




The right to food in obesogenic environments: Reflections on the role of health professionals

El derecho a la alimentación en entornos obesogénicos:
Reflexiones sobre el rol de los profesionales de la salud

Laura Raquel Piaggio¹

¹Social Anthropologist.
Member of the technical
team, Nutritional
Program, Ministry of
Health, Government of
the City of Buenos Aires,
Argentina. ✉ 

ABSTRACT Faced with the current obesity epidemic, this article problematizes the way the right to food is often circumscribed to situations of nutritional deficit. It is argued that the right to adequate food is violated in obesogenic environments and that protection of the right requires the establishment of measures to regulate advertising and marketing practices regarding ultra-processed products. The work suggests that the main barriers to the implementation of such measures are the strategies employed by Big Food; among these, strategies that have the scientific community as a target and/or means are highlighted. Certain basic underlying assumptions are identified in the discourse of health professionals that contribute to create a framework of legitimacy regarding the consumption of ultra-processed products. The adoption of an ethical position that is free of conflicts of interest is suggested, so as to advocate for needed regulatory measures of a statutory nature.

KEY WORDS Food Rights; Obesity; Food Processing; Conflict of Interest.

RESUMEN Frente a la actual epidemia de obesidad, se problematiza la usual circunscripción del alcance del derecho a la alimentación a las situaciones de malnutrición por déficit. Se plantea que el derecho a la alimentación adecuada resulta vulnerado en los entornos obesogénicos, y que su protección requiere el establecimiento de medidas que regulen la publicidad y las prácticas de comercialización de productos ultraprocesados. Se sostiene que la principal barrera para la implementación de tales medidas la constituyen las estrategias desplegadas por las grandes corporaciones alimentarias. Entre ellas, se destacan las que tienen como objeto y/o como medio a la comunidad científica. Se identifican ciertos supuestos básicos subyacentes en los discursos de profesionales de la salud que contribuyen a crear un marco de legitimación del consumo de productos ultra-procesados. Se sugiere la adopción de un posicionamiento ético, libre de conflictos de intereses, para abogar por las necesarias medidas regulatorias de carácter estatutario.

PALABRAS CLAVES Derecho Alimentario; Obesidad; Procesamiento de Alimentos; Conflicto de Intereses.

INTRODUCTION

According to estimates of the World Health Organization, in 2014, 39% of individuals over 18 years of age were overweight (38% of men and 40% of women), and 11% of men and 15% of women were obese,⁽¹⁾ exceeding, on average, the percentage of underweight individuals (10.9%) at the global level.⁽²⁾ Obesity is associated with an increase in type 2 diabetes and in conjunction both conditions contribute to the high rate of morbidity and mortality of non-communicable chronic diseases, giving rise to the situation in which “65% of the world’s population lives in a country where overweight and obesity kills more people than underweight.”⁽³⁾

However, most of the time when the right to food is addressed, the focus is circumscribed to situations of nutritional deficiency – such as low weight, stunting and micronutrient deficiency – and of hunger and malnutrition.

This article argues that the right to adequate food is violated in obesogenic environments⁽⁴⁾ and that, given the overall responsibility of national states and supranational organizations to respect, protect and effectively ensure the full exercise of the human right to adequate food in the entire population, it is imperative to adopt measures to guarantee healthy environments.

Following the words of Olivier De Schutter, former United Nations Special Rapporteur on the right to food, a paradigm shift is required,⁽⁵⁾ from the deficiency-centered “productivist” model to a “regulatory” model including malnutrition associated with nutritional excess. The political and economic implications of this shift are confronted with conflicts of interest, particularly with the strategies of the big ultra-processed food and drink corporations. These products are calorie dense and are characterized by a high content of fats, sugar and sodium and by their ubiquitous availability, affordability and publicity, all of which are key elements in obesogenic environments.

This text holds that health professionals are not free from these conflicts of interest. Therefore, the intention is to reflect on certain “basic underlying assumptions” identified in the discourse of some health professionals (“*educating to promote healthy choices within a framework of freedom,*” “*there is no such thing as good foods and bad foods,*” among others), which create a value-based framework that, while not intentional, legitimates ultra-processed food and drink products and highlights individual responsibility in food choices rather than the modification of environments.

It is important to remember the lessons learned in public health: the measures to regulate advertising and marketing practices have been crucial in limiting use of infant milk formula in order to revalue and promote breastfeeding; in the same way, the ban on advertising, the limitations related to smoking in public places and the taxes levied on cigarette sales prices have been effective policies in tobacco control. These types of measures allowed for the “denormalization”⁽⁶⁾ of both formula feeding and cigarette consumption. That is to say, these measures had an impact on the valorization and social legitimacy of these products and their use, as well as on the companies that produce them and their marketing strategies.

This text also upholds that the right to adequate food requires urgent protection and that health care professionals are especially responsible for generating an acknowledgement of the systemic causes leading to the violation of this right and for promoting the visualization of effective public health measures.

THE SYNECDOCHE OF HUNGER

The right to food has been internationally acknowledged since 1948 in the Universal Declaration of Human Rights, as part of the right of every individual to an adequate standard of living for the health and well-being of themselves and their families (Article 25.1).

In the International Covenant on Economic, Social and Cultural Rights, the right to food was set forth in Article 11 as “the fundamental right to freedom from hunger.”⁽⁷⁾ Likewise, when specifying the determining factors of the right to health, it was established that one of the basic obligations of the States to guarantee the right to health is to “secure access to the minimum essential food which is nutritionally adequate and safe, to ensure freedom from hunger to everyone.”⁽⁷⁾

In 1999 the Committee of Economic, Social and Cultural Rights published a definition of the right to food, stating that this right includes:

The availability of food in a quantity and quality sufficient to satisfy the dietary needs of individuals, free from adverse substances and acceptable within a given culture. The accessibility of such food in ways that are sustainable and that do not interfere with the enjoyment of other human rights [makes it clear that] violations of the Covenant occur when a State fails to ensure the satisfaction of, at the very least, the minimum essential level required to be free from hunger.⁽⁸⁾

This shift of meaning from “adequate food” to “freedom from hunger” is repeated in other international or regional treaties,⁽⁹⁾ thus consolidating the synecdoche that names a part – freedom from hunger – to refer to the whole – adequate food, with the latter being far more ample.

