

Preprints are preliminary reports that have not undergone peer review. They should not be considered conclusive, used to inform clinical practice, or referenced by the media as validated information.

# The impact of fast food marketing on brand preferences and fast food intake of youth aged 10-17 across six countries

 Mariangela Bagnato

 University of Ottawa

 Marie-Hélène Roy-Gagnon

 University of Ottawa

 Lana Vanderlee

 Université Laval

 David Hammond

 University of Waterloo

 Monique Potvin Kent (≥ monique.potvinkent@uottawa.ca)

 University of Ottawa

#### **Research Article**

Keywords: Fast food, advertising to youth, food environment, marketing, intake, preferences

Posted Date: March 2nd, 2023

DOI: https://doi.org/10.21203/rs.3.rs-2560897/v1

License: 🟵 🛈 This work is licensed under a Creative Commons Attribution 4.0 International License. Read Full License

Additional Declarations: No competing interests reported.

Version of Record: A version of this preprint was published at BMC Public Health on July 27th, 2023. See the published version at https://doi.org/10.1186/s12889-023-16158-w.

## Abstract

### Background

Consumption of fast food, which is associated with poor diet, weight gain and the development of noncommunicable diseases, is high amongst youth. Fast food marketing, a modifiable determinant of excess weight and obesity, affects youth's food-related behaviours. This study aimed to examine the relationship between exposure to fast food marketing and the fast food brand preferences and intake amongst youth aged 10-17 across six countries.

#### Methods

Data from 9,695 youth respondents living in Australia, Canada, Chile, Mexico, the United Kingdom (UK) and the United States (US) were analyzed from the 2019 International Food Policy Youth Study. Survey measures assessed exposure to fast food marketing and brand-specific marketing, and preference for these brands and fast food intake. Regression models adjusted for age, sex, income adequacy and ethnicity were used to examine the associations.

#### Results

Exposure to fast food marketing was positively associated with brand preferences and intake consistently across most countries. Overall, preference for McDonald's (OR:1.97; CI:1.52, 2.56), KFC (OR:1.61; CI:1.24, 2.09) and Subway (OR:1.73; CI:1.34, 2.24) were highest when exposed to general fast food marketing  $\geq$ 2x/week compared to never. Preference for McDonald's (OR:2.32; CI:1.92, 2.79), KFC (OR:2.28; CI:1.95, 2.68) and Subway (OR:2.75; CI:2.32, 3.27) were also higher when exposed to marketing for each brand compared to not. Fast food intake was highest in Chile (IRR:1.90; CI:1.45, 2.48), the UK (IRR:1.40; CI:1.20, 1.63), Canada (IRR:1.32; CI:1.91, 1.48), Mexico (IRR:1.26; CI:1.05, 1.53) and the US (IRR:1.21; CI:1.05, 1.41) when exposed to general fast food marketing  $\geq$ 2x/week compared to never and was higher

across most countries when exposed to brand-specific marketing compared to not. Respondents classified as ethnic minorities were more likely to report consuming fast food than ethnic majorities, and females were less likely to report consuming fast food than males.

#### Conclusions

Exposure to fast food marketing is consistently and positively associated with brand preferences and fast food intake in all six countries. Our results highlight the need for strict government regulation to reduce exposure of unhealthy food marketing to youth in all six countries.

### Introduction

The burden caused by noncommunicable diseases (NCDs) is on the rise globally. In 2019, 20% of adolescent deaths worldwide occurred as a result of NCDs and it has been estimated that 70% of premature deaths in adults are linked to behaviours that developed during childhood and adolescence.<sup>1</sup> Obesity and excess weight are modifiable precursors to NCDs that are an ongoing threat to health internationally.<sup>2</sup> Between 1975 and 2016, the prevalence of obesity and overweight amongst children and adolescents between the ages of 5 and 19 worldwide increased from 4–18%, alongside the intake of ultra-processed foods, high in sugar, saturated fats and sodium amongst youth.<sup>3,4</sup> In Canada, youth aged 2–18 years consume over 50% of their total daily energy from ultra-processed food, elevating short- and long-term risks to health, including excess weight and obesity, mortality, and the development of noncommunicable diseases.<sup>5,6</sup>

Fast food, defined as food that is easy for consumers to purchase, accounts for a large share of food consumed by youth. Data from Canada and the United States indicates that the daily consumption of fast food amongst youth is high and, on average, over 15% of daily calories come from such foods.<sup>7,8</sup> Unsurprisingly, due to the poor nutrient quality of fast food, intake of these foods and beverages is associated with poor dietary quality and weight gain, and may compromise nutrient requirements necessary for proper growth, increasing risk for nutrient deficiencies and issues with growth and development.<sup>9,10</sup>

The food environment has been recognized as a determinant of obesity and the marketing of unhealthy foods and beverages to children has been identified as a cause of poor diet and excess weight in youth.<sup>11–13</sup> Youth are valuable advertising targets for the food and beverage industry, as promoting sales in this highly impressionable age group may help to create life-long brand loyalty.<sup>14–17</sup> Youth are exposed to food and beverage marketing (herein referred to as food marketing) daily in a variety of media and settings, which have the power to influence consumption and future health outcomes.<sup>10–13,18–25</sup> Research from high-income countries found that the majority of advertisements on youth-oriented media promote unhealthy products and fast food in particular accounts for the largest exposure.<sup>19,23,26–32</sup> Expenditure data also shows that expenditures on youth-oriented advertising across all media is high and overall, the majority of advertising spend is devoted to unhealthy products, with fast food advertising dominating expenditures.<sup>22,33</sup> This emphasis on fast food marketing is notable as youth spend a lot of time viewing various media and hold autonomous buying power.<sup>14–17</sup>

In response to the ongoing concern caused by industry marketing practices and its negative impacts on youth health, in 2010, the World Health Organization recommended that its members develop restrictions to limit the marketing of foods high in sugars, fats, and sodium (HFSS) to children.<sup>34</sup> Globally, food marketing restrictions are either non-existent, self-regulated by the food and beverage and/or advertising industries or government regulated. With respect to the countries investigated in this study, Canada (excluding Quebec), Australia and the United States (US) have self-regulatory, voluntary initiatives by the food and beverage and advertising industries.<sup>35–38</sup> The United Kingdom (UK) and Chile have government regulations in place to restrict marketing of HFSS foods directed to youth under the age of 16 and 14, respectively, across most media.<sup>39,40</sup> Food marketing in Mexico is also government-regulated and television advertisements for unhealthy food to children under 13 when audiences are over 35% children during popular viewing times are restricted.<sup>41</sup>

