

# ROUTLEDGE HANDBOOK OF CRITICAL OBESITY STUDIES

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## CHAPTER 19

### JUNK FOOD MARKETING, CHILDHOOD OBESITY, AND THE PRODUCTION OF (UN)CERTAINTY

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# JUNK FOOD MARKETING, CHILDHOOD OBESITY, AND THE PRODUCTION OF (UN)CERTAINTY

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## Introduction

In the global ‘war on childhood obesity’, so-called junk food marketing is frequently positioned by politicians, public health experts, media, and the public as a key battleground. The rationale is fairly simple and frequently articulated as follows: “Marketing affects what children want, buy and eat, which in turn affects their health and contributes to the increasing levels of childhood obesity” (World Cancer Research Fund, 2020, para. 2). While there is much research that demonstrates how marketing practices shape ‘what children want, buy and eat’— after all that is the point of marketing – the relationship between food marketing, children’s health, and childhood obesity is far less clear or certain.

The point of this chapter is to disrupt the ‘truth’ that food marketing contributes to childhood obesity by critically examining how *certainty* about this relationship is (re)produced through expert knowledge and the unquestioning acceptance of the ‘junk food marketing = childhood obesity’ discourse. My aim here is to illuminate how dominant obesity discourses work to produce ‘regimes of truth’ (Foucault, 1980) about the relationship between food marketing and childhood obesity; how expertise, power, knowledge, and discourses congeal and cohere to (re)produce the taken-for-granted assumption that junk food marketing = childhood obesity. In a similar vein to Gard and Wright’s (2001, 2005) critique of ‘certain’ obesity discourses in physical education, my central concern is how scholars – particularly in the field of public health – contribute to the dismantlement of uncertainty (with respect to knowledge about the relationship between ‘junk’ food advertising and fatness) and the concomitant construction of certainty “where none seems justified” (2001, p. 535).

### **Junk food marketing and childhood obesity: joining two discourses**

Although there are numerous critiques of obesity science that demonstrate how the causes, consequences, measurements, prevalence, and solutions to childhood obesity are complicated and uncertain (e.g., see Ellison et al., 2016; Evans & Colls, 2009; Gard, 2011; Wright & Harwood, 2012), articles written by public health researchers (and accompanying media releases) tend to conclude with a strong air of certainty that (a) being fat is unhealthy, (b) there is a childhood obesity crisis, (c) exposure to junk food marketing is a vital part of

the ‘problem’ of obesity, and (d) removing junk food advertising is a key ‘part of the solution’. The way this knowledge is discursively produced can be illustrated, in part, by an interrogation of the introductions of academic journal articles on ‘junk food’ marketing and its impact on childhood obesity.

In the next section, I critically analyse a handful of journal articles by public health researchers that focus on the alleged dangers of food marketing for children’s fatness and health. As I endeavour to demonstrate, the ‘certain’ relationship between junk food marketing and childhood obesity is achieved by drawing on and connecting together two dominant discourses, a narrow selection and understanding of particular studies, and communicating research through a now rather familiar argument.

### ***Childhood obesity discourses***

In introduction to journal articles on the alleged health effects of junk food marketing, authors tend to begin by outlining global and/or national childhood obesity statistics, such as “Over the past three decades the global prevalence of childhood overweight and obesity has increased by 47%” (Signal et al., 2017, p. 2) or “New Zealand’s rates of childhood obesity are unacceptably high” (Vandevijvere et al., 2017a, p. 3029). Often, these statistics are accompanied by ‘alarming’ rhetoric that positions childhood obesity as a crisis, such as the first line of Vandevijvere and colleagues’ (2017b, p. 32) article which reads: “The prevalence of childhood obesity has increased dramatically worldwide since the 1980s, and is considered one of the most serious public health issues of the 21st century”. This claim is immediately backed by statistics: “The most recent New Zealand Health Survey (2015/2016) showed that one in three children are overweight or obese; a two percentage point increase since 2006/2007” (p. 32). Even though there is an effortlessness in which these statements are accepted as being certain ‘truths’, the interconnected ideas that childhood obesity is the “most serious public health issues of the 21st century” and is increasing globally in epidemic proportions are also assumptions that have been contested, critiqued, and challenged (e.g., see Gard, 2011; Gard & Wright, 2005; Powell, 2020a).

