

Examining public support for food marketing policy among adults in Canada

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Abstract

Public support influences policy adoption and implementation. This study aimed to examine public opinion towards government restrictions on unhealthy food marketing to children among adults in Canada. A cross-sectional online survey was completed by 3688 Canadian adults in 2024. Parents/guardians of children < 18 years ($n = 938$) were asked how concerned they are about children's exposure to unhealthy food marketing, and public opinion towards restrictions on unhealthy food marketing in several media/settings was examined. Multinomial logistic regression models examined sociodemographic differences in policy support. Most parents/guardians (83.6%) reported some level of concern about their child(ren)'s exposure to unhealthy food marketing. Among the total sample ($n = 3688$), 56.6% of participants reported supporting a ban on unhealthy food marketing to children, and many reported supporting bans on unhealthy food marketing online (45.1%), on TV before 9 pm (47.8%), in outdoor settings (44.7%), and via child-appealing product packaging (52.4%). Participants aged ≥ 60 years (AOR: 1.55; 95% CI: 1.06, 2.26) and those with high perceived income adequacy (AOR: 2.07; 95% CI: 1.40, 3.06) had greater odds of being supportive of a ban on advertising unhealthy foods to children. For bans on unhealthy food marketing in specific media/settings, participants who were female, older, identifying as the ethnic majority, highly educated, and Quebec residents often had higher odds of supporting restrictions on unhealthy food marketing to children, with differences between media/settings. Approximately half of Canadian adults support government restrictions on unhealthy food marketing, with some differences between sociodemographic groups and media/settings. Findings suggest minimal public opposition to marketing restrictions.

Key words: food marketing, policy, public support, children

Introduction

Marketing of foods and beverages high in fat, sugar, and salt (HFSS) is a major driver of poor diet quality and rising rates of noncommunicable diseases (NCDs) worldwide (Sadeghirad et al. 2016; Smith et al. 2019). Frequently consuming HFSS (or “unhealthy”) foods and beverages contributes to unhealthy dietary patterns and increased NCD risk (Thapsuwan et al. 2024). A large body of research has demonstrated that exposure to unhealthy food marketing negatively impacts children's brand awareness, preferences, purchase requests, and actual intake (Boyland et al. 2016; Sadeghirad et al. 2016; Smith et al. 2019; World Health Organization 2022; Boyland et al. 2022a, 2025). Children are particularly vulnerable to the harmful effects of marketing due to their limited capacity to understand and identify marketing (Carter et al. 2011). Accordingly, the World Health Organization (WHO) has urged countries to implement restrictions on unhealthy food marketing to children across all settings and media where children may be exposed (World

Health Organization 2023). The WHO's recommendations include implementing mandatory regulations, utilizing a standardized government-led model for classifying the healthfulness of foods, and ensuring restrictions are comprehensive enough to protect the most vulnerable age groups, including teenagers (World Health Organization 2023). Despite this guidance, global response has varied considerably, with uneven levels of restrictions across countries worldwide. For example, some countries, such as Chile and the United Kingdom have adopted mandatory restrictions, while most rely primarily on voluntary industry self-regulation, which has generally proven insufficient to protect children from exposure to unhealthy food marketing (Boyland and Harris 2017; World Cancer Research Fund International 2017; Boyland et al. 2022b).

In Canada, the regulation of food marketing to children varies across jurisdictions. Quebec is currently the only province with statutory restrictions; the 1980 Consumer Protection Act prohibits commercial advertising (including of

food and beverages) directed at children under 13 years of age (Office de la protection du consommateur 2012). Outside Quebec, there are no restrictions on food marketing to children. Federal and provincial governments have relied largely on industry-led voluntary codes that have proven to be ineffective (Potvin Kent et al. 2011, 2013, 2022, 2023; Potvin Kent and Pausé 2018; Vergeer et al. 2019, 2025). In recent years, there has been a push for federal food marketing restrictions. Bill C-252 (the Child Health Protection Act) was introduced in the Canadian Parliament to formally restrict marketing to children under 13 years old across various media/settings, although it failed to pass (Senate of Canada 2023). Health Canada also has proposed the introduction of new regulations to restrict unhealthy food marketing directed at children under 13 years of age in television and digital media (Government of Canada 2023). While the proposed restrictions received support in public consultations (Health Canada 2022), they have not yet been adopted. Previous Canadian research has shown that industry stakeholders actively lobbied against proposed restrictions on food marketing to children by engaging with high-ranking government officials and employing various strategies to influence policy (e.g., promoting voluntary industry initiatives as an alternative to regulations) (Vandenbrink et al. 2020; Mulligan et al. 2021; Gaucher-Holm et al. 2022).