The logic model of unhealthy food promotion effects predicts that preferences and consumption of unhealthy foods, in addition to awareness, attitudes, purchase intent, and purchase of unhealthy foods are all direct effects of food marketing exposure that eventually lead to long-term post consumption effects such as weight gain and diet-related disease.<sup>42</sup> Investigating the effects of exposure to unhealthy food marketing on the brand preferences and intake of youth is crucial in determining the extent to which unhealthy food marketing is influencing this population and to help inform policy. Currently, research evaluating the impact of unhealthy food marketing on preferences and intake of youth globally is limited, as the few studies identified do not investigate more than one country, are focused on exposure from a specific media channel (mostly television), use a wide variety of data collection methods, rely on data collected from parents, and/or have a narrow age range and small sample size.<sup>43–55</sup>

No previous studies have tested the association between youth's self-reported exposure to and preference for specific fast food brands, nor does any investigate fast food marketing exposure, fast food restaurant brand preferences and fast food intake in this population simultaneously. Given that fast food is the most marketed food category to youth across most media <sup>19,22,26,30,33</sup>, further investigation of its effects on youth is warranted. The purpose of this study was to examine the relationship between exposure to fast food marketing and the fast food brand preferences and intake of children and adolescents in six upper and middle income countries and to explore the relationship between sociodemographic characteristics and fast food preferences and intake.

## Methods

Data were from the 2019 International Food Policy Study (IFPS) Youth Survey, an annual repeat cross-sectional survey conducted in six countries; Australia, Canada, Chile, Mexico, UK and the US. Data were collected via self-completed web-based surveys conducted in November-December 2019 with youth aged 10–17 years. Respondents were recruited through parents/guardians enrolled in the Nielsen Consumer Insights Global Panel and their partners' panels and invitation links were sent to panelists within each country. Those who confirmed they had a child aged 10–17 living in their household were asked for permission for their child to complete the survey, with quotas for age and sex groups in the UK and US. After eligibility screening, all potential respondents were provided with information about the study and asked to provide assent. Surveys were conducted in English in Australia and the UK; Spanish in Chile and Mexico; English or French in Canada; and English or Spanish in the US. Members of the research team who were native speakers in each language reviewed the French and Spanish translations independently. Brand marketing exposure and preference were assessed for McDonalds, KFC and Subway as these brands are among the global leaders in fast food service and have chains in each of the 6 countries.<sup>56</sup> The median survey time was 24 minutes.<sup>57</sup>

The child's parent/guardian received remuneration in accordance with their panel's usual incentive structure (e.g., points-based or monetary rewards, etc.). A full description of the study methods can be found elsewhere.<sup>57</sup>

## Measures

# Independent Measures: Self-reported exposure to fast food marketing

Self-reported exposure to fast food marketing was assessed using two measures: general exposure to fast food marketing and exposure to brand-specific fast food marketing. First, general exposure to fast food marketing was assessed using the following measure for *"Ads for fast food from a restaurant": "In the last 30 days, how often did you see or hear advertisements for these kinds of food or drinks?"*. Respondents had the option of selecting: *"never", "less than once a week", "once a week", "a few times a week", "every day", "more than once a day", "don't know"* or *"refuse to answer"*. The 6-item Likert scale for general exposure to fast food marketing was recategorized into the following: *"never" ("never"), "i1x/week" ("less than once a week", "once a week", "every day", "more than once a day")*. Second, self-reported exposure to McDonald's, KFC and Subway marketing specifically, was assessed using the corresponding brand's logo displayed with the following measure: *"Have you seen an advertisement for this restaurant in the last 30 days?" ("yes", "no", "don't know"* or *"refuse to answer"*). For this measure, the sample was randomized to provide a response for only one of the three brands.

# Outcome Measures: Self-reported fast-food intake and fast food brand preference

Self-reported intake of fast food was assessed using the following measure: "*Think about the last 7 days. How many days did you have a meal (breakfast, lunch or dinner) from restaurants, fast food places, food stands, or vending machines? (Don't include meals at schools).*" Respondents had the option of selecting: a total number of days between 0–7, "*don't know*" or "*refuse to answer*". Self-reported preference for McDonald's, KFC and Subway specifically, was assessed using the corresponding brand's logo displayed with the following measure: "*How much would you like to go to this restaurant?*". Respondents had the option of selecting from a 7-item emoji-scale, as displayed in Fig. 1. "*Don't know*" and "*refuse to answer*" were also response options. The emoji-scale was recategorized into the following: "*not preferred*" (, , ), "*neutral*" (), "*preferred*" (, , ).

# Sociodemographic measures

The sociodemographic measures included in this study were the respondent's age, sex at birth, perceived income adequacy and ethnicity. Age was collected as a continuous variable. Sex at birth was collected as either *"male"* or *"female"*. Income adequacy was collected using the following measure: *"Does your family have enough money to pay for things your family needs?" ("not enough money", "barely enough money", "enough money", "more than enough money", "don't know"* or *"refuse to answer")*. Perceived income adequacy was recategorized into a binary variable for either *"enough money" ("enough money"* and *"more than enough money"*) or *"not enough money" ("not enough money"* and *"barely enough money"*). Ethnicity was assessed using census measures from each country and re-coded to either "majority" or "minority" to derive comparable measures across countries.

# Data Analysis

The analytic sample included 11,108 respondents. A sub-sample of 9,695 respondents were included in the current analysis after excluding those with missing and/or incomplete data on sociodemographic characteristics (i.e., "don't know", "refuse to answer" or left their answer selection blank), predictor variables and outcome variables (1,413 respondents; 12.7%). Data were weighted with post-stratification sample weights constructed using a raking algorithm with population estimates from the census in each country based on age group, sex, region in all countries, and ethnicity (except in Canada, where ethnicity wasn't considered in the sample weights). All estimates reported throughout are weighted. Statistical analyses were conducted using SAS Studio OnDemand for Academics (SAS Institute Inc., 2021).

Ordinal logistic or negative binomial regression models were used to model the associations as appropriate. Each model was adjusted for age, sex, perceived income adequacy and ethnicity, and an indicator variable for country was used to examine the associations within each country. Statistical significance for all models was set at an alpha level < 0.05, and significance was determined using a p-value < 0.05 or a 95% confidence interval. Two-way interactions terms were tested between country and each of the sociodemographic variables. Significant interactions were noted for the association between youth's self-reported general exposure to fast food brand-specific marketing and self-reported fast food intake (p < 0.05), and the association between youth's self-reported exposure to brand-specific marketing and self-reported fast food intake (p < 0.05). As such, since some significant interactions were found, all results were stratified by country.