The work of critical obesity scholars is valuable here because it recognises that “definitions of the problem of overweight and obesity as well as suggested interventions are not as simplistic, straightforward, or as ideologically neutral as they appear” (Vander Schee & Boyles, 2010, p. 170). For example, the ‘truth’ that there *is* a childhood obesity crisis, that rates of childhood obesity are not only increasing but also increasingly increasing, was challenged by Gard over a decade ago, (2011, p. 66) providing strong evidence “that overweight and obesity prevalence amongst Western children had flattened and, in some cases, begun to decline even before the world-wide alarm about spiralling childhood obesity had been raised”. However, when ‘expert’ biomedical knowledge, fear of the fat body, and alarming rhetoric of an obesity crisis are assembled together (see Evans et al., 2004), dominant obesity discourses are strengthened and “help create cultural environments where the claims themselves are treated as uncontestable truths, void of any ambiguities and uncertainties” (Vander Schee & Boyles, 2010, p. 170).

The ‘uncontestable truth’ that there *is* a childhood obesity crisis in New Zealand is demonstrated through Vandevijvere et al.’s (2017b, p. 32) introductory paragraphs, where the authors draw on an official report from the Ministry of Health (2016) to state that “one in three children are overweight or obese; a two percentage point increase since 2006/2007”. These statistics, however, do not tell the full story. For example, the use of the “one in three children are overweight or obese” was a deliberate rhetorical device that combined two

body mass index (BMI) categories, making the ‘problem’ of fat children seem larger than only reporting childhood obesity statistics (which the government report stated was 11 per cent at the time). In addition, although Vandevijvere et al. reported a significant increase in the prevalence of ‘obese’ children reported between 2006/2007 and 2015/2016, there was no significant increase in waist to height ratios or a significant increase in the prevalence of ‘overweight’ children. Over this same period, there was a significant increase in the prevalence of ‘thin’ children; yet, this was not raised as an ‘alarming’ increase, a serious public health issue, or even a cause for concern. If the authors had decided to select two different points in time, such as the period from 2011/2012 to 2015/2016, this may not have supported their argument of obesity as increasing ‘dramatically’. During this particular period, there was *no significant increase* in the prevalence of overweight or obese children, and even the Ministry of Health (2016, para. 5) reported in their overview of key findings that “Child obesity rates have stabilised to 2011/12 rates”.<sup>1</sup>

It is through this type of research and writing that dominant obesity discourses circulate and are (re)produced as the ‘truth’ about children, bodies, and health. As Foucault (1980) also argued, every society has ‘regimes of truth’ – particular discourses that are accepted by society and allowed to function as true. Although, in this chapter, I am not attempting to substitute one set of obesity ‘truths’ with another, what I am trying to point out is how certain discourses of childhood obesity ‘work’; how they may produce certain truths, subjugate other knowledges, and are fused with junk food marketing discourses to become even more undeniable and unquestionable.

### ***Attaching ‘junk food marketing’ discourses to childhood obesity discourses***

After authors have set the familiar scene that childhood obesity is a crisis, they then draw on expert knowledge – most often through citing from a select few systematic reviews and World Health Organisation (WHO) reports – to state clearly that ‘junk’ food advertising does indeed make children fat/ter. For example, immediately following their first introductory paragraph outlining the ‘dramatic’ increase in childhood obesity, Vandevijvere et al. (2017b, p. 32) state: “Unhealthy food marketing to children is one risk factor for childhood obesity”. Similarly, Signal et al. (2017, p. 2) begin the second paragraph of their article with the decisive sentence: “Marketing of energy-dense nutrient-poor (EDNP) foods and beverages contributes to the worldwide increase in childhood obesity”. The language used in both these claims makes the evidence seem certain: junk food marketing *is* a risk factor and *does* contribute to a global childhood obesity epidemic. So where does this certain evidence come from?