This point of view was reflected in the Millennium Development Goals (approved in the year 2000 during the UN General Assembly), which set for the year 2015 the goal to reduce by half the number of people who suffer from hunger; this at a time when the WHO had already been alerted to the epidemic nature of obesity and the growing double burden of malnutrition (problems of nutritional deficiency and excess) and the increase of morbidity and mortality related to chronic non-communicable diseases in low and middle-income countries.^(10,11)

Although, at global level, overweight and obesity are associated with a greater number of deaths than underweight, the “synecdoche of hunger” has overwritten such evidence and operates upon the scheme of priorities. In the words of UN Special Rapporteur on the right to food, Olivier De Schutter:

The battle against NCDs [non-communicable diseases] is underfunded, in part, because they were not included in the Millennium Development Goals adopted in 2000. Less than 3% of development assistance for health goes to combating NCDs, even though they cause more than one third of all premature deaths. The poorest segments of the population are affected disproportionately.⁽¹²⁾

The “synecdoche of hunger” is also manifested in the way the degree of compliance with the right to food is monitored. In Argentina, a report recently published by the Argentine Social Debt Observatory [*Observatorio de la Deuda Social Argentina*] of the Argentine Catholic University [*Universidad Católica Argentina*] referring to the right to adequate food in childhood⁽¹³⁾ only provides information on the deficiency in food consumption, excluding any reference to nutritional excess. Although in short articles included in the core of the document overweight and obesity are mentioned as the main nutritional concerns in childhood, relating them to a “scenario of a monotonous diet for children with an excess of calories of low nutritional quality,”⁽¹³⁾ it is quite alarming to note that the analysis of the food survey giving rise to the report fails to measure inadequate food consumption due to nutritional excess. The survey on food intake frequency was conducted in the year 2013 in a sample of 4,403 boys, girls and adolescents aged 2 to 17 years residing in urban conglomerates of Argentina. A classification of six food groups proposed by the food guidelines for the Argentine population for the year 2000⁽¹⁴⁾ is mentioned and, in order to guide the analysis, a scale showing the frequency thresholds of weekly food consumption is presented, starting with

the “adequate” intake category, and going in descending order to the “inadequate” intake category, with a frequency of less than once a week. In addition to not including a category of “inadequate” intake due to nutritional excess, no mention whatsoever is made to the “oil and fat” or “sugar and sweets” groups, which are precisely those that act as vehicles of the nutrients that when consumed in excess are associated with overweight and obesity. Why were only those results showing the nutritional deficiency of essential food nutrients included? Despite the references made in the short central articles mentioned above and in the introduction, which offers broad definitions of the right to food and its importance in the rights of children and adolescents, the “synecdoche of hunger” that circumscribes the problem to situations of nutritional deficiency prevails.

TOWARDS A PARADIGM SHIFT

Quoting once again the words contained in the report submitted to the Human Rights Council by Olivier De Schutter:

Undernutrition, micronutrient deficiency and overnutrition are different dimensions of malnutrition that must be addressed together [...] We have created obesogenic environments and developed food systems that often work against, rather than facilitate, making healthier choices.⁽¹²⁾

What is understood by the notion of an obesity-producing or obesogenic environment? Australian researchers Boyd Swinburn, Garry Egger and Fezeela Raza introduced this term in the 1990s to refer to the influences that environments, opportunities or living conditions exert in promoting obesity in individuals and populations by encouraging an excessive intake of calories in relation to energy expenditure.^(4,15)

Various researchers have pinpointed as key elements of obesogenic environments the high availability and accessibility to a

particular category of food products: ultraprocessed foods and drinks.^(16,17,18) These products are mostly characterized by their content of fats, sugars and sodium, and are produced using substances extracted or refined from whole foods as well as a large number of additives. In addition, they are manufactured by the large transnational corporations, which first expanded their activities in developed countries and then moved in to middle and low-income countries. As a result the offer of ready- or almost ready-to-serve meals and sugary or chemically-edulcorated drinks has widened, supported by aggressive and nonstop advertising campaigns that encourage the excessive intake of these products, displacing the consumption of fresh or minimally processed products.⁽¹⁹⁾

Now then, if there is an excessive calorie intake, it could be argued that the right to food is more than satisfied and that a different matter is at hand. This logic, which complements the synecdoche of hunger, omits an essential part of the equation: the right to adequate nutrition, which implies covering all the nutritional needs, both of macro and micronutrients, in adequate proportions, with access not only to nutritional but also to culturally appropriate food, which in turn is to be produced and distributed in a fair and sustainable way.⁽¹²⁾

This is why, when Oliver De Schutter proposes a paradigm shift, he highlights the fact that “States have a duty to protect the right to an adequate diet, particularly by regulating the food system” and adds that:

Combating the different faces of malnutrition requires adopting a life-course approach guaranteeing the right to adequate diets for all, and reforming agricultural and food policies, including taxation, in order to reshape food systems for the promotion of sustainable diets.⁽¹²⁾

De Schutter proposes the introduction of statutory norms that could: restrict the marketing and advertising of foods and drinks with high fat, sugar and sodium content especially aimed at children; levy taxes on such

products in order to subsidize the access to fruits and vegetables and carry out public awareness campaigns to encourage healthy eating; modify current agricultural subsidy systems; develop adequate infrastructure to bring together both local producers and urban consumers; and use public funds to ensure the provision of locally produced fresh foods in school nutrition programs, among others.⁽¹²⁾

