiatives, some of which could be implemented in stores. For instance, many governments have created 'Healthy Stations' to promote nutritious food, some of which are mobile. Retailers could offer space in their stores to accommodate such stations.
- **Put retailers' own resources and core assets to work to promote healthy habits.** Marketing departments can be valuable allies in creating innovative campaigns and strategies to promote healthy habits.
- **Encourage round-table discussions to engage with key stakeholders, including academia, along with the development of awareness-raising strategies, particularly to reach children and families.** Some retailers have created their own university departments on food and nutrition and are driving research projects, evidence-generation and course curricula. Others are offering channels for the community to participate in the design of store strategies. All these initiatives need to have clear and transparent objectives, and companies should guarantee independence in relation to the outcomes, always remaining aware of possible conflicts of interest.



Placement

- **Place healthier foods and beverages in multiple prominent locations throughout the store**, including at eye level and within reach of children, at the end of aisles, in facing aisles (healthier products placed on both sides of an aisle), in merchandising displays, and at the entrance and/or exit. More specifically, implement in-store policies on the placement of healthy and unhealthy foods. Retailers can maintain profitability by swapping unhealthy products for healthy products of the same value and by better managing existing shelf space, making the shopping experience more enjoyable. Avoid promotional stands that give out free samples of unhealthy food.
- **Prevent highly processed foods and sugar-sweetened beverages to be displayed/promoted** at a height that is in direct sight of children (e.g., below 1 metre on shelves and at check-out aisles. (Levels 1 and 2 from the INSP)
- **Give a greater share of shelf space to healthier products and use shelf labels/tags that identify healthy products**, such as symbols and images that attract children to the packaging and show that the food is healthy (similar to what is done for unhealthy foods).
- **Remove 'impulse zones' and change the 'path of purchase' to favour the sale and consumption of healthy foods**. Reinvent impulse zones, transforming them into sections that promote good habits by selling healthy food, offering information and tips, generating awareness strategies and even creating gaming activities that contribute to reducing obesity.



Promotion

- **Encourage the use of licences to promote healthier alternatives**. Simultaneously, limit the use of licensing, particularly characters that are known to be popular with children, for highly processed foods and sugar-sweetened beverages, on retailer's own products but also work with manufacturers of other companies' products.

Avoid marketing that promotes unhealthy products such as two-for-one sales, free samples or other forms of in-store promotion, as well as discounts and sales.
- **Make in-store marketing strategies for fruits, vegetables and other healthy products a daily standard**.



Packaging

- **For retailers' own products, establish clear policies for on-package communication and labelling**, to sensitize and educate consumers and children on the real risks and benefits of food and beverages in store.
- **Take proactive measures to avoid the promotion of unhealthy foods that are labelled with misleading nutritional claims**, particularly in countries where there is no clear regulation on what is healthy and what is not.



Price

- **Use or increase the use of promotional pricing for healthy food**, for example, coupons, discounts, post-purchase incentives and rewards programmes. Encourage customers to purchase healthy foods by offering at least a 10 per cent discount on products and healthier versions of products within a product category (e.g., fat-free or low-fat milk instead of whole milk; whole-grain bread rather than white bread).

Retailers can contribute to building healthier and more productive communities as they apply these and other key strategies for reducing childhood overweight and preventing obesity. At the same time, they can support their goals for corporate social responsibility, while maintaining market share and profitability. By incentivizing and promoting healthy food options, not only can stores attract more people to food categories

such as fruits and vegetables, but shoppers will buy more if they feel they are getting value for their money and if it is good for their families. And they will buy more healthy food in the future. As businesses create new ways to work in partnership with government, such initiatives will also generate good public relations and attention for the store and the brand.