The expert and official evidence base that these types of assumptions are based on come from several key documents that are continually recycled and recited to (re)produce the ‘junk food marketing = childhood obesity’ discourse. One central document is the WHO’s (2016) *Report of the Commission on Ending Childhood Obesity* (cited over 600 times, including by Signal et al., 2017; Vandevijvere et al., 2017b). The first line of this report, predictably, reinforces dominant obesity discourses: “Childhood obesity is reaching alarming proportions in many countries and poses an urgent and serious challenge” (p. vi). Among the WHO Commission’s many recommendations for governments, schools, private sector groups, and philanthropists is Recommendation 1.3: “Implement the *Set of Recommendation on the Marketing of Foods and Non-alcoholic Beverages to Children* to reduce the exposure of children and adolescents to, and the power of, the marketing of unhealthy foods” (WHO, 2016, p. 18). The official rationale for this recommendation is as follows: “There is *unequivocal evidence*

that the marketing of unhealthy foods and sugar-sweetened beverages is related to childhood obesity” (WHO, 2016, p. 18, emphasis added). Upon closer examination, however, this ‘unequivocal evidence’ about food marketing’s relationship with childhood obesity is *solely* based on two publications: *Review of research on the effects of food promotion to children* (Hastings et al., 2003) and *Food Marketing to children and youth: Threat or opportunity?* (Kraak et al., 2006). As I illustrate next, these two publications – and the research their conclusions are based upon – are far from unequivocal.

*Food Marketing to children and youth: Threat or opportunity?* (Kraak et al., 2006, cited over 800 times) was an Institute of Medicine (IOM) study in the United States of America, which at the time was described by *Food Politics* author Marion Nestle (2006, p. 2527) as providing a “chilling account” of how marketing affects children’s health, especially in a context where “everyone knows that American children are getting fatter”. However, the ‘chilling’ evidence provided by Kraak and colleagues of the relationship between marketing and childhood obesity was also laced with uncertainty. Without delving into the methodology and statistical analyses used in their research (which is beyond the scope of this chapter), the authors found that even though there was strong evidence that television advertising influences the food and drink preferences and requests of children (aged 2–11 years), there was insufficient evidence about its influences on the food and drink preferences and requests of young people aged 12–18 years. The authors further reported that there was weak evidence that television advertising influences the usual dietary intake of children and young people aged 6–18 years. Critically, in terms of the relationship between advertising and childhood obesity, the authors concluded that “current evidence is *not sufficient to arrive at any finding about a causal relationship* from television advertising to adiposity among children and youth” (p. 292, emphasis added). In short, the authors could find no evidence of any *causal* relationship between food marketing and childhood obesity.

The other piece of research that provided ‘unequivocal evidence’ for WHO’s Commission on Ending Childhood Obesity was Hastings and colleagues (2003) *Review of research on the effects of food promotion to children*; a report that has been updated several times over the past two decades (see Cairns et al., 2009, 2013; Hastings et al., 2006). In their initial report, Hastings et al. (2003, p. 2) were forthcoming with some of the significant methodological issues when attempting to understand the relationship between food marketing and childhood obesity:

... trying to establish whether or not a link exists between food promotion and diet or obesity, is extremely difficult as it requires research to be done in real world settings. A number of studies have attempted this by using amount of television viewing as a proxy for exposure to television advertising. They have established a clear link between television viewing and diet, obesity, and cholesterol levels. It is impossible to say, however, whether this effect is caused by the advertising, the sedentary nature of television viewing or snacking that might take place whilst viewing.

The authors of this report were relatively open about some of the methodological constraints which made it ‘impossible’ to articulate the link between a child’s fatness and food advertising. They added:

... the literature does suggest food promotion is influencing children’s diet in a number of ways. This does not amount to proof, as ... with this kind of research, incontrovertible proof simply isn’t attainable. Nor do all studies point to this conclusion; several have

not found an effect. In addition, very few studies have attempted to measure how strong these effects are *relative* to other factors influencing children's food choices.

(p. 3)

So, to reiterate: WHO's (2016, p. 18) *Report of the Commission on Ending Childhood Obesity* statement that: "There is unequivocal evidence that the marketing of unhealthy foods and sugar-sweetened beverages is related to childhood obesity" is based on one review that concluded that there was insufficient evidence of any causal relationship (Kraak et al., 2006) and another review that stated "incontrovertible proof simply isn't attainable" (Hastings et al., 2003).