These types of proposals particularly focused on the prevention of childhood obesity have also been addressed in the Declaration of Mexico, the result of a meeting organized by the National Institute of Public Health, the National Institute of Agriculture and Livestock Technology (INTA) [*Instituto Nacional de Tecnología Agropecuaria*] of Chile and the Latin American Parliament.⁽²⁰⁾ In turn, these proposals are in agreement with the guidelines of the *Plan for the prevention of childhood obesity* developed by the PAHO⁽²¹⁾ in 2014 and were taken up by the “Global Convention to protect and promote healthy diets” submitted to the General Assembly of the WHO in 2014 by the World Obesity Federation and the civil society organization Consumers International.⁽²²⁾

It is therefore necessary to ask ourselves the following question: if different arenas constantly promote a series of interventions on environments as those required to manage the obesity epidemic, what barriers are hindering their formalization and implementation, thus impeding the effective protection of the right to an adequate food?

CONFLICTS OF INTEREST

As an illustrative example, it is worth mentioning that in the year 2002, the WHO brought together a group of international experts to draft a review of current scientific evidences to elaborate the design of the *Global Strategy on Diet, Physical Activity and Health*,⁽²³⁾ resulting in Technical Report No. 916,⁽²⁴⁾ which was published for public consultation in April 2003, and

in which population nutrient intake goals were established with the aim of preventing chronic non-communicable diseases. The report prompted strong reactions from the food industry, the strongest of which was in the area of fat and sugar processing. Representatives of the industry urged the US Department of Health to raise the issue to the WHO and threaten a withdrawal of US funds if the recommendation to reduce the intake of free sugars to less than 10% of the total caloric intake was approved, as set forth in Technical Report No. 916. This pressure continued in different events held by the Food and Agricultural Organization (FAO) and the WHO during 2003 and early 2004, endangering the approval of the World Strategy in the 2004 Assembly.⁽²⁵⁾ It was finally approved but all references to the technical report in question were removed and the recommendation was only expressed as “to reduce the intake of free sugars” without specifying limits in the intake. Eleven years (!) had to go by until the WHO finally published the guidelines known as *Sugar intake for adults and children*,⁽²⁶⁾ recommending adults and children to reduce their daily intake of free sugars to less than 10% of their total energy intake and suggesting a further reduction to below 5% as the optimal amount.

In line with this paradigmatic case at international level, there have been similar cases at national and local levels, such as the failed attempt – to date – to regulate advertising campaigns directed at children in Brazil; the removal from Argentine Law No. 26396 on Eating Disorders⁽²⁷⁾ of the section referring to the inclusion of a warning message on high calorie food ads; and the judicial revocation concerning the reduction in the serving sizes of sugar-sweetened drinks offered in restaurants and food stores in the city of New York, among others. In this sense, public health and nutrition experts have argued that the actions of the Big Food corporations are precisely the most significant forces hindering efforts to implement public policies aimed at preventing obesity.^(28,29)

Several authors^(30,31,32) argue that transnational companies of ultraprocessed foods and

drinks influence public health policies and seek to avoid regulations, both through direct actions or “hard power” (political and financial coercion) and indirect actions or “soft power” (by influencing the views and values of the general population as well as of social and scientific organizations).⁽³¹⁾

The influence on lawmakers, politicians and decision-makers is not only conducted through political and economic coercion, such as threatening investments withdrawal or job cuts,⁽³²⁾ but also through public-private alliances,⁽³¹⁾ which often lead to the “corporate capture” of state, national and international agencies. FoodFirst International Action Network (FIAN), the international organization that advocates for the defense of the right to adequate food and nutrition, and that brings together civil society organizations and social movements, uses the term “corporate capture” to refer to the occupation of decision-making and technical consultancy positions by professionals involved in corporate interests, evidenced by the existence of labor or commercial relationships prior or subsequent to their work in state or supranational institutions.^(33,34) Other authors have referred to this situation by using the “revolving door” metaphor,⁽³⁵⁾ precisely to highlight the flow of officials moving in and out public and corporate spaces. The problem with this “capture” or “flow” lies in how regulations and controls start to weaken and the actions of state agencies favor corporate interests at the expense of the public interest.⁽³³⁾

Moreover, the corporations (their associates, publicists, lawyers, image and public relations consultants) seek to create in the population a favorable climate for non-regulation, praising *individual responsibility* and criticizing state intervention as being paternalistic and even coercive and oppressive. Corporations claim that the individuals themselves that should decide what to eat or drink and whether or not to smoke or exercise, and that these behaviors determine lifestyles and therefore, health results. They argue that companies offer options to choose from and that education is key for helping people make better decisions.⁽³⁶⁾ Paradoxically, the large

corporations and their associations have systematically blocked those initiatives seeking to provide objective and comprehensible information to consumers to help them make their purchase decisions⁽³¹⁾ (such as labels in the form of warnings or traffic light signals on the front of packaged products).

Another strategy implemented by the corporations is to present the *self-regulation* of their marketing practices as valid and sufficient, broadly advertising alleged commitments to change. Several authors contend that there is no evidence that supports that self-regulation operates in the best interest of public health, while there is indeed evidence that state regulations through mandatory compliance norms benefits public health.^(30,31) The following text offers two illustrative examples of this situation.