Endnotes

- 1 World Health Organization, 'Fact Sheet: Obesity and overweight', WHO, 16 February 2018, <www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>.
- 2 Rivera, Juan Ángel, et al., 'Childhood and Adolescent Overweight and Obesity in Latin America: A systematic review', *Lancet Diabetes & Endocrinology*, vol. 2, April 2014, pp. 321–332.
- 3 United Nations Children's Fund, World Health Organization and World Bank Group, 'Levels and Trends in Child Malnutrition: Key findings of the 2018 edition of the Joint Child Malnutrition Estimates', UNICEF, WHO and World Bank, 2018, p. 6, available at <www.who.int/nutgrowthdb/estimates2017/en>.
- 4 Corvalan, C., et al., 'Nutrition Status of Children in Latin America', *Obesity Reviews*, vol. 18, suppl. 2, July 2017, pp. 7–18.
- 5 Ralston, Johanna, et al., 'Time for a New Obesity Narrative', Comment, *The Lancet*, 10 October 2018, p. 1, [http://dx.doi.org/10.1016/S0140-6736\(18\)32537-6](http://dx.doi.org/10.1016/S0140-6736(18)32537-6).
- 6 World Health Organization, 'Fact Sheet: Healthy diet', WHO, 23 October 2018, <www.who.int/news-room/fact-sheets/detail/healthy-diet>.
- 7 World Health Organization, 'A Set of Recommendations on the Marketing of Foods and Non-Alcoholic Beverages to Children', WHO, Geneva, 2010, p. 7, available at <www.who.int/dietphysicalactivity/publications/recsmarketing/en>.
- 8 World Health Organization, 'A Framework for Implementing the Set of Recommendations on the Marketing of Foods and Non-Alcoholic Beverages to Children', WHO, Geneva, 2012, p. 9, open PDF from <www.who.int/dietphysicalactivity/MarketingFramework2012.pdf?ua=1>.
- 9 Food and Agriculture Organization of the United Nations and Pan American Health Organization, 'Latin America and the Caribbean Panorama of Food and Nutrition Security in Latin America and the Caribbean 2016: Executive summary', FAO and PAHO, Santiago, 2017, p. 22, open PDF from <www.fao.org/3/a-i6977e.pdf>; the full report is available in Spanish at <www.fao.org/3/a-i6747s.pdf>.
- 10 United Nations Children's Fund, World Health Organization and World Bank Group, 'Levels and Trends in Child Malnutrition: Key findings of the 2018 edition of the Joint Child Malnutrition Estimates', UNICEF, WHO and World Bank, 2018, p. 6.
- 11 Instituto Nacional de Salud Pública de México, 'Caracterización de la promoción de alimentos y bebidas no alcohólicas dirigido a la población infantil y adolescente en puntos de venta (tiendas de autoservicio) en países latinoamericanos', INSP, Mexico City, January 2019 (unpublished); and Kantar Retail, 'In Store Marketing for Children's Food and Beverages', UNICEF Latin America and the Caribbean Regional Office (internal document, 2018).
- 12 United Nations Children's Fund, *A Child Rights-Based Approach to Food Marketing: A guide for policy makers*, UNICEF, Geneva, April 2018, p. 7, open PDF from <www.unicef.org/csr/files/A_Child_Rights-Based_Approach_to_Food_Marketing_Report.pdf>.
- 13 World Health Organization, 'A Set of Recommendations on the Marketing of Foods and Non-Alcoholic Beverages to Children', WHO, Geneva, 2010, p. 4.
- 14 UNICEF Latin America and the Caribbean Regional Office, 'Childhood Obesity and the Retail Environment in Latin America and the Caribbean: Executive summary', United Nations Children's Fund, November 2018, p. 2.
- 15 Ward, Zachary J., et al., 'Simulation of Growth Trajectories of Childhood Obesity into Adulthood', *New England Journal of Medicine*, vol. 377, no. 22, 30 November 2017, pp. 2145–2153, available at <www.ncbi.nlm.nih.gov/pubmed/29171811>.
- 16 Commission on Ending Childhood Obesity, 'Facts and Figures on Childhood Obesity', World Health Organization, 13 October 2017, <www.who.int/end-childhood-obesity/facts/en>.
- 17 Economic Commission for Latin America and the Caribbean and the World Food Programme, *The Cost of the Double Burden of Malnutrition: Social and economic impact – Summary of the pilot study in Chile, Ecuador and Mexico*, ECLAC and WFP, 2017, p. 52, available at <www.who.int/nutgrowthdb/estimates2017/en>.