## Results

Weighted sample characteristics of youth respondents aged 10-17 in all six countries are presented in Table 1. Proportional differences in sociodemographic characteristics were noted across all countries. Overall, there was a higher proportion of adolescents aged 13-17 in all countries, the US had a higher proportion of minority respondents than other countries, and Canada had a higher proportion of respondents who perceived their family to have enough money compared to the other countries. In terms of general exposure to fast food marketing, between 58-75% of respondents reported exposure  $\ge 2x/week$ , with the greatest exposure reported in Mexico (75.3% of respondents) and the least exposure reported in the UK (58.7%), whereas between 17-26% of respondents reported exposure  $\le 1x/week$  with the greatest exposure reported in the UK (26.4%) and the least exposure reported in the US (17.3%).

Table 1 Sample characteristics of youth aged $10-17$ in six countries (weighted) N = 9.695											
Disposition	Australia (n = 1,235)	Canada (n = 3,127)	Chile (n = 1,103)	Mexico (n = 1,501)	United Kingdom (n = 1,278)	United States (n = 1,455)					
Sex	51.3% (634)	50.7% (1585)	51.4%	50.4% (757)	51.3% (656)	52.1% (758)					
Male	48.7% (601)	49.3% (1541)	(507)	49.6% (744)	48.7% (622)	47.9% (697)					
Female			(536)								
Age	13.4 years	13.5 years	13.6 vears	13.5 years	13.4 years	13.5 years					
(mean; SE)	(SE = 0.07)	(SE = 0.04)	(SE =	(SE = 0.07)	(SE=0.06)	(SE = 0.06)					
			0.07)								
Age Group	39.3% (485)	37.0% (1156)	35.5%	36.6% (549)	36.9% (472)	36.3% (528)					
10-12 years	60.7% (750)	63.0% (1970)	64.5%	63.4% (952)	63.1% (806)	63.7% (928)					
13-17 years			(711)								
Ethnicity	75.9% (937)	73.7% (2306)	85.6%	77.9% (1169)	83.2% (1063)	67.9% (988)					
Majority	24.1% (298)	26.3% (821)	()++)	22.1% (331)	16.8% (215)	32.1% (468)					
Minority			(159)								
Perceived Income Adequacy	25.3% (313)	17.2% (537)	29.8%	27.9% (418)	26.8% (342)	29.4% (428)					
Not enough money	74.7% (923)	82.8% (2590)	(323) 70.2%	72.1% (1082)	73.2% (936)	70.6%					
Enough money			(774)			(1027)					
Self-reported exposure to fast food marketing (30 days)	13.4% (165)	9.1% (286)	7.8%	4.3% (65)	14.9% (191)	7.5% (109)					
Never	21.5% (266)	21.7% (679)	23.6%	20.3% (305)	26.4% (337)	17.3% (252)					
< 1x/week	65.1% (804)	69.1% (2161)	(260)	75.3% (1130)	58.7% (750)	75.2%					
$\geq 2x/week$			68.6% (757)			(1004)					
Self-reported exposure to	77 8% (961)	78 9% (2468)	78.0%	84.0% (1260)	66.0% (843)	82.9%					
McDonald's marketing (past 30 days)	22 2% (274)	21 1% (659)	(860)	16.0% (241)	34.0% (435)	(1207)					
Yes	22.2.0 (27.1)	2111/3 (000)	22.0% (243)	10.070 (211)	0 1.0% (100)	17.1% (249)					
No			(210)								
Self-reported exposure to	47.5% (587)	68.8% (2152)	49.2%	61.9% (929)	34.2% (437)	70.1%					
Subway marketing (past 30 days)	52 5% (648)	31 2% (974)	(543)	38 1% (571)	65.8% (842)	(1020)					
Yes	021010 (010)		50.8% (560)		001010 (012)	29.9% (435)					
No			()								
Self-reported exposure to KFC	65.6% (810)	48.4% (1512)	62.6%	83.9% (1259)	44.4% (567)	64.3% (936)					
marketing (past 30 days)	<b>0 days)</b> 34.4% (425) 51.6%		(690)	16.1% (241)	55.6% (711)	35.7% (520)					
Yes	5		37.4% (412)			501.10 (020)					
No	(41										