In the year 1975, there was already ongoing debate in relation to the increase of childhood mortality in developing countries due to the use of infant formula and the aggressive advertising and marketing campaigns that encouraged artificial feeding rather than breastfeeding. Eight companies producing breast-milk substitutes constituted the International Council of Infant Food Industries (ICIFI), an entity that was responsible for drafting a code of ethics which received wide media coverage regarding the commitment of industries to voluntarily impose self-controls. Some years later, several civil society organizations claimed that the code of ethics was just an exercise in public relations and corporate image management and that no marketing practices had been modified; this code had been a distraction strategy to attract criticism away from those practices. When, within the framework of the WHO, firm steps were taken toward the elaboration of a code of marketing for breast-milk substitutes, to be mandatory and universal in scope, the ICIFI started to advocate against it, arguing that such a code would infringe upon entrepreneurial freedom and even the national sovereignty of States.⁽³⁷⁾

A more recent example is the “commitment” of self-regulation of advertising directed at children, signed in 2008 by

the International Food & Beverage Association (IFBA), which is made up of eleven large transnational corporations (Coca-Cola Company, Ferrero, General Mills, Grupo Bimbo, Kellogg's, Mars, McDonald's, Mondelez International, Nestlé, PepsiCo and Unilever). Their commitment, *Global Policy on Advertising and Marketing Communications to Children*,⁽³⁸⁾ contains several caveats: it is applicable only to children under 12 years of age, in media (television, print, Internet) where 35% of the audience is within that age group; advertising messages using company-owned brand equity characters are excluded, as well as advertising through packages, point of sale displays (including screens), fundraising activities and charitable donations, and items provided to schools for educational or personal use. Once again, such self-regulation is in fact a protective shield against criticism or possible lawsuits and a means to overshadow the demands for mandatory transparent regulations containing unified nutritional criteria that should be applicable to all industries (not just to those signing the commitment).

A recent research study conducted in Argentina by the InterAmerican Heart Foundation [*Fundación InterAmericana del Corazón*] documented that 88% of the total number of TV food commercials directed at children advertise food of low nutritional value (based on the nutrient profile model of the European system).⁽³⁹⁾

It is worth mentioning that a microsimulation study conducted in the USA estimated that a restriction of unhealthy TV food commercials directed at children would allow obesity prevalence to be reduced by two percentage points.⁽⁴⁰⁾

Another research study carried out by Unicef in three countries of Latin America (Argentina among them) inquired into the presence of food and drink advertising directed at children in non-traditional channels, such as the websites and social networks of food companies, verifying that Facebook is the most popular social medium, with an average of five advertising techniques aimed at children of both sexes displayed per page.⁽⁴¹⁾

Furthermore, these researchers also looked into the presence of indirect advertising activities in schools and found that 50% of the sampled schools carried out activities sponsored by food and drink companies,⁽⁴¹⁾ such as educational talks aimed at parents, children and/or teachers, taste tests, organizations of sporting events and contests and distribution of free samples.

The funding of food education activities and materials and of sporting or recreational events, with a pervasive presence of brand logos and, in some cases, of the products themselves, promotes the children's identification of brands and companies, and the development of current or future customer loyalty relationships, as well as the creation of a positive corporate image. This type of advertising actions, which some authors consider to be "non-traditional," "indirect" or "below the line"⁽⁴²⁾ marketing, are generally introduced by the companies as part of their "corporate social responsibility" programs, covering up the fact that they are actually advertising strategies.

Self-regulation was not a solution in the 1970s nor is it a solution today. History shows that only after the enactment of the *International Code of Marketing of Breast-Milk Substitutes* of the WHO⁽⁴³⁾ could the advertising of such products begin to be restricted and maternal breastfeeding strongly promoted. Today, despite their highly advertised commitments, the big food and beverage companies continue to advertise their unhealthy products to children in an alarming way.

SOCIAL LEGITIMACY OF ULTRAPROCESSED FOODS AND BEVERAGES AND THE ROLE OF HEALTH PROFESSIONALS

A special section should be devoted to the strategies of food corporations that have the *scientific community* as a target and/or a means. Below, some of these strategies are outlined.

The corporations or their associations often question the scientific publications that

denounce the detrimental effects on health associated with the consumption of ultraprocessed foods and drinks. One example of this, already mentioned above, can be seen in the objections raised to Technical Report No. 916,⁽²⁵⁾ which included the evidence supporting the *Global Strategy on Diet, Physical Activity and Health*,⁽²³⁾ particularly those referring to the impact of free sugar intake on health. This questioning tends to deny or minimize the scientific evidence, as well as to confound public opinion and influence technical and political teams to avoid or delay the design of effective public health measures.^(31,32)

Another corporate strategy is to condition scientific production through funding. A meta-analysis showed that in research works financed by companies there was a systematic deviation in the results, leading, in high proportion, to conclusions that were favorable to the interests of the financiers in comparison with independent investigations.⁽⁴⁴⁾

We can again cite the *Report on the right to adequate food in childhood*,⁽¹³⁾ which, when analyzing the consumption of children in urban conglomerations of Argentina, omits

the inadequacies due to excessive food consumption or, in the case of the sugar group, when the high consumption of sweetened beverages is one of the factors strongly associated with children obesity.^(45,46,47) It is worth wondering if this omission bias bears a relationship with the major sponsor of the publication: Coca-Cola Argentina.

Moreover, companies fund the conferences of scientific societies in exchange for physical space (displays) to promote their products among attending professionals, and, in some cases, for inclusion in the scientific programming of the event. This type of links between companies and scientific societies becomes still more problematic with the endorsement of specific products, allowing the use of the organization logo to reinforce nutritional claims for advertising purposes. One example is the recent endorsement of the Argentine Society of Nutrition [*Sociedad Argentina de Nutrición*] of the dairy product *Danonino* for children.⁽⁴⁸⁾ Although the product is fortified with micronutrients, it has an excessive content of free sugars and saturated fats (28% y 17% of the total caloric value, respectively), as evidenced by



Figure 1. Promotional material delivered by a Coca-Cola representative to professionals in a public health center located in the southern area of the Autonomous City of Buenos Aires, Argentina.