- 18 United Nations Children's Fund, 'Exploratory Study of Marketing and Advertisement of Unhealthy Food and Beverages Targeted to Children in Latin America and the Caribbean: Executive summary', UNICEF, 2014, open PDF from <www.unicef.org/lac/sites/unicef.org.lac/files/2018-05/20150612_UNICEF_LACRO_Estudio_promocion_alimentos_no_saludables_LAC_Resumen_ENG.pdf>.
- 19 Instituto Nacional de Salud Pública de México, 'Review of Current Labelling Regulations and Practices for Food and Beverage Targeting Children and Adolescents in Latin America Countries (Mexico, Chile, Costa Rica and Argentina) and Recommendations for Facilitating Consumer Information', United Nations Children's Fund, November 2016, open PDF from <www.unicef.org/lac/sites/unicef.org.lac/files/2018-05/20161205_UNICEF_LACRO_Etiquetado_ING.pdf>.
- 20 Food and Agriculture Organization of the United Nations and Pan American Health Organization, 'Latin America and the Caribbean Panorama of Food and Nutrition Security in Latin America and the Caribbean 2016: Executive summary', FAO and PAHO, Santiago, 2017, p. 22.
- 21 United Nations Children's Fund, World Health Organization and the World Bank Group, 'Levels and Trends in Child Malnutrition: Key findings of the 2018 edition of the Joint Child Malnutrition Estimates', UNICEF, WHO and World Bank, 2018, p. 6.
- 22 Lancet Diabetes & Endocrinology, 'Obesity Prevention in Latin America: Now is the time', Editorial, *Lancet Diabetes & Endocrinology*, vol. 2, no. 4, 2014, p. 263.
- 23 Pan-American Health Organization and the World Health Organization, 'Plan of Action for the Prevention of Obesity in Children and Adolescents', PAHO and WHO, 2015, p. 16, open PDF from <www.paho.org/hq/dmdocuments/2015/Obesity-Plan-Of-Action-Child-Eng-2015.pdf>.
- 24 Pan American Health Organization and World Health Organization, 'Nutrient Profile Model', PAHO, Washington, D.C., 2016, p. 9, available at <<http://iris.paho.org/xmlui/handle/123456789/18621>>.
- 25 Hanks, Andrew S., et al., 'Healthy Convenience: Nudging students toward healthier choices in the lunchroom', *Journal of Public Health*, vol. 34, 2012, pp. 370–376; Hanks, Andrew S., David R. Just and Brian Wansink, 'Preordering School Lunch Encourages Better Food Choices by Children', *JAMA Pediatrics*, vol. 167, 2013, pp. 673–674; Hanks, Andrew S., David R. Just and Brian Wansink, 'Smarter Lunchrooms Can Address New School Lunchroom Guidelines and Childhood Obesity', *Journal of Pediatrics*, vol. 162, 2013, pp. 867–869; Hanks, Andrew S., David R. Just and Brian Wansink, 'Chocolate Milk Consequences: A pilot study evaluating the consequences of banning chocolate milk in school cafeterias', *PLOS ONE*, vol. 9, 2014, p. e91022; Wansink, Brian, 'Convenient, Attractive, and Normative: The CAN approach to making children slim by design', *Childhood Obesity*, vol. 9, 2013, pp. 277–278; Wansink, Brian, and Andrew S. Hanks, 'Slim by Design: Serving healthy foods first in buffet lines improves overall meal selection', *PLOS ONE*, vol. 8, 2013, p. e77055; Wansink, Brian, et al., 'Pre-Sliced Fruit in School Cafeterias: Children's selection and intake', *American Journal of Preventive Medicine*, vol. 44, 2013, pp. 477–480; Wansink, Brian, et al., 'Nutrition Report Cards: An opportunity to improve school lunch selection', *PLOS ONE*, vol. 8, 2013, e72008; Wansink, Brian, et al., 'Attractive Names Sustain Increased Vegetable Intake in Schools', *Preventive Medicine*, vol. 55, 2012, pp. 330–332.
- 26 Wansink, Brian, and Andrew S. Hanks, 'Slim by Design: Serving healthy foods first in buffet lines improves overall meal selection', *PLOS ONE*, vol. 8, 2013, p. e77055.
- 27 For other research on this topic, see: Pan-American Health Organization and the World Health Organization, 'Plan of Action for the Prevention of Obesity in Children and Adolescents', PAHO and WHO, 2015; Hawkes, Corinna, 'Uneven Dietary Development: Linking the policies and processes of globalization with the nutrition transition, obesity and diet-related chronic diseases', *Global Health*, vol. 2, 2006; and High-Level Panel of Experts on Food Security and Nutrition, *Nutrition and Food Systems: A report by the High-Level Panel of Experts on Food Security and Nutrition of the Committee on World Food Security*, Rome, September 2017, open PDF from <www.fao.org/3/a-i7846e.pdf>.