Disposition		Australia (n = Canada (n = 3,127 1,235)		,127)	Chile (n = 1,103)	Mexico (n = 1,	501)	United Kingdon = 1,278)	m (n	United States (n = 1,455)		
Sex		51.3% (	(634)	50.7% (	(1585)		51.4%	50.4% (757)		51.3% (656)		52.1% (758)
Male		48.7% (	(601)	49.3% (	(1541)		(007)	49.6% (744)		48.7% (622)		47.9% (697)
Female							48.0% (536)					
Age		13.4 ye	ars	13.5 ye	ars		13.6	13.5 years		13.4 years		13.5 years
(mean; SE)		(SE = 0.	.07)	(SE = 0.	.04)		years (SE = 0.07)	(SE = 0.07)		(SE = 0.06)		(SE = 0.06)
Self-reported frequency	of	14.4% (	(178)	15.9% (	(498)		28.7%	12.0% (180)		19.5% (250)		9.8% (143)
restaurants, fast food pl	er from aces,	29.4% (	(363)	29.6% (	(925)		(317)	21.5% (323)		29.9% (383)		17.0% (247)
food stands, or vending machines (7 days)		27.3% (	(337)	25.4% (	(795)		27.6% (304)	24.8% (372)		21.5% (274)		25.4% (370)
0 days (not at all)		14.6% (	(181)	13.5% (	(423)		18.3%	20.3% (304)		11.8% (151)		19.8% (288)
1 day		5.1% (6	3)	6.2% (1	93)		(202)	6.3% (94)		5.0% (64)		11.0% (159)
2 days		3.6% (4	4)	5.9% (1	84)		11.8% (130)	7.2% (108)		6.8% (87)		9.3% (135)
3 days		1.0% (1	2)	0.7% (2	23)		4.0%	1.5% (23)		0.6% (8)		1.3% (19)
4 days		4.6% (5	57)	2.7% (8	35)		(44)	6.4% (96)		4.8% (61)		6.4% (94)
5 days							2.7% (30)					
6 days							0.7%					
7 days (every day)							(8)					
							6.2% (68)					
Disposition	Australia 395/1,23	(n = 5)	<b>Canada</b> 1076/3	i (n = ,127)	Chile	(n = <b>358</b> /1	,103)	<b>Mexico</b> (n = <b>508</b> /1,501)	<b>Uni</b> (n =	ted Kingdom 418/1,278)	Unite 492/	<b>d States</b> (n = 1,455
Self-reported	14.7% (5	8)	16.4% (	176)	26.5%	% (95)		19.5% (99)	11.1	7% (49)	10.4%	% (51)
McDonald's	11.1% (4	4)	12.4% (	133)	14.5%	% (52)		13.6% (69)	11.	7% (49)	12.8%	% (63)
	74.2% (2	93)	71.3% (	767)	58.9%	% (211)		66.9% (340)	76.	5% (320)	76.8%	% (378)
Not preferred (,,)												
Neutral ()												
Preferred (,,)												
Disposition	Australia 426/1,23	(n = 5)	<b>Canada</b> 1025/3	a (n = ,127)		<b>Chile</b> (n = <b>359</b> /1,103	3)	<b>Mexico</b> (n = <b>499</b> /1,501)	United King 442/1,278)	<b>dom</b> (n =	Unite 474/	<b>d States</b> (n = 1,455)
Self-reported	13.4% (5	7)	8.6% (8	8)		17.5% (63	)	17.6% (88)	14.3% (63)		8.6%	(41)
Subway	20.0% (8	5)	13.8% (	141)		23.7% (85	i)	18.8% (94)	17.4% (77)		10.1%	% (48)
	66.7% (2	84)	77.7% (	796)		58.8% (21	1)	63.5% (317)	68.3% (302)	)	81.2%	% (385)
Not preferred (,,)												
Neutral ()												
Preferred (,,)												
Disposition	<b>Australia</b> 414/1,23	(n = 5)	<b>Canada</b> 1027/3	a (n = ,127)		<b>Chile</b> (n = <b>386</b> /1,103	3)	<b>Mexico</b> (n = <b>494</b> /1,501)	United King 420/1,278)	<b>dom</b> (n =	Unite 490/	<b>d States</b> (n = 1,455)
Self-reported	11.8% (4	9)	33.4% (	343)		24.6% (95	)	11.3% (56)	19.5% (82)		14.9%	% (73)
Preference IOI NFC	14.3% (5	9)	19.6% (	201)		18.1% (70	)	13.6% (67)	14.5% (61)		17.6%	% (86)
Not preferred (,,)	73.9% (3	06)	47.0% (	483)		57.3% (22	1)	75.1% (371)	66.0% (277)	1	67.6%	% (331)
Neutral ()												
Preferred (,,)												

# Association between youth's self-reported general exposure to fast food marketing and fast food brand preference

# General exposure to fast food marketing and preference for McDonald's

Overall, the odds of preferring McDonald's were significantly higher in the UK and the US and significantly lower in Mexico and Chile compared to Canada (Table 2). In terms of general exposure to fast food marketing, overall, respondents reportedly preferred McDonald's most when exposed to general fast food marketing  $\geq$  2x/week (*OR*:1.97; *Ct*: 1.52, 2.56) and  $\leq$  1x/week (*OR*:1.57; *Ct*: 1.17, 2.10) compared to never being exposed to this marketing. Additionally, the odds of preferring McDonald's decreased with increasing age.

Table 2

Overall odds ratio estimates from sep between general exposure to fast for	oarate p od mark yo	roportional odds eting and prefer outh in six count	s regress ence for tries	sion models exa McDonald's, KF	mining C and S	the association Subway among
	McDo	nald's	KFC		Subwa	ay
Parameter	OR	(95% CI)	OR	(95% CI)	OR	(95% Cl)
Country						
Canada	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]
Chile	0.54	(0.42, 0.71)*	1.51	(1.19, 1.93)*	0.42	(0.32, 0.55)*
Mexico	0.75	(0.58, 0.99)*	3.49	(2.63, 4.63)*	0.48	(0.37, 0.62)*
United States	1.33	(1.01, 1.73)*	2.41	(1.89, 1.93)*	1.20	(0.90, 1.61)
United Kingdom	1.38	(1.04, 1.83)*	2.22	(1.72, 2.87)*	0.64	(0.49, 0.83)*
Australia	1.14	(0.87, 1.51)	3.39	(2.61, 4.39)*	0.60	(0.46, 0.77)*
Age	0.89	(0.85, 0.92)*	0.94	(0.91, 0.97)*	1.02	(0.99, 1.06)
Sex						
Male	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]
Female	0.95	(0.80, 1.12)	0.72	(0.62, 0.84)*	1.06	(0.90, 1.25)
Ethnicity						
Majority	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]
Minority	0.98	(0.79, 1.22)	1.16	(0.95, 1.43)	0.98	(0.79, 1.22)
Income Adequacy						
Not enough money	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]
Enough money	0.82	(0.67, 1.01)	1.02	(0.85, 1.23)	1.11	(0.92, 1.35)
General Exposure to FF Marketing						
Never	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]
$\geq 2x/week$	1.97	(1.52, 2.56)*	1.61	(1.24, 2.09)*	1.73	(1.34, 2.24)*
$\leq 1x$ /week	1.57	(1.17, 2.10)*	1.54	(1.15, 2.07)*	1.46	(1.09, 1.97)*
* Indicates significant test at an alp	ha level	of 0.05				
OR: odds ratio						
Cl: confidence interval						
ref: reference						
FF: fast food						

By country, the odds of preferring McDonald's when exposed to general fast food marketing  $\geq 2x$ /week compared to never being exposed in a week were greatest in the US, followed by the UK, Canada and Australia (Table 3). When exposed to general fast food marketing  $\leq 1x$ /week, the odds of preferring McDonald's in the US was 2.78 times greater (*Cl*: 1.17, 6.64) compared to not being exposed at all in a week.