Public opinion plays a crucial role in the policy process. According to the WHO, public support influences a policy at all stages of development, including the likelihood of it being introduced, implemented, and its overall success (World Health Organization Regional Office for Europe 2024). Public support indirectly influences policy adoption, as policymakers in democracies are more likely to support policies that they perceive to have high public support (Ahrens 2024). Similarly, while an evidence base for the effectiveness of a policy/intervention is important, “public will” often determines whether policies move forward or not (Cullerton et al. 2016). A deeper understanding of patterns of public support is therefore crucial for advancing food marketing regulations.

Prior research indicates that public support for food policies varies across sociodemographic groups. A multi-country study conducted by Kwon et al. (2019) found that age, gender, education and ethnicity were all predictors of food policy support among participants (Kwon et al. 2019). Another study conducted in Australia examined public opinion on obesity and food policies, and found that higher socioeconomic groups were more supportive of taxation measures and restrictions on food company sponsorship of sports and educational programs (Morley et al. 2012). Similarly, a study conducted among young Canadian adults found that nutrition policy support generally increased with age and health literacy, and that females tended to be more supportive than males (Bhawra et al. 2018). Differences by race/ethnicity were also significant for the policies examined in this study (Bhawra et al. 2018). Little research has examined public support for food marketing restrictions. In Australia, a 2022 study examining public opinion towards restricting unhealthy food marketing to children found that most adults expressed support or neutrality, with higher support observed among those who identified as Indigenous Aus-

tralian, women, older adults, those with higher education, and caregivers (Gomez-Donoso et al. 2025).

Despite a recognition of the issue of unhealthy food marketing to children, there remains limited data on public opinion regarding policy in this area both globally and in Canada. The most recent large-scale Canadian study of public opinion on food marketing policies was conducted in 2016 and focused solely on young adults (Kwon et al. 2019). There is a need for updated nationally representative data examining the views of all Canadian adults, particularly as restrictions on food marketing to children have been repeatedly proposed but not yet adopted in Canada. This study will address this gap by examining Canadian adults’ opinions on children’s exposure to unhealthy food marketing and their support for various policy approaches to restrict such marketing. Specifically, it will explore how support varies across sociodemographic groups and will assess attitudes toward restrictions across multiple media/settings. Understanding these patterns is a crucial aspect of policy design and adoption, as it allows policymakers to align regulatory efforts with public values and priorities.

Materials and methods

Data are from the Canadian arm of the 2024 International Food Policy Study (Wave 8), an annual repeat cross-sectional survey conducted in five countries that collects information on numerous measures related to food and nutrition policy (e.g., price/taxation, food packaging and labelling, retail food policies, food marketing, nutritional labelling in restaurants, nutrition information and education, food guide/dietary recommendations). The analyses in the present study were conducted on a subset of measures from the larger International Food Policy Study dataset, as many measures were not relevant to the study’s objective. Data were collected via self-completed web-based surveys conducted in November–December 2024 with adults aged 18–100 years. Respondents were recruited through Nielsen Consumer Insights Global Panel and their partners’ panels. Email and panelist dashboard application invitations with unique survey access links were shared with a random sample of panelists in Canada after targeting for demographics; panelists known to not meet the eligibility criteria for this study were not invited (e.g., if they were <18 years old). Potential respondents were screened for eligibility and quota requirements based on age and sex. Canadian surveys were conducted in English and French. Members of the research team whose first language was French reviewed the French translations of survey measures independently.

Respondents provided consent prior to survey completion and received remuneration in accordance with their panel’s usual incentive structure (e.g., points-based or monetary rewards, chances to win prizes). The study was reviewed by and received ethics clearance through a University of Waterloo Research Ethics Board (REB# 30829) prior to data collection. This study received additional clearance for secondary analyses through a University of Ottawa Research Ethics Committee (H-06-20-5908). A full description of the study methods can be found in the International Food Policy Study: Techni-

cal Report—2024 Survey (Wave 8) (Hammond et al. 2025). In addition, a list of publications resulting from International Food Policy Study data are available on the study website (International Food Policy Study 2026).

Measures

Concern about unhealthy food marketing to children

Participants who indicated they had at least one child under 18 years of age in their household ($n = 938$) were asked whether they were concerned about the amount of marketing for sugary drinks and fast food that their children see, with the following response options: “not at all concerned”, “a little concerned”, “somewhat concerned”, “very concerned”, “don’t know”, and “refuse to answer”.