Source: Own elaboration.

contrasting its nutritional composition with the *Nutrient Profile Model* of the PAHO, in which a percentage equal or greater to 10% is considered to be high.⁽⁴⁹⁾

Other advertising actions are directly aimed at those professionals charged with caring for children and adults in health care institutions. The big corporations have created the figure of “nutrition consultant,” who regularly visits health professionals to deliver promotional materials of the companies and their brands and/or products. These materials include calendars, notebooks, posters, booklets describing the product portfolio, samples, scientific articles of interest that have been translated, summarized or commented, as well as brochures for the patients, as shown in Figure 1. This strategy sadly recalls the marketing and advertising methods of the manufacturing companies of infant formulas from the middle of the 20th century until the drafting of the *International Code of Marketing of Breast-Milk Substitutes* in the 1980s, which used health care professionals and institutions as a channel of distribution and scientific endorsement in order to create legitimacy and promote artificial baby feeding.

Another aspect to be highlighted is the presence in health care institutions of stalls and vending machines for the sale of ultraprocessed food and drinks high in fats, sugars and sodium (Figure 2). This presence within a medium that is socially legitimized, valued by the population and associated with health care generates marketing strategies that not only ensure continuous availability and easy accessibility to the products, but also increase their value and consumer acceptance. In the US, where 30% of the hospitals with pediatrics residency programs have a fast food restaurant on the premises, an increase in the purchases of such food as well as a more positive perception of this type of food was documented after a visit to the institution in parents taking their children to consults in hospitals with this offer as compared to those without.⁽⁵⁰⁾

These links between the food corporations and professional health care associations and institutions (funding of scientific research works and events, endorsement of



Figure 2. Vending machines of sugar-sweetened beverages (not including water in spite of the image) and sugary snacks in waiting rooms in two health care centers, public and private, in the Autonomous City of Buenos Aires, Argentina.

Source: Own elaboration.

products, permissive institutional environments that allow advertising and the sale of ultraprocessed food and drinks) are not often regarded as problematic by an important part of the health care professionals.⁽⁵¹⁾

It appears that a naturalization of the omnipresence of food corporations, rooted in some basic underlying assumptions or “postulates” present in the discourse of health care professionals, is taking place. Sociologist Alvin Gouldner⁽⁵²⁾ defines such basic underlying assumptions as the conceptual frames that provide the foundations and invisible cement for linking postulations together in an area of knowledge. The following text explores some of these in relation to the subject at hand.

“There are no good and bad foods, only better or worse eating styles.”⁽⁵³⁾ The postulate stating that all kinds of foods can be part of the diet, as long as portion sizes are watched, is quite common. The generic term “foods” is used without distinguishing the degree

and type of industrial processing. This consequently results in the endorsement of the consumption of products that have no nutritional advantages, only several disadvantages (high content of saturated fats, sodium and/or sugars). The responsibility of the producer is therefore transferred to the consumer, who has to exert control over amounts and portion sizes when the products themselves and the way they are marketed and advertised encourage overconsumption.⁽⁵¹⁾ There is sufficient scientific evidence that links ultraprocessed food and drink product consumption to the increase in obesity and other comorbidities (hypertension, type 2 diabetes)^(16,17,18,19,45,46,47) to label these products as “unhealthy.” This does not mean that a reduced and occasional consumption of this kind of foods will make us ill, but it is very different to postulate that their consumption in small amounts is healthy, since the term “healthy” means “having the capacity to generate health” and this is precisely not the case with these products.

Another assumption or postulate refers to the role of education as a means to promote good nutritional decisions within a framework of freedom. This assumption commonly supports school kiosks that add foods whose consumption is favored without excluding other products. It is argued that food education actions and not the selection of foods offered will provide tools for children to make healthy food choices. This liberal argument is more concerned with market freedom than with children’s rights. It fails to acknowledge that children are individuals in development and that adults have a differentiated responsibility in the provision of care through the characteristics of the environments offered for children’s daily activities. Furthermore, it fails to consider that food education is not just information transmission and that the organizational frames and the offer of foods and drinks to which children are exposed have a deep educational impact.⁽⁵⁴⁾ This is the reason why schools and other spaces devoted to the formation, recreation and care of children should be protected spaces, in which there should be no place for

open or surreptitious advertising of food and drinks, offering healthy foods and excluding non-healthy foods (established by clear and independent standards, such as, for example the *Nutrient Profile Model* of the PAHO).⁽⁴⁸⁾

Another assumption that is rarely reflected upon is that “prohibitions have been shown to backfire, conferring a special value to what has been prohibited.”⁽⁵⁵⁾ This is an expression that rests on an ahistorical, decontextualized generalization, which does not stand up to empirical contrast, as countless social laws and regulations could be mentioned that set forth prohibitions whose internalization as part of socialization allows for social coexistence and does not overvalue the prohibited behavior or object. Let us think of aspects as diverse as traffic regulations, child abuse or even cannibalism, to cite an extreme example. Moreover, in the field of health, it is worth mentioning the extremely interesting recent experience regarding the ban on tobacco smoking in certain places, as well as the advertising of tobacco, which caused as a symbolic effect the social devaluation of the product and its consumption.⁽⁶⁾

Finally, it is important to mention an idea that is widespread in nutrition consultancy and in certain messages related to health promotion: “Foods and drinks whose intake needs to be reduced should be associated with moments of recreation and celebration,” thus suggesting the consumption of soft and other sweetened drinks and salty or sugary snacks in “special moments” as a mechanism to differentiate them from frequent or daily consumption. This argument, which focuses on the concern regarding the caloric balance of intakes, does not take into consideration that the social value of food does not arise from intrinsic or immanent characteristics but is constructed during the occasions of consumption and social interactions, as the well-known French semiotician Roland Barthes stated almost more than half a century ago.⁽⁵⁶⁾ The paradox of associating ultraprocessed foods and drinks with festive or recreational moments lies in that it gives rise to highly valued taste learning (based on how the social circumstance in which they are consumed is

experienced) and therefore, a positive attitude is built towards products whose consumption needs to be limited.