- 28 Popkin, B. M., and T. Reardon, 'Obesity and the Food System Transformation in Latin America', *Obesity Reviews*, vol. 19, no. 8, August 2018, pp. 1028–1064, open PDF from <www.ncbi.nlm.nih.gov/pmc/articles/PMC6103889/pdf/nihms973289.pdf>; and Organización de las Naciones Unidas para la Alimentación y la Agricultura y la Organización Panamericana de la Salud, *Panorama de la Seguridad Alimentaria y Nutricional en América Latina y el Caribe* 2017, FAO and OPS, 2017, p. 43, open PDF from <www.fao.org/3/a-i7914s.pdf>.
- 29 High-Level Panel of Experts on Food Security and Nutrition, *Nutrition and Food Systems: A report by the High-Level Panel of Experts on Food Security and Nutrition of the Committee on World Food Security*, Rome, September 2017, p. 65.
- 30 Hawkes, Corinna, 'Uneven Dietary Development: Linking the policies and processes of globalization with the nutrition transition, obesity and diet-related chronic diseases', *Global Health*, vol. 2, 2006.
- 31 Jaitman, Laura, 'Urban Infrastructure in Latin America and the Caribbean: Public policy priorities', *Latin America Economic Review*, vol. 24, no. 13, December 2015, p. 13.
- 32 To reflect the focus and intentions of the UNICEF-commissioned research conducted by INSP and Kantar Retail, the '4Ps' concept introduced in Philip Kotler's textbook (*Marketing Management: Analysis, planning, and control*, Prentice-Hall, Englewood Cliffs, N.J., 1967) is modified in this report, with the third element changed from 'product' to 'packaging'.
- 33 See, for example: World Health Organization, 'A Set of Recommendations on the Marketing of Foods and Non-Alcoholic Beverages to Children', WHO, Geneva, 2010; and United Nations Children's Fund, *A Child Rights Based Approach to Food Marketing*, UNICEF, Geneva, April 2018, pp. 18–19.
- 34 Fundación Interamericana del Corazón-Argentina, *Informe de Investigación: Publicidad de Alimentos Dirigida a Niños y Niñas en la TV en Argentina*, Buenos Aires, 2015.
- 35 For broader discussions of food-marketing influence, see: Gunnarsdottir, Ingibjorg, and Inga Thorsdottir, 'Should We Use Popular Brands to Promote Healthy Eating Among Children?', *Public Health Nutrition*, vol. 13, no. 12, May 2010, pp. 2064–2067; Mørk, T., et al., 'An Analysis of the Effects of a Campaign Supporting Use of a Health Symbol on Food Sales and Shopping Behaviour of Consumers', *BMC Public Health*, 2017; Elliott, Charlene D., Rebecca Carruthers Den Hoed and Martin J. Conlon, 'Food Branding and Young Children's Taste Preferences: A reassessment', *Canadian Journal of Public Health*, vol. 104, no. 5, September 2013, pp. e364–e368; and Harris, Jennifer L., Marlene B. Schwartz and Kelly D. Brownell, 'Marketing Foods to Children and Adolescents: Licensed characters and other promotions on packaged foods in the supermarket', *Public Health Nutrition*, vol. 13, no. 3, 2010, pp. 409–417.
- 36 Agriculture and Agri-Food Canada, 'Top Grocery Retailers in Latin America', Minister of Agriculture and Agri-Food Canada, Ottawa, Ontario, 2012, pp. 3, 7.
- 37 Popkin, B. M., and T. Reardon, 'Obesity and the Food System Transformation in Latin America', *Obesity Reviews*, vol. 19, no. 8, August 2018, pp. 1028–1064.
- 38 Corvalan, C., et al., 'Nutrition Status of Children in Latin America', *Obesity Reviews*, vol. 18, suppl. 2, July 2017, pp. 7–18.
- 39 World Health Organization, 'A Framework for Implementing the Set of Recommendations on the Marketing of Food and Non-Alcoholic Beverages to Children', WHO, Geneva, 2012, p. 53.
- 40 Letona, P., et al., 'Effects of Licensed Characters on Children's Taste and Snack Preferences in Guatemala, a Low/Middle Income Country', *International Journal of Obesity*, 2014, pp. 1–4.
- 41 For the analysis of placement, INSP did not use a nutrient profile because this research was not conducted at the product level, but by how a product was placed, i.e., how easily a child could reach it. Products were grouped in general categories to make it possible to determine that X per cent of sugary beverages, cereals, ready-to-eat cereals, etc., are more likely to be found at children's reach, not necessarily specifying if the products were healthy or not.
- 42 United Nations Children's Fund, *The State of the World's Children 2011: Adolescence – An age of opportunity*, UNICEF, New York, February 2011, p. 20, open PDF from <www.unicef.org/sowc2011/pdfs/SOWC-2011-Main-Report_EN_02092011.pdf>.



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