Support for food marketing policies

Public support was assessed for government policies restricting unhealthy food marketing to children by asking respondents, “Would you support or oppose a government policy that would require...”: “a ban on advertising to children for food and drinks that have too much sugar, salt, or saturated fat”; “a ban on marketing of unhealthy food and beverages online/on the internet”; “a ban on advertising of unhealthy food and beverages on TV before 9pm”; “a ban on outdoor advertisements (e.g., at bus stops and billboards) for unhealthy food and beverages”; and “a ban on the use of cartoon characters and other elements that may appeal to children on the packaging of unhealthy foods”. Response options included “support”, “neutral”, “oppose”, “don’t know”, and “refuse to answer”. Respondents could select “don’t know” or “refuse to answer” for any of the outcomes or sociodemographic measures (except age, which was required for eligibility screening); those selecting those responses were excluded from the current analytic sample.

Sociodemographic characteristics

Respondents reported their sex at birth (male or female), age, ethnicity, highest level of education completed, perceived income adequacy, whether they had children under 18 years of age in their household, and their province of residence. Age was collapsed into four categories: 18–29 years old; 30–44 years old; 45–59 years old; or 60+ years old. Ethnicity was determined by asking respondents to select all of the following race categories that best described them: White (European descent); East/Southeast Asian (Chinese, Korean, Japanese, Taiwanese descent, Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent); South Asian (South Asian descent, e.g., East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean); Black (African, Afro-Caribbean, African–Canadian descent); Indigenous (First Nations, Métis, Inuit descent); Latino (Latin American, Hispanic descent); Middle Eastern (Arab, Persian, West Asian descent, e.g., Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish); and/or another race category (please spec-

ify). Ethnicity was collapsed into two categories: “majority” (if “White European descent” was the only category checked or “other” responses such as Caucasian, Canadian, or Jewish were provided); and “minority” (if any other category was checked, including “other” responses). Education was assessed by asking respondents to indicate the highest level of formal education that they have completed from the following: “less than high school diploma”; “trade certificate or diploma from a technical/vocational school or apprenticeship training”; “diploma or certificate from community college or CEGEP (other than trades certificates or diplomas)”; “some university, or university certificate/diploma below the bachelor’s level”; “bachelor’s degree (e.g., BA, BSc)”; or “university degree above the bachelor’s level (e.g., Master’s, professional school, doctorate)”. Highest level of education completed was collapsed into three categories: “low” (high school diploma or less); “medium” (post-secondary less than a bachelor’s degree); and “high” (bachelor’s degree or university degree above the bachelor’s level). Perceived income adequacy was assessed by asking respondents how difficult or easy it is to make ends meet based on their total monthly income, with response options of “very difficult”, “difficult”, “neither easy nor difficult”, “easy”, and “very easy”. This variable was recoded into low (“very difficult” or “difficult”), medium (“neither easy nor difficult”), and high (“easy” or “very easy”) levels of perceived income adequacy. Respondents with children were asked to indicate how many of their children (including stepchildren) under the age of 18 live in their household. From this information, a new binary variable was derived to indicate the presence of children under 18 years of age in the household (children in the household under 18 years vs. no children or children aged 18+ years). Finally, respondents reported their Canadian province or territory of residence. This data was collapsed into “Quebec” and “Other”, with the latter category encompassing the Atlantic Provinces (New Brunswick, Nova Scotia, Prince Edward Island, and Newfoundland and Labrador), Ontario, Prairie Provinces (Alberta, Manitoba, Saskatchewan), and British Columbia (residents of the territories were excluded from the total International Food Policy Study analytic sample due to insufficient survey completes to construct sample weights). Province of residence was collapsed into these two categories because Quebec is the only jurisdiction in Canada to have mandatory government food marketing legislation (under the province’s Consumer Protection Act) (Office de la protection du consommateur 2012). It was therefore hypothesized that Quebec residents may be more supportive of government food marketing restrictions than residents of other provinces.

Data analysis

A total of 36 271 invitations to complete the survey were shared with panellists in Canada, of which 4314 completed the survey. After conducting data quality checks, 282 respondents were excluded, resulting in a total of 4032 respondents. After excluding respondents with missing data (i.e., selected response options of “don’t know” or “refuse to answer”) for any of the food marketing restriction policy questions (except for the question to the subsample of parents/guardians

regarding concern about unhealthy food marketing to children) or sociodemographic variables of interest ($n = 344$), a sub-sample of 3688 respondents was included in the current analysis, including 938 respondents who reported having at least one child under 18 years of age in their household. Data were weighted with post-stratification sample weights constructed using a ranking algorithm with population estimates from the Canadian census based on age group, sex, region, and education. Estimates reported are weighted unless otherwise specified.