Table 3

Odds ratio estimates from se	parate p food m	roportional o	rtional odds regression models stratified by country examining the association between general exposu ing and preference for McDonald's, KFC and Subway among youth in six countries								exposur	e to fast	
	Canad	la	Austra	alia	United	l Kingdom	Unite	ed State	S	Mexic	:0	Chile	
Parameter	OR	(95% Cl)	OR	(95% Cl)	OR	(95% Cl)	OR		(95% Cl)	OR	(95% Cl)	OR	(95% CI)
	Gener	al Exposure t	o Fast F	ood Marketir	ng and P	reference for	McDo	nald's					
Age	0.87	(0.82, 0.93)*	0.89	(0.80, 0.99)*	0.90	(0.80, 1.02)	0.88		(0.79, 0.98)*	0.92	(0.83, 1.11)	0.89	(0.80, 0.98)*
Sex													
Male	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]		[ref]	[ref]	[ref]	[ref]	[ref]
Female	0.91	(0.69, 1.20)	0.65	(0.39, 1.07)	0.97	(0.59, 1.59)	1.06		(0.67, 1.68)	1.19	(0.75, 1.88)	0.86	(0.55, 1.34)
Ethnicity													
Majority	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]		[ref]	[ref]	[ref]	[ref]	[ref]
Minority	0.83	(0.60, 1.13)	1.08	(0.57, 2.06)	0.63	(0.29, 1.36)	1.35		(0.84, 2.19)	1.12	(0.58, 2.17)	1.22	(0.62, 2.40)
Income Adequacy													
Not enough money	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]		[ref]	[ref]	[ref]	[ref]	[ref]
Enough money	0.84	(0.57, 1.26)	0.84	(0.49, 1.44)	0.94	(0.54, 1.66)	0.68		(0.40, 1.16)	1.01	(0.62, 1.66)	0.67	(0.40, 1.11)
General Exposure to FF Marketing													
Never	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]		[ref]	[ref]	[ref]	[ref]	[ref]
$\geq 2x/week$	2.02	(1.30, 3.15)*	2.02	(1.06, 3.86)*	2.20	(1.16, 4.18)*	2.28		(1.10, 4.71)*	1.24	(0.39, 3.89)	1.68	(0.72, 3.89)
$\leq 1x$ /week	1.39	(0.85, 2.30)	1.19	(0.54, 2.60)	1.50	(0.75, 3.00)	2.78		(1.17, 6.64)*	1.22	(0.37, 4.04)	1.48	(0.60, 3.66)
	Gener	al Exposure to	o Fast F	ood Marketir	ng and P	reference for	KFC						
Age	0.89	(0.84, 0.94)*	0.99	(0.90, 1.10)	0.98	(0.87, 1.09	)	1.01	(0.92, 1.11)	0.99	(0.88, 1.11)	0.93	(0.85, 1.02)
Sex													
Male	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]		[ref]	[ref]	[ref]	[ref]	[ref]	[ref]
Female	0.55	(0.44, 0.71)*	0.51	(0.32, 0.83)*	0.95	(0.61, 1.49	)	0.95	(0.62, 1.45)	0.91	(0.55, 1.51)	0.88	(0.57, 1.35)
Ethnicity													
Majority	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]		[ref]	[ref]	[ref]	[ref]	[ref]	[ref]
Minority	1.37	(1.03, 1.83)*	0.96	(0.50, 1.85)	1.08	(0.52, 2.26	)	1.23	(0.79, 1.89)	0.61	(0.31, 1.19)	1.51	(0.76, 3.02)
Income Adequacy													
Not enough money	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]		[ref]	[ref]	[ref]	[ref]	[ref]	[ref]
Enough money	0.78	(0.57, 1.07)	0.90	(0.52, 1.55)	0.97	(0.60, 1.56	)	1.44	(0.91, 2.30)	1.47	(0.85, 2.54)	1.13	(0.71, 1.79)
General Exposure to FF Marketing													
Never	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]		[ref]	[ref]	[ref]	[ref]	[ref]	[ref]
* Indicates significant test at	an alpha	a level of 0.05	5										
OR: odds ratio													
CI: confidence interval													
ref: reference													
FF: fast food													

	Canao	da	Austra	alia	United	l Kingdom	Unite	ed State	S	Mexic	:0	Chile	
Parameter	OR	(95% Cl)	OR	(95% Cl)	OR	(95% Cl)	OR		(95% Cl)	OR	(95% CI)	OR	(95% Cl)
	Gener	ral Exposure t	o Fast F	ood Marketin	ng and P	reference for	McDoi	nald's					
$\geq$ 2x/week	1.33	(0.88, 2.01)	2.15	(1.13, 4.06)*	1.99	(1.04, 3.78)	*	0.95	(0.42, 2.14)	1.53	(0.52, 4.56)	2.34	(1.01, 5.44)*
$\leq 1x/week$	1.38	(0.87, 2.19)	2.81	(1.23, 6.41)*	1.60	(0.80, 3.21)		0.94	(0.37, 2.39)	1.33	(0.41, 4.36)	1.69	(0.67, 4.26)
	Gener	al Exposure t	o Fast F	ood Marketin	ig and P	reference for	Subwa	ау					
Age	0.99	(0.92, 1.06)	1.10	(1.00, 1.22)	0.99	(0.90, 1.09)		1.04	(0.93, 1.17)	1.05	(0.95, 1.15)	1.03	(0.93, 1.13)
Sex													
Male	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]		[ref]	[ref]	[ref]	[ref]	[ref]	[ref]
Female	0.95	(0.70, 1.29)	1.12	(0.73, 1.74)	1.57	(1.02, 2.41)	*	0.96	(0.58, 1.58)	1.03	(0.68, 1.56)	1.01	(0.64, 1.58)
Ethnicity													
Majority	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]		[ref]	[ref]	[ref]	[ref]	[ref]	[ref]
Minority	0.90	(0.64, 1.27)	0.97	(0.54, 1.72)	1.95	(0.92, 4.15)		0.78	(0.46, 1.30)	0.98	(0.52, 1.84)	0.97	(0.47, 1.99)
Income Adequacy													
Not enough money	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]		[ref]	[ref]	[ref]	[ref]	[ref]	[ref]
Enough money	1.01	(0.69, 1.49)	0.88	(0.53, 1.47)	0.79	(0.48, 1.31)		0.99	(0.58, 1.71)	1.38	(0.86, 2.22)	1.93	(1.20, 3.11)*
General Exposure to FF Marketing													
Never	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]		[ref]	[ref]	[ref]	[ref]	[ref]	[ref]
≥ 2x/week	1.25	(0.75, 2.07)	1.84	(0.97, 3.49)	1.99	(1.10, 3.61)	*	1.88	(0.77, 4.58)	2.80	(1.33, 5.91)*	1.57	(0.74, 3.33)
$\leq 1x/week$	1.10	(0.62, 1.96)	1.23	(0.60, 2.50)	1.43	(0.74, 2.79)		1.32	(0.45, 3.81)	2.48	(1.06, 5.82)*	2.02	(0.88, 4.64)
* Indicates significant test at	an alpha	a level of 0.05	5										
OR: odds ratio													
Cl: confidence interval													
ref: reference													
FF: fast food													