Aside from methodological issues making proof not possible for Hastings and colleagues, there was also the significant problem that they could only find one article that claimed to illustrate the impact of food marketing on childhood obesity: Dietz and Gortmaker's (1985) *Do we fatten our children at the television set? Obesity and television viewing in children and adolescents*. This article (cited over 2000 times) was described by Hastings et al. (2003, p. 16) as finding "significant relationships between television viewing and obesity". What this research *did not do* though was analyse or report on the effects of *advertising* – food or otherwise – on obesity, just television watching *in general*. There were other aspects that the Hastings et al. report appears to be flawed. For instance, their claim that food marketing was important in determining children's food knowledge, preferences, and behaviours was based on two studies (Bolton, 1983; French et al., 2001); studies which found that the influence of food advertising exposure was small and certainly in comparison to other variables. Bolton's (1983) study, for instance, reported that the influence of parental behaviour was 15 times greater than that of television advertising, while French and colleagues (2001) research (focused on promotional signs on snack vending machines in secondary schools) reported that the price of food was more influential than marketing. As Ashton (2004, p. 52) wrote shortly after the release of Hastings et al. (2003) review: "The claim that food advertising is a major contributor to children's food choices and the rising tide of childhood obesity has obvious appeal, but as an argument it does not stand up to scrutiny".

Despite the lack of 'equivocal' proof or evidence, since the Hastings et al.'s (2003) report was originally published, the same authors – and other researchers drawing on this report as evidence – appear to have become even more certain of the 'junk food marketing = childhood obesity' relationship. For instance, only two years later, McDermott et al. (2006) claimed that *their own* 2003 report had "identified commercial food marketing as a possible contributory factor to childhood obesity" (2006, p. 252), although later admitted that "the review did not directly examine the link between food promotion and *obesity*" (p. 262, italics in original). The authors again noted the difficulties in conducting research that could conclusively demonstrate how food marketing actually impacts children:

Food knowledge, preferences, and behavior are influenced by a wide range of complex and dynamic factors. Unpicking these is difficult, and isolating the possible influence of just one variable—in this case promotion—particularly so. Moreover, social science research of this ilk can never provide final incontrovertible proof.

(2006, p. 262)

Even though the authors acknowledged that their research "reduces uncertainty rather than produces certainty" (2006, p. 262), they concluded that due to

the nature and extent of food promotional activity (and its ability to influence young people), *it would be reasonable to conclude* that the current promotional climate is encouraging children to make unhealthy rather than healthy choices. It is also *likely that this will be having an impact* on their dietary health.

(2006, p. 264, *my emphasis*)

There was no specific mention of the relationship between junk food marketing and childhood obesity.

In 2006, yet another report was published by WHO: *The extent, nature and effects of food promotion to children: a review of the evidence* (Hastings et al., 2006). This time, only one more article had been added to the evidence base to provide ‘proof’ of a relationship between food marketing and obesity: *Children’s food consumption during television viewing* (Matheson et al., 2004). However, like Dietz and Gortmaker (1985), this research did not provide *any* evidence of the connection between food marketing and obesity, only a “speculation that eating while watching television is a potential mechanism linking television viewing to obesity” (Matheson et al., 2004, p. 1094). This also contradicted their results which stated that the “amount of food consumed during television viewing was not associated with children’s BMI” (p. 1088). In fact, the only mention of advertising in their entire article was that their “results do not support the hypothesis that children consume more highly advertised foods while watching television” (p. 1093).

To summarise, by the time the last systematic review of the evidence on the nature, extent, and effects of food marketing to children was published (Cairns et al., 2013), there were a grand total of two articles that provided WHO’s ‘unequivocal evidence’ (i.e. Dietz & Gortmaker, 1985; Matheson et al., 2004), and critically, *neither of these* provided any evidence about an evidence-based relationship between food marketing and childhood obesity.

### **Reproducing the ‘junk food marketing = childhood obesity’ discourse**

By framing their arguments with the dual ‘truths’ about childhood obesity and junk food marketing, public health scholars transform the uncertain evidence – essentially an assumption about the relationship between junk food marketing and childhood obesity – into a certain conclusion that their research on children’s ‘exposure’ to advertising will shape government policy and make a significant difference to the ‘war on childhood obesity’.

The first two paragraphs of Signal et al.’s (2017, p. 2) article<sup>2</sup> on children’s exposure to food marketing are a useful illustration of how these discourses are joined and to what intended effect:

Over the past three decades the global prevalence of childhood overweight and obesity has increased by 47% [1]. Excess adiposity during childhood and adolescence is associated with an increased risk of many serious health conditions and has lifetime consequences for children’s health, well-being, and productivity.