Descriptive statistics examined participants' sociodemographic characteristics, parents'/guardians' level of concern about their children's exposure to unhealthy food marketing, and the proportion of the sample with responses of "support", "neutral", and "oppose" to the survey questions about support of food marketing policies. Separate multinomial logistic regression models were used to examine the odds of reporting support for each type of government restriction on food marketing (bans on advertising of HFSS food/drinks, online/internet marketing, TV advertising, outdoor advertisements, and the use of cartoon characters and other child-appealing elements on packaging). The adjusted odds of reporting neutrality towards each type of government restriction were also reported (separately from support). All models were adjusted for age group, sex, ethnicity, education, perceived income adequacy, presence of child(ren) under 18 years in the household, and province of residence (Quebec vs. other, as Quebec is the only Canadian jurisdiction with government restrictions on food marketing to children ([Office de la protection du consommateur 2012](#))). The selection of variables to include in the models was informed, in part, by previous similar examinations of sociodemographic predictors of policy support ([Bhawra et al. 2018](#); [Kwon et al. 2019](#); [Gomez-Donoso et al. 2025](#)). Analyses were conducted using IBM SPSS Statistics (version 30.0.0.0) using the Complex Samples module, and results were considered statistically significant when $p < 0.05$.

Results

Sociodemographic characteristics

The weighted sample characteristics of participants are shown in [Table 1](#). Among the total sample ($n = 3688$), 50.4% identified as male. Nearly a third of participants (32.2%) were 60+ years of age. More than two-thirds of the sample identified as the ethnic majority group (71.4%). The reported education level was low for 39.5% of participants and high for 28.4%. Perceived income adequacy was low for 38.9% of the sample and high for 27.0%. About one-quarter of participants (25.4%) reported having children under 18 years of age in their household. The most frequently reported province of residence was Ontario (39.3%), followed by Quebec (21.8%).

Concern about children's exposure to unhealthy food marketing

Of the participants who reported having at least one child under 18 years of age in their household ($n = 938$), 17.9% ($n = 168$) reported being "very concerned", 29.0% ($n = 272$)

Table 1. Sociodemographic characteristics of adults in the 2024 IFPS Adult Survey analytic sample (weighted estimates; $n = 3688$).

	% (n)
Sex at birth	
Male	50.4 (1859)
Female	49.6 (1829)
Age group	
18–29 years old	19.0 (702)
30–44 years old	26.7 (984)
45–59 years old	22.1 (814)
60+ years old	32.2 (1188)
Ethnicity	
Majority	71.4 (2635)
Minority	28.6 (1053)
Education	
Low	39.5 (1458)
Medium	32.0 (1181)
High	28.4 (1049)
Perceived income adequacy	
Low	38.9 (1433)
Medium	34.2 (1261)
High	27.0 (995)
Presence of children (under 18 years) in household	
Yes	25.4 (938)
No	74.6 (2750)
Province of residence	
Quebec	21.8 (804)
Other provinces	78.2 (2884)
Atlantic provinces	6.7 (246)
Ontario	39.3 (1448)
Prairie provinces	17.9 (660)
British Columbia	14.4 (530)

indicated they were "somewhat "concerned", 36.7% ($n = 344$) reported being "a little concerned" and 16.0% ($n = 150$) responded "not at all concerned" about their child(ren)'s exposure to unhealthy food marketing (0.4%, $n = 4$ responded "don't know"; data not shown).

Ban on advertising of HFSS foods and beverages to children

Overall, public opinion towards a ban on advertising of HFSS foods and drinks to children was positive, with 56.6% of participants indicating they would support such a policy and 92.3% being either supportive or neutral ([Table 2](#)). Adjusted logistic regression models indicated that participants ≥ 60 years old (AOR: 2.63; 95% CI: 1.57, 4.41) and those reporting a high level of education completion (AOR: 2.07; 95% CI: 1.40, 3.06) had greater odds of being supportive of a ban on advertising of HFSS foods and beverages to children, compared with participants aged 18–29 years and those with low levels of education, respectively ([Table 3](#)). Participants with medium perceived income adequacy had greater odds of reporting be-

Table 2. Public opinion toward food marketing policies among adults in the 2024 IFPS Adult survey (weighted estimates; $n = 3688$).

Type of government restriction	Level of policy support			
	Support	Neutral	Support or neutral	Oppose
	% (n)	% (n)	% (n)	% (n)
Ban on advertising unhealthy food to children	56.6 (2088)	35.6 (1314)	92.3 (3402)	7.7 (286)
Ban on online marketing of unhealthy foods	45.1 (1662)	39.5 (1457)	84.6 (3119)	15.4 (569)
Ban on TV advertising of unhealthy foods before 9 pm	47.8 (1762)	37.8 (1393)	85.6 (3156)	14.4 (532)
Ban on outdoor advertisements for unhealthy foods	44.7 (1649)	40.7 (1501)	85.4 (3150)	14.6 (538)
Ban on child-appealing packaging, incl. characters	52.4 (1931)	35.4 (1305)	87.8 (3236)	12.2 (452)

ing neutral towards a ban on advertising of HFSS foods and beverages to children, compared with those of low perceived income adequacy (AOR: 1.73; 95% CI: 1.20, 2.48).