# General exposure to fast food marketing and preference for KFC

Compared to Canada, overall, respondents from all countries were more likely to prefer KFC more, with the odds being highest in Mexico, followed by Australia, the US, the UK, and Chile (Table 2). Females were also less likely to prefer KFC than males by a factor of 0.72 (*Ct.* 0.62, 0.84). In terms of general exposure to fast food marketing, the likelihood of preferring KFC was highest when respondents reportedly viewed this type of marketing  $\geq$  2x/week (*OR*.1.61; *Ct*.1.24, 2.09) and  $\leq$  1x/week (*OR*.1.54; *Ct*.1.15, 2.07) compared to not at all.

By country, the odds of preferring KFC when exposed to general fast food marketing  $\ge 2x$ /week compared to not being exposed to this marketing at all were highest in Chile, followed by Australia and the UK (Table 3). In addition, the odds of preferring KFC in Australia were 2.81 times greater when exposed to general fast food marketing  $\le 1x$ /week compared to not being exposed at all in a week. In terms of sociodemographic characteristics, female respondents in Australia and Canada had a significantly lower preference for KFC compared to males, and in Canada, individuals who identified as a minority ethnicity preferred KFC significantly more than those who identified as a majority ethnicity.

# General exposure to fast food marketing and preference for Subway

Overall, compared to Canada, the likelihood of preferring Subway was significantly lower in most countries, with the lowest odds in Chile, followed by Mexico, Australia and the UK (Table 2). When respondents were exposed to general fast food marketing, the odds of preferring Subway was highest when exposed  $\geq 2x$ /week (*OR*:1.73; *Cl*:1.34, 2.24) and  $\leq 1x$ /week (*OR*:1.46; *Cl*:1.09, 1.97) compared to not being exposed at all.

By country, in Mexico and the UK, the odds of preferring Subway were 2.8 times (Ct.1.33, 5.91) and 1.99 times greater (Ct.1.10, 3.61), respectively, when exposed to general fast food marketing  $\geq$  2x/week compared to never being exposed to this marketing in a week (Table 3). In Mexico, the odds of preferring Subway were 2.48 times greater (Ct.1.06, 5.82) when exposed to general fast food marketing  $\leq 1x$ /week as opposed to not being exposed at all. With respect to sociodemographic characteristics, in the UK, females were 1.57 times more likely (Ct.1.02, 2.41) to prefer Subway than males, and in Chile, those who reported perceiving their family to have enough money were 1.93 times more likely (Ct.1.20, 3.11) to prefer Subway than those who perceived their family to not have enough money.

### Association between youth's self-reported exposure to McDonald's, Subway and KFC marketing and respective fast food brand preference Exposure to McDonald's marketing and preference for McDonald's

In all countries, more respondents reported being exposed to McDonald's marketing than not (Table 1). Mexico had the greatest number of exposed respondents (84% of respondents), and the UK had the smallest number of exposed respondents (66%).

Similar to the models above, overall, the odds of preferring McDonald's were significantly higher in the UK and the US and significantly lower in Chile and Mexico compared to Canada (Table 4). When exposed to McDonald's marketing, the odds of respondents preferring McDonald's were 2.32 times higher (Ct.1.92, 2.79), compared to not being exposed. In terms of age, preference for McDonald's decreased with increasing age.

	McDonald's I Preference for	Marketing Exposure and or McDonald's	KFC Mark Preferenc	eting Exposure and the for KFC	Subway Ma Preference	arketing Exposure and for Subway
Parameter	OR	(95% Cl)	OR	(95% CI)	OR	(95% Cl)
Country						
Canada	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]
Chile	0.55	(0.42, 0.71)*	1.40	(1.09, 1.79)*	0.48	(0.36, 0.62)*
Mexico	0.76	(0.58, 0.99)*	2.71	(2.03, 3.62)*	0.53	(0.41, 0.69)*
United States	1.34	(1.02, 1.75)*	2.23	(1.74, 2.87)*	1.24	(0.93, 1.65)
United Kingdom	1.46	(1.10, 1.95)*	2.34	(1.81, 3.04)*	0.87	(0.67, 1.14)
Australia	1.09	(0.83, 1.44)	3.06	(2.36, 3.98)*	0.74	(0.57, 0.97)*
Age	0.89	(0.86, 0.93)*	0.94	(0.91, 0.97)	1.03	(0.99, 1.06)
Sex						
Male	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]
Female	0.96	(0.81, 1.13)	0.73	(0.62, 0.85)*	1.03	(0.87, 1.21)
Ethnicity						
Majority	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]
Minority	0.98	(0.79, 1.22)	1.13	(0.91, 1.39)	0.95	(0.77, 1.18)
Income Adequacy						
Not enough money	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]
Enough money	0.84	(0.68, 1.03)	1.02	(0.84, 1.23)	1.09	(0.90, 1.32)
Marketing Exposure to respective brand						
Not exposed	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]
Exposed	2.32	(1.92, 2.79)*	2.28	(1.95, 2.68)*	2.75	(2.32, 3.27)*
* Indicates significant test at	t an alpha level	of 0.05				
OR: odds ratio						
Cl: confidence interval						
ref: reference						

Querell adda ratio actimates from concrete proportional adda regression dale examining the acceptation between expective to McDonald's KEC and

Table 4

By country, the odds of preferring McDonald's were greater when exposed to McDonald's marketing as opposed to not being exposed, with the highest odds being in Chile, followed by Australia, Mexico, the US, Canada and the UK. (Table 5).