This set of postulates in the discourse of a part of health professionals transcends social communication media and is reflected in the foundations and scope of laws, creating a substrate of social legitimacy and acceptance of ultraprocessed foods and drinks. An example of this are the laws related to “healthy” school kiosks. In Argentina, although there are numerous projects in this direction, regulations have been approved in ten provinces and in the Autonomous City of Buenos Aires (CABA) (45% of the total number of political and administrative jurisdictions). Only one province (San Luis) established that “all kiosks or any other points of sale within educational facilities shall sell only healthy foods, in accordance with the list drawn up by the Ministry of Health.”⁽⁵⁷⁾ For the other ten provinces, “a healthy kiosk” is a point of sale in which the conventional offer of products coexists with the incorporation of healthy foods or foods with high nutritional value (there

are no unified criteria). Some cases express a percentage to be covered with healthy incorporations with respect to the total products offered for sale (50% in Chaco, and 70% in Córdoba and Mendoza). In the rest of the provinces (Buenos Aires, Chubut, La Pampa, Misiones and Tierra del Fuego) the incorporation of healthy products is not quantified. In two other jurisdictions (CABA and Corrientes) the text of the law considered limiting sales to the products enumerated in the lists of healthy foods and drinks drafted by each enforcement authority. However, upon regulating the norms, the criterion of “exclusion” shifted to that of “incorporation,” a shift that was not exempt of pressures from the Coordinating Agency of Food Products (COPAL) [*Coordinadora de Industrias de Productos Alimenticios*] (Figure 3).

The result is worrying: in 90% of Argentine jurisdictions that have a regulation concerning the sale of foods and drinks in schools, “healthy kiosks” refer to kiosks that maintain the offer of sugar-sweetened drinks and snacks with high contents of fats, sugars



Figura 3. Article in a local newspaper describing the reaction of the food industry to the law regarding school kiosks in the province of Corrientes, Argentina.

[Text of the article]

Corrientes Politics – Saturday October 28, 2011

Lawmakers summoned to a meeting

The food industry challenges the “healthy kiosk” bill

The Coordinating Agency of Food Industries (COPAL) [*Coordinadora de Industrias de Productos Alimenticios*] is a national entity that requested a review of the bill that bans the marketing of specific foods within the framework of healthy habit promotion in schools of the province of Corrientes.]

Source: Momarandu.com⁽⁵⁸⁾

and sodium. This is another illustrative example of the strategies deployed by food corporations to conceal their production and marketing practices, thwarting, delaying and weakening the regulatory measures that aim to restrict the consumption of ultraprocessed products and question their social legitimacy.

FINAL REFLECTIONS

Swinburn *et al.* argue that interventions on environments, though complex, offer many advantages: they can even influence groups of the population that are difficult to reach with educational messages and they have a more lasting effect on the modification of practices, as they are incorporated into sociocultural structures, systems and regulations.⁽⁴⁾

This text has made use of several authors and various examples to show that the protection of the right to adequate food requires the implementation of mandatory regulations enabling changes in everyday environments – and, with particular urgency, in those environments in which children engage in educational and recreational activities and receive health care.

We are faced with a new and severe epidemic of “*commerciogenic* malnutrition,” a term coined by pediatrician Derrick Jelliffe, director of the Caribbean Food and Nutrition Institute in Jamaica;⁽³⁷⁾ Jelliffe was one of the voices that in the 1960s actively denounced the ravages caused in children’s health due to aggressive marketing of infant formula in the countries of the so-called third world.

Just as the regulation of advertising and marketing of breast-milk substitutes identified health professionals committed to public health as well as social movements pushing

for the statutory regulation of the marketing practices of food companies, today an ethical position that is free of conflicts of interests is required to exert pressure on public opinion.

Four decades went by between the first allegations raised regarding the deleterious impact of breast-milk substitutes⁽³⁷⁾ on children’s health and the WHO’s approval of the marketing code, and five decades went by⁽³²⁾ between the collection of unquestionable scientific evidence on the effects of tobacco smoking and the WHO’s adoption of the *Framework Convention on Tobacco Control*.⁽⁵⁹⁾ Many people experienced within their own bodies and within their families the consequences of the delay in implementing effective preventive measures – and a decade has already passed since the launch of the *Global Strategy on Diet, Physical Activity and Health*.⁽²³⁾ How much longer must we wait for the local and international scientific community to unite their voices with those of civil society organizations and social movements that advocate for a framework agreement that promotes food health by regulating corporations?⁽²²⁾

Scientific and professional associations, along with civil society organizations, can play a key role, based in a position free of conflicts of interest, in getting the issue of the right to adequate food recognized and on the public and media agenda.

Furthermore, health team professionals can act in the environments in which they carry out health promotion and care practices, by problematizing advertising and the naturalized omnipresence of ultraprocessed products and their growing consumption in daily and festive meals, making visible their negative impact on health and thus helping build legitimacy in relation to the necessary regulatory measures.

AGRADECIMIENTOS

The concerns raised in this work speak to shared considerations and reflections of the members of the Nutrition Program of the Ministry of Health of the Government of the City of Buenos Aires, professionals Silvina Dupraz, Marina Rolón and Beatriz Schloss, to whom I am grateful for the continuous exchange and learning. I would also like to thank Andrea Solans and Cecilia Saraco for their contributions.