Ban on online marketing of unhealthy foods and beverages

A ban on online marketing of unhealthy foods was supported by 45.1% of participants, with 84.6% being supportive or neutral (Table 2). There were greater odds of policy support among participants aged 30–44 years (AOR: 1.95; 95% CI: 1.35, 2.81), 45–59 years (AOR: 1.82; 95% CI: 1.30, 2.54), and those aged 60 years or older (AOR: 3.44; 95% CI: 2.41, 4.91) than those aged 18–29 years (Table 3). Participants reporting a high level of education (AOR: 2.06; 95% CI: 1.52, 2.80) had greater odds of supporting a ban on online marketing of unhealthy foods than those with low education. Participants residing in provinces other than Quebec had lower odds of indicating support (AOR: 0.43; 95% CI: 0.32, 0.58) or neutrality (AOR: 0.57; 95% CI: 0.41, 0.78) regarding a ban on online marketing of unhealthy foods than those living in Quebec. Participants aged 30–44 years (AOR: 1.42; 95% CI: 1.01, 2.01) and those with medium perceived income adequacy (AOR: 1.63; 95% CI: 1.24, 2.15) had greater odds of reporting neutrality towards a ban on online marketing than those aged 18–29 years and with low perceived income adequacy, respectively.

Ban on TV advertising of unhealthy food and drinks before 9 pm

A ban on TV advertising of unhealthy foods and drinks before 9 pm was supported by 47.8% of participants, and 85.6% of participants reported support or neutrality (Table 2). Female participants (AOR: 1.37; 95% CI: 1.09, 1.73), those aged 30–44 years (AOR: 1.68; 95% CI: 1.18, 2.40), aged 45–59 years (AOR: 1.86; 95% CI: 1.33, 2.61) or aged 60 years or older (AOR: 3.72; 95% CI: 2.61, 5.29), ethnic majority participants (AOR: 1.45; 95% CI: 1.10, 1.91) and highly educated participants (AOR: 2.10; 95% CI: 1.54, 2.84) had greater odds of supporting a ban on TV advertising of unhealthy foods and drinks before 9 pm than male participants, those aged 18–29 years, ethnic minority participants and those with low education, respectively (Table 3). Residents of provinces other than Quebec had lower odds of reporting support (AOR: 0.42; 95% CI: 0.31, 0.58) or neutrality (AOR: 0.51; 95% CI: 0.37, 0.71) towards a ban on TV advertising before 9 pm, compared with Que-

bec residents. Ethnic majority participants (AOR: 1.42; 95% CI: 1.07, 1.89) and those with medium perceived income adequacy (AOR: 1.78; 95% CI: 1.35, 2.36) also had greater odds of reporting feeling neutral towards a ban on TV advertising of unhealthy food and drinks before 9 pm than ethnic minority participants and those with low perceived income adequacy, respectively.

Ban on outdoor advertising of unhealthy foods and beverages

A ban on outdoor advertising of unhealthy foods and beverages was supported by 44.7% of participants, with 85.4% being supportive or neutral towards such a policy (Table 2). Female participants (AOR: 1.44; 95% CI: 1.14, 1.80), those 30–44 years old (AOR: 1.65; 95% CI: 1.14, 2.38), 45–59 years old (AOR: 1.69; 95% CI: 1.20, 2.40), or more than 60 years old (AOR: 2.66; 95% CI: 1.86, 3.80) and with a high level of education (AOR: 1.83; 95% CI: 1.34, 2.49) had greater odds of reporting support towards a ban on outdoor advertising of unhealthy foods than male participants, those aged 18–29 years, and participants reporting low levels of education, respectively (Table 3). Participants residing in provinces other than Quebec had lower odds of indicating they were supportive (AOR: 0.45; 95% CI: 0.33, 0.62) or neutral (AOR: 0.59; 95% CI: 0.42, 0.82) about a ban on outdoor advertising of unhealthy foods than those from Quebec. Participants with medium perceived income adequacy had greater odds of reporting neutrality towards a ban on outdoor advertising of unhealthy foods than those with low perceived income adequacy (AOR: 1.58; 95% CI: 1.20, 2.09).