Table 5

Odds ratio estimates from separate proportional odds regression models stratified by country examining the association between exposure to McDonald's, KFC and Subway marketing and preference for McDonald's, KFC and Subway, respectively, among youth in six countries

	Canad	da	Austra	alia	United	d Kingdom	United	States	Mexic	ò	Chile	
Parameter	OR	(95% CI)	OR	(95% CI)	OR	(95% Cl)	OR	(95% Cl)	OR	(95% CI)	OR	(95% Cl)
	Expos	sure to McDoi	nald's Ma	arketing and F	Preferenc	e for McDon	ald's					
Age	0.88	(0.83, 0.93)*	0.89	(0.80, 1.00)	0.91	(0.81, 1.03)	0.88	(0.79, 0.99)*	0.92	(0.83, 1.03)	0.90	(0.82, 1.00)
Sex												
Male	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]
Female	0.95	(0.72, 1.25)	0.69	(0.42, 1.12)	0.95	(0.58, 1.54)	1.13	(0.71, 1.80)	1.19	(0.75, 1.89)	0.81	(0.52, 1.28)
Ethnicity												
Majority	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]
Minority	0.85	(0.62, 1.18)	1.03	(0.54, 1.99)	0.62	(0.29, 1.34)	1.38	(0.85, 2.25)	1.02	(0.53, 1.97)	1.26	(0.66, 2.41)
Income Adequacy												
Not enough money	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]
Enough money	0.84	(0.57, 1.26)	0.86	(0.50, 1.48)	0.95	(0.54, 1.68)	0.70	(0.41, 1.20)	1.06	(0.64, 1.74)	0.64	(0.38, 1.08)
McDonald's Marketing Exposure												
Not Exposed	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]
Exposed	2.08	(1.52, 2.85)*	2.87	(1.66, 4.95)*	2.08	(1.27, 3.40)*	2.12	(1.27, 3.53)*	2.28	(1.33, 3.91)*	3.22	(1.87, 5.52)*
	Expos	sure to KFC M	arketing	and Preferen	ce for KF	C						
Age	0.88	(0.83, 0.93)*	0.97	(0.88, 1.08)	0.97	(0.87, 1.08)	1.01	(0.92, 1.11)	1.00	(0.90, 1.12)	0.93	(0.85, 1.03)
Sex												
Male	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]
Female	0.57	(0.44, 0.72)*	0.48	(0.30, 0.77)*	0.99	(0.64, 1.56)	0.97	(0.63, 1.48)	0.87	(0.53, 1.45)	0.94	(0.61, 1.43)
Ethnicity												
Majority	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]
Minority	1.32	(0.99, 1.78)	0.94	(0.49, 1.77)	1.05	(0.49, 2.22)	1.22	(0.78, 1.89)	0.59	(0.30, 1.16)	1.44	(0.73, 2.89)
Income Adequacy												
Not enough money	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]
Enough money	0.73	(0.53, 1.00)	0.96	(0.56, 1.63)	0.96	(0.59, 1.57)	1.35	(0.85, 2.16)	1.43	(0.83, 2.48)	1.19	(0.75, 1.90)
KFC Marketing Exposure												
Not Exposed	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]
Exposed	2.80	(2.18, 3.59)*	2.59	(1.60, 4.20)*	2.35	(1.46, 3.79)*	1.87	(1.20, 2.90)*	2.02	(1.09, 3.74)*	1.64	(1.07, 2.52)*
	Expos	sure to Subwa	y Marke	ting and Prefe	erence fo	or Subway						

\* Indicates significant test at an alpha level of 0.05

OR: odds ratio

CI: confidence interval

ref: reference

	Canad	da	Austra	alia	United	l Kingdom	United	States	Mexic	0	Chile	
Parameter	OR	(95% Cl)	OR	(95% CI)	OR	(95% Cl)	OR	(95% Cl)	OR	(95% CI)	OR	(95% CI)
	Expos	sure to McDon	ald's Ma	arketing and P	referenc	e for McDona	ald's					
Age	0.99	(0.93, 1.06)	1.11	(1.00, 1.22)	0.99	(0.90, 1.09)	0.99	(0.88, 1.11)	1.07	(0.97, 1.17)	1.01	(0.92, 1.12)
Sex												
Male	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]
Female	0.95	(0.70, 1.29)	1.11	(0.72, 1.72)	1.53	(0.99, 2.37)	0.97	(0.59, 1.59)	0.89	(0.58, 1.35)	0.95	(0.61, 1.48)
Ethnicity												
Majority	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]
Minority	0.88	(0.62, 1.24)	0.90	(0.51, 1.60)	1.95	(0.91, 4.19)	0.77	(0.46, 1.30)	0.83	(0.45, 1.53)	1.06	(0.53, 2.14)
Income Adequacy												
Not enough money	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]
Enough money	1.03	(0.70, 1.52)	0.86	(0.52, 1.43)	0.78	(0.47, 1.30)	0.96	(0.56, 1.66)	1.34	(0.83, 2.15)	1.76	(1.08, 2.88)*
Subway Marketing Exposure												
Not Exposed	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]
Exposed	2.26	(1.65, 3.10)*	2.64	(1.67, 4.18)*	3.44	(2.07, 5.72)*	4.20	(2.49, 7.06)*	2.66	(1.75, 4.02)*	2.78	(1.76, 4.38)*
* Indicates significant test at a	an alpha	a level of 0.05										
OR: odds ratio												
CI: confidence interval												
ref: reference												

# Exposure to KFC marketing and preference for KFC

In most countries, more respondents reported being exposed to KFC marketing than not (Table 1). Mexico had the greatest number of exposed respondents (83.9% of respondents), and the UK had the smallest number of exposed respondents (44.4%). Both the UK and Canada had more respondents who reported not being exposed to KFC marketing than being exposed (55.6% and 51.6%, respectively).

Similar to the previous models, compared to Canada, the odds of preferring KFC were significantly higher in all countries, with the highest odds of preference being in Australia, followed by Mexico, the UK, the US and Chile (Table 4). In terms of sex, females were less likely to prefer KFC than males. When reportedly viewing KFC marketing compared to not, the odds of preferring KFC were higher by a factor of 2.28 (*Cl*: 1.95, 2.68).

By country, the odds of preferring KFC was higher in all countries when exposed to KFC marketing compared to not being exposed, with the greatest odds of preference in Canada, followed by Australia, the UK, Mexico, the US and Chile (Table 5). Females reportedly preferred KFC significantly less than males in Australia and Canada.

# Exposure to Subway marketing and preference for Subway

In the US, Canada and Mexico, more respondents reported being exposed to Subway marketing than not (70.1%, 68.8% and 61.9%, respectively) (Table 1). In the UK, Australia and Chile, more respondents reported not being exposed to Subway marketing than being exposed (65.8%, 52.5% and 50.8%, respectively).

Overall, the odds of preferring Subway were significantly lower in Chile, Mexico and Australia compared to Canada (Table 4). Additionally, respondents who reported being exposed to Subway marketing were significantly more likely to prefer Subway compared to those who were not exposed to this marketing (*OR*:2.75; *Ct*:2.32, 3.27).