REFERENCES

1. World Health Organization. Global status report on noncommunicable diseases 2014. Geneva: WHO; 2014.
2. Organización de las Naciones Unidas para la Alimentación y la Agricultura, Fondo Internacional de Desarrollo Agrícola, Programa Mundial de Alimentos. El estado de la inseguridad alimentaria en el mundo 2015. Roma: FAO; 2015.
3. World Health Organization. Global health risks: mortality and burden of disease attributable to selected major risks. Ginebra: OMS; 2009.
4. Swinburn B, Egger G, Raza F. Dissecting obesogenic environments: the development and application of a framework for identifying and prioritizing environmental interventions for obesity. *Preventive Medicine*. 1999;29:563-570.
5. De Schutter O. Informe final: El potencial transformador del derecho a la alimentación [Internet]. 2014 [cited 1 Mar 2016]. Available from: <http://tinyurl.com/zhzhnoz>.
6. Chapman S, Freeman B. Markers of the denormalisation of smoking and the tobacco industry. *Tobacco Control*. 2008;17:25-31. doi:10.1136/tc.2007.021386.
7. Comité de Derechos Económicos, Sociales y Culturales. Observaciones generales aprobadas por el Comité de Derechos Económicos, Sociales y Culturales: Observación general No 14 [Internet]. 2000 [cited 1 Mar 2016]. Available from: <http://tinyurl.com/hboljya>.
8. Comité de Derechos Económicos, Sociales y Culturales. Observaciones generales aprobadas por el Comité de Derechos Económicos, Sociales y Culturales: Observación General No 12, El derecho a una alimentación adecuada (artículo 11) [Internet]. 1999 [cited 1 Mar 2016]. Available from: <http://tinyurl.com/zmwm53>.
9. Comisión Interamericana de Derechos Humanos. Protocolo de San Salvador, Protocolo Adicional a la Convención Americana sobre Derechos Humanos en materia de derechos económicos, sociales y culturales (artículo 12) [Internet]. 1988 [cited 1 Mar 2016]. Available from: <http://tinyurl.com/b5ovfwn>.
10. World Health Organization. Diet, nutrition, and the prevention of chronic diseases (Technical Report Series 797). Geneva: WHO; 1990.
11. Organización Mundial de la Salud. Resolución de la 53ª Asamblea Mundial de Salud: Prevención y control de las enfermedades no transmisibles. Ginebra: OMS; 2000.
12. De Schutter O. Informe del Relator Especial sobre el derecho a la alimentación. New York: ONU; 2011. <http://tinyurl.com/gomd44k>.
13. Indart P, Tuñón I. Derecho a una alimentación adecuada en la infancia: niños, niñas y adolescentes entre 2 y 17 años en la Argentina urbana. Buenos Aires: Educa; 2015.
14. Lema S. Guías alimentarias: manual de multiplicadores. Buenos Aires: Asociación Argentina de Dietistas y Nutricionistas Dietistas; 2003.
15. Egger G, Swinburn B. An 'ecological' approach to the obesity pandemic. *British Medicine Journal*. 1997;315:477-480.
16. Vandevijvere S, Chow C, Hall K, Umali E, Swinburn B. Increased food energy supply as a major driver of the obesity epidemic: a global analysis. *Bulletin World Health Organization*. 2015;93:446-456.
17. Organización Panamericana de la Salud. Alimentos y bebidas ultraprocesados en América Latina: tendencias, efecto sobre la obesidad e implicaciones para las políticas públicas. Washington DC: OPS; 2015.
18. Crovetto M, Uauy R, Martins A, Moubarac J, Monteiro C. Disponibilidad de productos alimentarios listos para el consumo en los hogares de Chile y su impacto sobre la calidad de la dieta (2006-2007). *Revista Médica de Chile*. 2014;142(7):850-858.
19. Monteiro C, Moubarac JC, Cannon G, Wen Ng S, Popkin B. Ultra-processed products are becoming dominant in the global food system. *Obesity Reviews*. 2013;14(Suppl 2):21-28.
20. Declaración de la Ciudad de México: Legislación, normas y políticas públicas para detener la obesidad y promover alimentación saludable entre

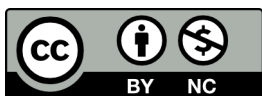
- los niños de Latinoamérica, avances, obstáculos y posibilidades [Internet]. 2012 [cited 11 Mar 2016]. Available from: <http://tinyurl.com/zt9m6jw>.
21. Organización Panamericana de la Salud. Plan de acción para la prevención de la obesidad en la niñez y la adolescencia. Washington DC: OPS-OMS; 2014.
22. World Obesity Federation, Consumers International. Recomendaciones para una convención global para la promoción y protección de dietas saludables [Internet]. 2014 [cited 11 Mar 2016]. Available from: <http://tinyurl.com/j668t9q>.
23. Organización Mundial de la Salud. Estrategia mundial sobre régimen alimentario, actividad física y salud. Ginebra: OMS; 2004.
24. Organización Mundial de la Salud. Dieta, nutrición y prevención de enfermedades crónicas (Serie de Informes Técnicos 916). Ginebra: OMS; 2003.
25. Norum K. World Health Organization's global strategy on diet, physical activity and health: the process behind the scenes. *Scandinavian Journal of Nutrition*. 2005;49(2):83-88.
26. Organización Mundial de la Salud. Guía de ingesta de azúcares en adultos y niños. Ginebra: OMS; 2015.
27. Argentina. Ley 26396, Trastornos alimentarios [Internet]. 2008 [cited 11 Mar 2016]. Available from: <http://tinyurl.com/j2urodk>.
28. Popkin B, Monteiro C, Swinburn B. Preventing obesity in the lower income countries. *Obesity Reviews*. 2013;14(Suppl 2):1-8.
29. Bellagio Declaration 2013. Countering big food's undermining of health food policies [Internet]. 2013 [cited 11 Mar 2016]. Available from: <http://tinyurl.com/znhf83j>.
30. Stuckler D, Nestle M. Big food, food systems, and global health. *PLOS Medicine*. 2012;9(6):1-4.
31. Moodie R, Stuckler D, Monteiro C, Sheron N, Neal B, Thamarangsi T, Lincoln P, Casswell S. Profits and pandemics: prevention of harmful effects of tobacco, alcohol, and ultra-processed food and drink industries. *The Lancet*. 2013;381(9867):670-679.
32. Brownell K, Warner K. The perils of ignoring history: Big Tobacco played dirty and millions died, how similar is Big Food? *The Milbank Quarterly*. 2009;87(1):259-294.
33. Observatorio del derecho a la alimentación y a la nutrición. La nutrición de los pueblos no es un negocio 2015 Edición 07 [Internet]. 2015 [cited 11 Mar 2016]. Heidelberg: FIAN International. Available from: <http://tinyurl.com/zn7vj5x>.
34. Red Mundial por el Derecho a la Alimentación y la Nutrición. Declaración de Katmandú 2015 [Internet]. 2015 [cited 11 Mar 2016]. Available from: <http://tinyurl.com/z8tu8gq>.
35. Nestle M. Food politics: how the food industry influences nutrition and health. Berkeley: University of California Press; 2002.
36. Freudenberg N. Lethal but legal: Corporations, consumption and protecting public health. New York: Oxford University Press; 2014.
37. Richter J. International regulation of transnational corporations: The infant food debate [Tesis de doctorado]. University of Amsterdam, School of Communication Research; 2001.
38. International Food & Beverage Alliance. Global Policy on Advertising and Marketing Communications to Children [Internet]. 2011 [cited 23 Mar 2016]. Available from: <http://tinyurl.com/hvf87vq>.
39. Fundación InterAmericana del Corazón Argentina. Informe de investigación: publicidad de alimentos dirigida a niños y niñas en la tv argentina [Internet]. 2015 [cited 1 Mar 2016]. Available from: <http://tinyurl.com/z7uosfd>.
40. Lennert-Veerman J, Van-Beeck E, Barendregt J, Mackenbach J. By how much would limiting TV food advertising reduce childhood obesity? *European Journal of Public Health*. 2009;19(4):365-369.
41. Unicef. Estudio exploratorio sobre la promoción y publicidad de alimentos y bebidas no saludables dirigida a niños en América Latina y el Caribe [Internet]. 2015 [cited 1 Mar 2016]. Available from: <http://tinyurl.com/hezaqsm>.
42. Hawkes C. Marketing food to children: changes in the global regulatory environment 2004-2006. Geneva: World Health Organization; 2007.
43. Organización Mundial de la Salud. Código Internacional de Comercialización de Sucedáneos de la Leche Materna. Ginebra: OMS; 1981.
44. Lesser L, Ebbeling C, Gozner M, Wypij D, Ludwig D. Relationship between funding source and conclusion among nutrition-related scientific articles. *PLOS Medicine*. 2007;4(1):41-46.