[2–4]

Marketing of energy-dense nutrient-poor (EDNP) foods and beverages contributes to the worldwide increase in childhood obesity [WHO, 2016] by encouraging the repeat purchase and consumption of foods that do not meet nutritional guidelines [Cairns et al., 2009; Cairns et al., 2013; Hastings et al., 2003] .... The World Health Organization



(WHO) Commission on Ending Childhood Obesity (ECHO) recommends reducing children's exposure to, and the power of, marketing of unhealthy foods.

[WHO, 2016]

A number of rhetorical devices are used in this article to re-construct uncertain knowledge as a certain 'truth'. As Gard and Wright (2001) demonstrated in other obesity literature, the use of the past tense 'has', and the present tense 'is' in the first two sentences of the quotation, combined with the word 'contributes' "leaves few spaces for contestation – grammatically the statement is constructed as 'truth'" (p. 544). Likewise, the first paragraph uses phrases like "the global prevalence of childhood overweight and obesity has increased by 47%" and "lifetime consequences for children's health, well-being, and productivity" work to "make invisible the conflicting and complex research that would challenge the assumptions about obesity on which these phrases rely" (Gard & Wright, 2001, p. 544). In addition, the final sentence draws on official policy, as if by attaching this research to WHO recommendations adds *gravitas* to the importance of this research – and the ability to 'fight' childhood obesity.

For instance, Signal et al. (2017) used wearable cameras on children to measure the types and frequency of exposure to food advertisements across multiple media and settings. One hundred and sixty-eight children (aged 12 years) wore a wearable camera for four days, capturing images every seven seconds, and images were coded as either recommended (core) or not recommended (non-core) to be marketed to children by setting, marketing medium, and product category. The researchers reported that the children in their study were exposed to non-core food marketing 27 times a day (although this did not necessarily mean that the children saw any or all this advertising), more than twice their average exposure to core food marketing. There was no evidence that children 'saw' any of these advertisements or any data on these children's health or fatness. Researchers did not draw on any evidence about what children understood or how they experienced these types of marketing practices. Yet, the authors drew a bold conclusion: "This research suggests that children live in an obesogenic food marketing environment that promotes obesity as a normal response to their everyday environment". They then provided the following conclusion (in full):

The Commission [on Ending Childhood Obesity] is right to call for the reduction of children's exposure to marketing of unhealthy foods [WHO, 2016]. This research provides further evidence of the need for action and suggests both settings and media in which to act. Urgent action is required if the vision of the Commission on Ending Childhood Obesity is to be achieved.

(Signal et al., 2017, p. 9)

In this type of research, the 'food marketing = childhood obesity' duplex is impossible to prove, so scholars continue to create and maintain a 'junk food marketing = unhealthy eating = fat/unhealthy child' triplex, whereby a child's fatness is 'proof' of ill-health, the result of unhealthy eating that has undoubtedly been shaped by an 'exposure' to junk food marketing. This triplex was reinforced by the media release from the researchers:

The researchers are calling for urgent Government action to clean up the junk food advertisements surrounding children to help reduce obesity.

"The findings are a real concern given high rates of obesity amongst NZ children and the known influence of marketing on children's food choices," says the overall programme director Professor Cliona Ni Mhurchu from the University of Auckland.



....

Junk food marketing contributes to the worldwide increase in childhood obesity by encouraging the repeat purchase and consumption of unhealthy foods. The World Health Organization (WHO) Commission on Ending Childhood Obesity (ECHO) recommends that such marketing should be reduced and that ‘settings where children and adolescents gather (such as schools and sports facilities or events) should be free of marketing of unhealthy food and sugar-sweetened beverages’.

*(University of Otago, 2017, para. 7–10)*

‘Cherished beliefs’ about childhood obesity and food marketing enables scholars to (re)construct ‘expert’ knowledge in and through academic literature, policy documents, and the media, further re-producing the certainty that there *is* a childhood obesity crisis, that junk food marketing *is* a significant cause, and that reducing marketing *will* provide a solution.

## **Conclusions**

Of course, the absence of ‘unequivocal’ proof does not constitute proof in itself that there is no relationship between junk food marketing, children’s health, or childhood obesity. However, the taken-for-grantedness of dominant marketing and obesity discourses, combined with the methodological difficulties in establishing the precise nature of the relationship, has resulted in a dearth of quality research that explains how marketing actually shapes children’s bodies or wellbeing. This is not only a methodological issue but also an ethical one. The uncritical acceptance of these particular discourses as ‘true’ may help legitimise particular academic fields of research and public health imperatives, but it does little to help us understand or challenge this complex phenomenon (see Gard, 2004).