Ban on child-appealing elements on packaging of unhealthy foods and beverages

A ban on cartoon characters or other child-appealing elements on product packaging was supported by 52.4% of participants, with 87.8% reporting support or neutrality (Table 2). Participants aged 30–44 years (AOR: 1.64; 95% CI: 1.14, 2.36), 45–59 years (AOR: 2.10; 95% CI: 1.48, 3.00), and 60 years or older (AOR: 3.15; 95% CI: 2.17, 4.58) and participants with a high level of education (AOR: 1.67; 95% CI: 1.22, 2.30) had greater odds of reporting support for a ban on child-appealing elements on the packaging of unhealthy foods and beverages, compared with participants aged 18–29 years and those reporting low levels of education (Table 3). Resi-

Table 3. Adjusted odds ratio (AOR) and 95% confidence intervals (CIs) of sociodemographic characteristics associated with support or neutrality towards food marketing restrictions across different media/settings (weighted estimates; $n = 3688$).^a

	Advertising ban		Online marketing		TV advertising	
	Support	Neutral	Support	Neutral	Support	Neutral
	AOR (95% CI)	AOR (95% CI)	AOR (95% CI)	AOR (95% CI)	AOR (95% CI)	AOR (95% CI)
Sex at birth						
Male	Reference	Reference	Reference	Reference	Reference	Reference
Female	1.22 (0.91, 1.64)	0.91 (0.67, 1.23)	1.23 (0.98, 1.54)	1.02 (0.81, 1.28)	1.37 (1.09, 1.73)	1.20 (0.94, 1.51)
Age group						
18–29 years old	Reference	Reference	Reference	Reference	Reference	Reference
30–44 years old	1.14 (0.73, 1.80)	0.79 (0.51, 1.23)	1.95 (1.35, 2.81)	1.42 (1.01, 2.01)	1.68 (1.18, 2.40)	1.08 (0.76, 1.53)
45–59 years old	1.51 (0.97, 2.37)	0.87 (0.55, 1.36)	1.82 (1.30, 2.54)	1.07 (0.77, 1.48)	1.86 (1.33, 2.61)	1.02 (0.73, 1.44)
≥60 years old	2.63 (1.57, 4.41)	0.76 (0.45, 1.28)	3.44 (2.41, 4.91)	0.99 (0.70, 1.41)	3.72 (2.61, 5.29)	1.02 (0.71, 1.47)
Ethnicity						
Minority	Reference	Reference	Reference	Reference	Reference	Reference
Majority	1.07 (0.72, 1.59)	1.15 (0.78, 1.72)	1.33 (1.00, 1.77)	1.16 (0.87, 1.53)	1.45 (1.10, 1.91)	1.42 (1.07, 1.89)
Education						
Low	Reference	Reference	Reference	Reference	Reference	Reference
Medium	1.37 (0.97, 1.93)	1.09 (0.77, 1.56)	1.22 (0.93, 1.60)	0.99 (0.76, 1.29)	1.17 (0.90, 1.54)	0.84 (0.64, 1.09)
High	2.07 (1.40, 3.06)	1.00 (0.67, 1.50)	2.06 (1.52, 2.80)	1.07 (0.79, 1.46)	2.10 (1.54, 2.84)	0.87 (0.64, 1.19)
Perceived income adequacy						
Low	Reference	Reference	Reference	Reference	Reference	Reference
Medium	1.33 (0.93, 1.90)	1.73 (1.20, 2.48)	1.24 (0.94, 1.64)	1.63 (1.24, 2.15)	1.21 (0.91, 1.59)	1.78 (1.35, 2.36)
High	1.17 (0.80, 1.70)	0.95 (0.64, 1.41)	1.05 (0.80, 1.40)	1.03 (0.77, 1.38)	0.99 (0.75, 1.33)	1.20 (0.89, 1.63)
Children in household						
No	Reference	Reference	Reference	Reference	Reference	Reference
Yes	1.21 (0.85, 1.72)	0.80 (0.56, 1.14)	1.02 (0.77, 1.35)	0.98 (0.74, 1.29)	0.85 (0.64, 1.13)	0.80 (0.60, 1.06)
Province of residence						
Quebec	Reference	Reference	Reference	Reference	Reference	Reference
Other	0.76 (0.50, 1.14)	0.99 (0.65, 1.51)	0.43 (0.32, 0.58)	0.57 (0.41, 0.78)	0.42 (0.31, 0.58)	0.51 (0.37, 0.71)
	Outdoor marketing		Packaging			
	Support	Neutral	Support	Neutral		
	AOR (95% CI)	AOR (95% CI)	AOR (95% CI)	AOR (95% CI)		
Sex at birth						
Male	Reference	Reference	Reference	Reference		
Female	1.44 (1.14, 1.80)	1.22 (0.97, 1.54)	1.26 (0.99, 1.60)	1.06 (0.82, 1.36)		
Age group						
18–29 years old	Reference	Reference	Reference	Reference		
30–44 years old	1.65 (1.14, 2.38)	1.23 (0.87, 1.74)	1.64 (1.14, 2.36)	1.23 (0.86, 1.76)		
45–59 years old	1.69 (1.20, 2.40)	1.11 (0.80, 1.55)	2.10 (1.48, 3.00)	1.20 (0.84, 1.71)		
≥60 years old	2.66 (1.86, 3.80)	0.99 (0.70, 1.40)	3.15 (2.17, 4.58)	0.88 (0.59, 1.30)		
Ethnicity						
Minority	Reference	Reference	Reference	Reference		
Majority	1.23 (0.93, 1.62)	1.25 (0.95, 1.64)	1.08 (0.80, 1.47)	1.13 (0.83, 1.54)		
Education						
Low	Reference	Reference	Reference	Reference		
Medium	1.17 (0.89, 1.54)	0.90 (0.69, 1.18)	1.20 (0.90, 1.60)	0.81 (0.60, 1.08)		
High	1.83 (1.34, 2.49)	0.98 (0.72, 1.33)	1.67 (1.22, 2.30)	0.76 (0.54, 1.05)		
Perceived income adequacy						
Low	Reference	Reference	Reference	Reference		
Medium	1.08 (0.82, 1.43)	1.58 (1.20, 2.09)	0.98 (0.73, 1.31)	1.47 (1.09, 1.99)		
High	0.85 (0.64, 1.13)	0.87 (0.65, 1.17)	1.14 (0.84, 1.54)	1.31 (0.95, 1.81)		
Children in household						
No	Reference	Reference	Reference	Reference		
Yes	1.08 (0.82, 1.42)	1.04 (0.80, 1.36)	0.98 (0.74, 1.31)	0.81 (0.60, 1.08)		
Province of residence						
Quebec	Reference	Reference	Reference	Reference		
Other	0.45 (0.33, 0.62)	0.59 (0.42, 0.82)	0.51 (0.37, 0.71)	0.62 (0.44, 0.88)		

