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Children's Exposure to Unhealthy Food Marketing and Parent's Attitudes Towards Such Exposure

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Wan Sarifah Ainin Wan Jusoh*, Khairul Hasnan Amali, Chan Ying Ying, Norliza Shamsudin, Norzawati Yeop

Institute for Public Health,National Institute of Health, Ministry of Health Malaysia,Selangor, Malaysia

Background

Exposure to unhealthy food marketing contributes to poor dietary habits and childhood overweight or obesity [1, 2] Understanding the extent of children's exposure and parents' attitudes towards such exposure is crucial for shaping effective policies[3]. This study aimed to determine the prevalence of unhealthy food marketing exposure and its sociodemographic correlates among Malaysian children aged 5–9 years, as well as to examine parents' attitudes and concerns regarding this exposure.

Methodology

A cross-sectional survey was conducted with 709 children aged 5–9 years. Data collected included sociodemographic characteristics, BMI-for-age, and exposure to unhealthy food marketing. Parents of exposed children (n = 589) reported the frequency of their child's request for unhealthy foods, their concern about marketing's impact, and their opinions on government regulation. Multivariable logistic regression analyses were performed using IBM SPSS Statistics version 31.0 to identify factors associated with children's exposure to unhealthy food marketing.

Results

Overall, 83.2% of children were exposed to unhealthy food marketing, slightly higher among girls (86.7%) and rural children (85.9%) [2] . Exposure was high across ethnicities, income levels, and BMI categories. Children of parents with higher educational attainment had greater odds of exposure. Among parents of exposed children, 16.7% reported their children frequently requested unhealthy foods, 22.2% sometimes, and 61.1% rarely or never. Most parents were concerned about the impact of unhealthy food marketing on child's health (78.4%) and supported government regulation (95.6%) and TV marketing restrictions (93.7%) [2] .

Table 1: Prevalence of Unhealthy Food Marketing Exposure (n=709)

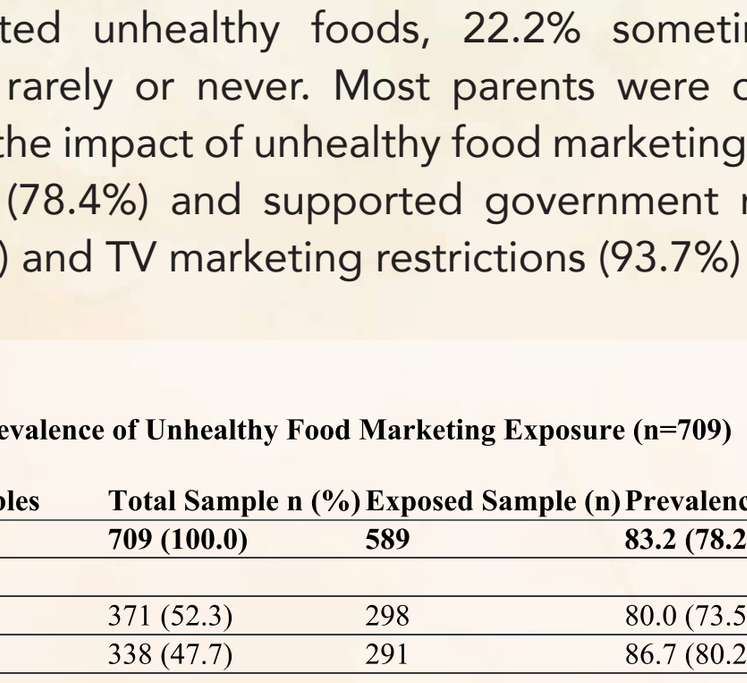
Variables	Total Sample n (%)	Exposed Sample (n)	Prevalence % (95% CI)
Overall	**709 (100.0)**	**589**	**83.2 (78.2, 87.2)**
Sex			
Male	371 (52.3)	298	80.0 (73.5, 85.2)
Female	338 (47.7)	291	86.7 (80.2, 91.2)
Location			
Urban	313 (44.1)	251	82.3 (78.3, 87.2)
Rural	396 (55.9)	338	85.9 (80.3, 90.1)
Parent's Education			
No formal education	35 (5.0)	25	69.6 (48.0, 85.0)
Primary education	58 (8.2)	46	81.4 (67.1, 90.4)
Secondary education	511 (72.5)	432	84.6 (78.7, 89.1)
Tertiary education	101 (14.3)	84	81.9 (67.7, 90.7)

Table 2: Key Determinant Associated with Exposure

Variables	Adjusted OR (95% CI)	P-value
Parent's Highest Education Level		
No formal education	Ref	
Primary education	2.69 (0.81, 8.93)	0.106
Secondary education	**4.09 (1.44, 11.62)**	**0.009**
Tertiary education	**3.90 (1.01, 15.00)**	**0.048**

Table 3: Opinions on effects and regulations among parents of children (5-9 years) exposed to unhealthy food marketing (n=589)

Variables	Percentage (%)	95% Confidence Interval (CI)
Frequency of child requesting unhealthy food		
Always	16.7	12.89, 21.42
Sometimes	22.2	17.23, 28.13
Rarely	36.2	31.40, 41.33
Never	24.9	19.75, 30.77
Parental concern on the impact of unhealthy food marketing on child's health		
Very concerned	34.4	28.88, 40.40
Concerned	44.0	37.95, 50.20
Unconcerned/ Very unconcerned	21.6	17.07,26.00
Parental agreement on governmental control of unhealthy food marketing will benefit child's health		
Strongly agree	54.3	48.08, 60.34
Agree	41.3	35.48, 47.32
Disagree/Very Disagree	4.5	2.60 , 7.40
Parental agreement on restricting unhealthy food marketing on television during public viewing programme		
Strongly agree	48.4	41.93, 54.86
Agree	45.3	39.01, 51.75
Disagree/Very Disagree	6.3	4.30,9.10



Conclusion

Exposure to unhealthy food marketing is highly prevalent among Malaysian children, particularly in households with higher parental educational attainment. This may reflect greater access to media and digital devices in these families, increasing opportunities for children's exposure to unhealthy food marketing [4] . The findings underscore the need for comprehensive regulations and interventions to reduce exposure and protect children's dietary health.[1, 3]

Acknowledgement

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References

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