45. Ludwig D, Peterson K, Gortmaker S. Relation between consumption of sugar-sweetened drinks and childhood obesity: a prospective, observational analysis. *The Lancet*. 2001;357(9255):505-508.
46. Vartanian L, Schwartz M, Brownell K. Effects of soft drink consumption on nutrition and health: a systematic review and meta-analysis. *American Journal of Public Health*. 2007;97(4):667-675.
47. Cantoral A, Téllez-Rojo M, Ettinger A, Hu H, Hernández-Ávila M, Peterson K. Early introduction and cumulative consumption of sugar-sweetened beverages during the pre-school period and risk of obesity at 8–14 years of age. *Pediatric Obesity*. 2016;11(1):68-74.
48. La Serenísima. Aval de la Sociedad Argentina de Nutrición [Internet]. 2016 [cited 1 Mar 2016]. Available from: <http://tinyurl.com/gpaxb9x>.
49. Organización Panamericana de la Salud. Modelo de perfil de nutrientes de la Organización Panamericana de la Salud [Internet]. 2016 [cited 1 Mar 2016]. Available from: <http://tinyurl.com/zwj8l8t>.
50. Sahud H, Binns H, Meadow W, Tanz R. Marketing fast food: Impact of fast food restaurants in children's hospitals. *Pediatrics*. 2006;118(6):2290-2297.
51. Monteiro C, Cannon G. El gran tema en nutrición y salud pública es el ultra-procesamiento de alimentos. Lima: Ministerio de Salud; 2012.
52. Gouldner A. La crisis de la sociología occidental. Buenos Aires: Amorrortu; 1979.
53. Britos S. ¿Hay alimentos buenos y malos? Marketing nutricional responsable [Internet]. s/f [cited 1 Mar 2016]. Available from: <http://tinyurl.com/gpwpmey>.
54. Piaggio L, Concilio C, Rolón M, Macedra G, Dupraz S. Alimentación infantil en el ámbito escolar: entre patios, aulas y comedores. *Salud Colectiva*. 2011;7(2):199-213.
55. Oportuna y positiva. *La Nación* [Internet]. 16 dic 2010 [cited 26 Mar 2016]. Available from: <http://tinyurl.com/jobu595>.
56. Barthes R. Por una psico-sociología de la alimentación contemporánea. *EMPIRIA: Revista de Metodología de Ciencias Sociales*. 2006;11:205-221.
57. Provincia de Salud Luis. Reglamentación de la Ley N°III 0743-2010 Mejor Alimentación, Más Salud [Internet]. 2010 [cited 26 Mar 2016]. Available from: <http://tinyurl.com/h68esty>.
58. Industria alimenticia objeta proyecto de ley de "kioscos saludables". Momarandu.com [Internet]. 28 oct 2011 [cited 10 Mar 2016]. Available from: <http://tinyurl.com/zskjwz>.
59. Organización Mundial de la Salud. Convenio marco de la OMS para el control del tabaco. Ginebra: OMS; 2003.

CITATION

Piaggio LR. The right to food in obesogenic environments: Reflections on the role of health professionals. *Salud Colectiva*. 2016;12(4):605-619. doi: 10.18294/sc.2016.934.

Received: Abril 5, 2016 | Accepted: August 2, 2016



Content is licensed under a Creative Commons

Attribution — you must attribute the work in the manner specified by the author or licensor (but not in any way that suggests that they endorse you or your use of the work).

NonCommercial — You may not use this work for commercial purposes.

<http://dx.doi.org/10.18294/sc.2016.934>

This article was translated by Maria Victoria Illas.