^aThe reference category is listed first. Statistically significant values are shown in bold ($p < 0.05$).

dents of provinces other than Quebec had lower odds of reporting support (AOR: 0.51; 95% CI: 0.37, 0.71) or neutrality (AOR: 0.62; 95% CI: 0.44, 0.88) than participants living in Quebec. Participants with medium perceived income adequacy had greater odds of feeling neutral towards a ban on child-appealing elements on unhealthy food and beverage product packaging than those with low perceived income adequacy (AOR: 1.47; 95% CI: 1.09, 1.99).

Discussion

This study provided the first examination of public opinion towards policies concerning unhealthy food marketing in Canada. Overall, more than half of participants supported a ban on unhealthy food marketing, and the vast majority reported support or neutrality. Similarly, about half of participants were supportive of bans on unhealthy food marketing in specific settings (i.e., online, on TV, in outdoor settings, and via child-appealing product packaging), with most participants being either support, or neutral but with some variation by media/setting. Across most media/settings, policy support was more likely among participants who were female, older, identifying as the ethnic majority, highly educated, and residents of Quebec.

Of the adults sampled with at least one child under 18 years in their household, 84% reported having some level of concern about their child(ren)'s exposure to unhealthy food marketing. This figure aligns with a recent IFPS study that examined policy support in Australia, which found 85% of caregivers reported being concerned about their child's food marketing exposure (Gomez-Donoso et al. 2025). Similar results have been reported in the US, UK, Ireland, Pakistan, Indian, and Indonesia (Driessen et al. 2022). In combination, these findings suggest that most parents are concerned about the frequency and/or content of unhealthy food marketing to which their children are exposed. Previous research has also indicated that many parents feel unhealthy food marketing hinders their ability to provide healthy foods to their children (Driessen et al. 2022). The authors did, however, find that despite their concern, parents tended to underestimate their children's exposure to food marketing and its impacts on their children, particularly for digital marketing.

This study found that 92% of adults surveyed were supportive or neutral towards a ban on advertising of HFSS food and drinks to children, with more than half of participants (57%) indicating policy support. The proportion of participants indicating support towards marketing restrictions in specific settings ranged from 45% (for online and outdoor advertisements) to 52% (for child-appealing elements on product packaging). These findings align with the recent Australian study of public opinion towards marketing policies in that country, where 62% of participants were supportive of a ban on unhealthy food marketing, and support for marketing restrictions in specific media/settings ranged from 47%–56%. Similarly, a 2016 study found most Canadian adolescents and young adults (aged 16–30 years) were supportive of bans on marketing unhealthy food and beverages to children (62%) and marketing sugary drinks to children (59%) (Bhawra et al. 2018).