More so, the reproduction of certainty when there is none may have unintended, even ‘unhealthy’, consequences. One such repercussion is a narrowing of what ‘health’ means in research on the impact of marketing on children. While there is a gamut of research that centres on childhood obesity, there continues to be relatively little consideration paid to how marketing tactics shape emotional, mental, spiritual, social, and spiritual wellbeing. The privileging of Western, biomedical notions of health, where health is defined according to mostly physical dimensions, especially the removal of fatness through the promotion of healthy lifestyles, may result in ‘other’ understandings, beliefs, knowledges, and embodiments of health (including those of indigenous peoples) being dominated and ignored (see Powell, 2020b). For instance, indigenous understandings of ‘health’ are often inextricably interconnected with the natural world (e.g., see Harmsworth & Awatere, 2013; Panelli & Tipa, 2007; Sangha et al., 2015); yet, the devastating impact of consumerism and ‘extreme materialism’ on our environment (Santa Barbara, 2021) receives little attention in marketing to children research.

Relatedly, the myopic attitude of public health research towards particular products or industries deemed to be inherently ‘unhealthy’ (such as ultra-processed food high in fat, salt and sugar, tobacco, alcohol, and breastmilk substitutes) acts at the expense of broader, critical research; studies that could and should interrogate the global ‘corporate assault’ on children and childhood (e.g. Bakan, 2011; Boyles, 2008; Kenway & Bullen, 2001, Powell, 2018a). For decades, activists, advocates, and scholars have demonstrated how children have become insidiously and increasingly commercialised and commodified, not just through junk food marketing but also a seemingly endless array of advertising techniques that attempt to shape the child-consumer (e.g. Powell, 2018b; Spring, 2003).

However, there still appears to be little appetite from researchers and policymakers to look at the big picture of how *all* marketing may be harmful for people and the planet. As Costello et al. write: “It will be hard enough to tackle opposition from corporations promoting health-harming products. Imagine trying to fight opposition from a large coalition of companies that range from toys and games to technology and household products” (Costello et al., 2020, p. 1735). And herein lies the problem: the ‘chilling effect’ from corporations and the advertising industry (as well as governmental partners, including WHO) is perceived to be difficult enough from ‘certain’ unhealthy products, never mind those which are seen as innocuous (or even ‘health-promoting’). The reproduction of the healthy/unhealthy binary – both in terms of consumable products and consuming bodies – assists the production of this ‘impossible’ task of challenging the global advertising industry and its corporate funders. And, at the same time, researchers and policymakers continue to put all of their eggs into the ‘junk food marketing basket’, despite there being far more influential factors that shape children’s health, such as poverty, social inequality, colonisation, food insecurity, welfare policy, housing, parent’s education, and access to healthcare and early childhood education, to name just a few.

Finally, I am not trying to argue that there necessarily needs to be ‘unequivocal proof’ of the harm of marketing – junk food or otherwise. The issue of marketing to children is an ethical issue as much as (if not more than) a scientific one. Should children be targeted by junk food advertisers in ways that may shape their food and eating preferences, behaviours, and desires? No, of course not. But should we continue to focus research and policymaking on uncertain evidence that it makes children fat or fatter? In my view, no. Collectively, we need to re-imagine the ‘dangers’ of marketing to children as being more than a matter of fatness and critically interrogate how the commercial exploitation of children may work to insidiously (whether deliberately or accidentally) re-shape children’s health, behaviours, knowledge, and identities. In this way, it does not matter so much whether the product being marketed is ‘healthy’ or ‘unhealthy’ in a physical sense, but how marketing encourages forms of consumption that are potentially harmful for the whole child, the planet, and children’s futures.

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## Notes

- 1 At the time of writing, the latest figures on the prevalence of childhood obesity in New Zealand – taken from 2019/2020 – showed that only 9.4 percent of children were classified as ‘obese’ (down from 10/7% on 2011/2012) (Ministry of Health, 2020).
- 2 Although in the original article, endnotes are used for citations, I have replaced the endnote numbers with the citation in brackets to show which articles are being cited.

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