Our findings of sociodemographic differences in public opinion also align with previous research. For example, the Australian IFPS study found that participants who were female, older, highly educated and perceived their monthly income as adequate reported higher support/neutrality towards policies aimed at restricting unhealthy food marketing (Gomez-Donoso et al. 2025). Additionally, the 2016 study of Canadian adolescents and young adults found that those who were older, female, White, and Montreal residents were more likely to support food marketing bans (Bhawra et al. 2018). These findings align with those of the present study, where participants who were older, female, identifying as the ethnic majority (White), highly educated and residents of Quebec (where food marketing to children under 13 years of age is already prohibited) were more likely to support food marketing restrictions. Residents of Quebec were also more likely to report feeling neutral towards food marketing restrictions than participants from other provinces, while those with medium perceived income adequacy were more likely to report neutrality than participants with low perceived income adequacy.

Evidence of the extent and sociodemographic predictors of public support for food marketing regulations in Canada may help prompt and inform the adoption and implementation of federal restrictions on food marketing to children. Such results can also help inform the advocacy actions of nongovernmental organizations seeking to build support for food marketing regulations. Our results suggest that such groups, like the Stop Marketing to Kids Coalition—a coalition led by 10 nongovernmental organizations in Canada, including Heart and Stroke, the Canadian Cancer Society, Diabetes Canada, and Collectif Vital, among others—may benefit from advocacy efforts that aim to build support among particular subgroups, such as Canadians with lower levels of education, for instance.

Federal restrictions on unhealthy food marketing to children have been put forward in various policy proposals and bills since 2016, although none have received final approval nor been implemented. The results of this study suggest that if such restrictions were re-introduced and eventually implemented, the public would be supportive and public opposition would be minimal. Public support is important for the success of government restrictions on food marketing, in part, because these policies often face pushback from the food, beverage, advertising, and broadcasting industries (Vandenbrink et al. 2020; Mulligan et al. 2021; Gaucher-Holm et al. 2022). Research has identified industry lobbying as a key barrier to the adoption of food marketing regulations in Canada. A recent examination of Canada's Registry of Lobbyists from 2016 to 2021 found that industry stakeholders constituted 86% of communications with public office holders concerning restrictions on food marketing to children (Gaucher-Holm et al. 2022). Similarly, an analysis of meetings between 2016 and 2019 regarding the failed Child Health Protection Act (Bill S-228), which aimed to limit unhealthy food marketing to children, found that more than 80% of lobbying interactions in the years preceding the bill's death were initiated by industry stakeholders and often targeted high-ranking government offices (Mulligan et al. 2021). In-

dustry lobbying therefore appears to have undermined the implementation of food marketing restrictions in Canada despite widespread public support for such policies, as indicated by this study and prior studies in Canada (Bhawra et al. 2018). Thus, while public support may facilitate the introduction, adoption, and implementation of food marketing restrictions, the intensity of commercial lobbying may undermine the policy process.

This study is strengthened by its evaluation for public support for food marketing policies across different media and settings, based on a large and diverse sample of Canadian adults. Furthermore, the use of post-stratification sample weights increased our sample's representativeness and the generalizability of our results. This study is, however, subject to limitations common to survey research. Respondents were recruited using nonprobability-based sampling; therefore, the findings do not provide nationally representative estimates. Moreover, participants of this study were drawn from a consumer panel, which tend to primarily recruit ethnic majority individuals of higher socioeconomic status (Wang-Schweig et al. 2017). An additional limitation is that the cross-sectional design of our study prevents determination of causality or the direction of associations. There is also potential for residual confounding. It is also worth noting that public support of policies is subject to how policies are framed (Chong and Druckman 2007); the wording of policies in the survey and participants' interpretation of it may have influenced our findings. Lastly, this study did not account for some factors that have been shown to affect public support of nutrition policies, such as dietary patterns, nutrition knowledge, health status, and political beliefs (Pettigrew et al. 2023).

Conclusions

This study examined public opinion towards food marketing policy in Canada and found minimal public opposition towards restrictions on food marketing across various media/settings, with adults identifying as female, older, ethnic majority, highly educated, of medium perceived income adequacy, and residents of Quebec (where food marketing to children is already restricted) being the most likely to report support or neutrality towards food marketing restrictions. In addition, 84% of parents/guardians surveyed reported concern about their child(ren)'s exposure to unhealthy food marketing. These findings support the re-introduction and implementation of restrictions on food marketing to children in Canada, which would likely receive broad public support.

Take home message

Most adults in Canada were supportive or neutral towards government restrictions on unhealthy food marketing (M2K), with some differences between sociodemographic groups and media/settings, suggesting most Canadians would not oppose M2K regulations.

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Data availability

The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

Author information

Author contributions

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Formal analysis: LV

Funding acquisition: LV, CMW, DH

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Project administration: CMW

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Writing – original draft: LV, MP, MPK

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Competing interests

DH has provided paid expert testimony on behalf of public health authorities in response to legal challenges from the food and beverage industry. No other competing interests are declared.

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