By country, the odds of preferring Subway in all countries was greater when exposed to Subway marketing compared to not being exposed, with the highest odds in the US, followed by the UK, Chile, Mexico, Australia and Canada (Table 5). In Chile, those who perceived their families to have enough money were more likely to prefer Subway than those who did not.

# Association between youth's self-reported general exposure to fast food marketing and fast food intake

In most countries, the odds of fast food intake were highest when exposed to general fast food marketing  $\geq 2x$ /week compared to reportedly never being exposed, with the highest odds being in Chile, followed by the UK, Canada, Mexico and the US (Table 6). The odds of reportedly consuming fast food were also higher in the UK and Canada when exposed to general fast food marketing  $\leq$  1x/week as opposed to never. In terms of sociodemographic variables, in four countries, the odds of reported intake were significantly lower for females than males. Additionally, in almost all countries, the odds of reported fast food intake were significantly higher for those who identified as a minority compared to those who identified as a majority.

Table 6	
---------	--

Γ

Wald chi-square and contrast estimates (incidence rate ratios) from separate negative binomial regression models stratified by country examining the
association between exposure to general fast food marketing and fast food intake among youth in six countries

	General exposure to fast food marketing and fast food intake											
	Canada		Australia		United King	gdom	United Stat	tes	Mexico		Chile	
Parameter	Wald χ <sup>2</sup> (p)	IRR (95% CI)	Wald χ <sup>2</sup> <i>(p)</i>	IRR <i>(95% Cl)</i>	Wald χ² <i>(p)</i>	IRR (95% Cl)	Wald χ <sup>2</sup> (p)	IRR (95% Cl)	Wald χ² (p)	IRR (95% Cl)	Wald χ <sup>2</sup> (p)	IRR (95% CI)
Intercept	<b>2.85</b> (0.0913)		<b>1.56</b> (0.2111)		<b>0.10</b> (0.7575)		<b>0.2686</b> (0.0410)*		<b>0.01</b> (0.9196)		<b>11.64</b> <i>(0.0006)*</i>	
Age	<b>56.13</b> (< 0.0001)*		<b>16.96</b> (< 0.0001)*		<b>13.93</b> <i>(0.0002)*</i>		<b>0.0325</b> (< 0.0001)*		<b>21.52</b> (< 0.0001)*		<b>17.88</b> (< 0.0001)*	
Sex												
Male	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]
Female	<b>11.92</b> <i>(0.0006)*</i>	<b>0.90</b> (0.85, 0.96)*	<b>15.43</b> (< 0.0001)*	<b>0.83</b> (0.76, 0.91)*	<b>18.85</b> (< 0.0001)*	<b>0.81</b> (0.73, 0.89)*	<b>0.13</b> <i>(0.7200)</i>	<b>0.99</b> (0.92, 1.06)	<b>1.19</b> <i>(0.2762)</i>	<b>0.96</b> (0.90, 1.03)	<b>5.62</b> (0.0178)*	<b>0.86</b> (0.76, 0.97)*
Ethnicity												
Majority	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]
Minority	<b>17.79</b> (< 0.0001)*	1.15	<b>5.89</b> (0.0152)*	1.15	<b>10.30</b> (0.0013)*	1.26	<b>5.32</b> (0.0210)*	1.09	<b>20.39</b> (< 0.0001)*	1.23	<b>2.34</b> (0.1264)	1.15
		(1.08, 1.22)*	(0.01-)	(1.03, 1.29)*	(0.000-2)	(1.09, 1.45)*	(0.02.2)	(1.01, 1.17)*		(1.13, 1.35)*	(0	(0.96, 1.37)
Income Adequacy												
Not enough	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]
money	0.45	0.07	o =7	1.04	0.05	<u> </u>	10 50	4	11 AC ( )	1 04	1 70	1 1 0
Enough	<b>0.65</b> (0.4214)	0.97	<b>0.57</b> (0.4506)	1.04 (0.94,	<b>2.05</b> (0.1525)*	0.93	<b>10.58</b> (0.0011)*	1.14	<b>44.46</b> (< 0.0001)*	1.31	<b>1.72</b> (0.1897)	1.10
money		(0.90, 1.05)		1.15j		(0.83, 1.03)		(1.03, 1.23)*		(1.21, 1.42)*		(0.96, 1.25)
General Exposure to FF Marketing												
Never	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]
≥2x/week	<b>25.62</b> (< 0.0001)*	<b>1.32</b> (1.19, 1.48)*	<b>0.31</b> <i>(0.5787)</i>	<b>0.97</b> (0.84, 1.10)	<b>19.13</b> (< 0.0001)*	<b>1.40</b> (1.20, 1.63)*	<b>6.80</b> (0.0091)*	<b>1.21</b> (1.05, 1.41)*	<b>5.99</b> (0.0144)*	<b>1.26</b> (1.05, 1.52)*	<b>21.61</b> (< 0.0001)*	<b>1.90</b> (1.45, 2.48)*
≤1x/week	<b>9.77</b>	1.21	<b>1.09</b>	0.92	<b>15.80</b> (<	1.40	<b>1.48</b>	1.11	<b>0.87</b>	1.10	<b>12.96</b>	1.70
	(0.0010)	(1.07, 1.37)*	(0.2501)	(0.78, 1.08)	0.0001)	(1.19, 1.65)*	(0.2232)	(0.94, 1.31)	(0.3313)	(0.90, 1.34)	(0.0003)	(1.27, 2.27)*
* Indicates signifi	cant test at a	n alpha le	vel of 0.05									
IRR: incidence rate	e ratio											
χ2: chi-square												
CI: confidence inte	erval											
ref: reference												
FF: fast food												

# Association between youth's self-reported exposure to McDonald's, KFC and Subway marketing and fast food intake

# Fast food intake and exposure to McDonald's marketing

In almost all countries, the odds of reported fast food intake were higher for those who were reportedly exposed to McDonald's marketing compared to those who were not exposed, with the highest odds being in Chile, followed by Canada, the UK, the US and Mexico (Table 7). With respect to sociodemographic characteristics, in four countries, the odds of reportedly consuming fast food were significantly lower for females than males. With regard to ethnicity, in almost all countries, the odds of reportedly eating fast food was significantly higher amongst those who identified as a minority in their country as opposed to a majority.

Table 7. Wald chi-square and contrast estimates (incidence rate ratios) from separate negative binomial regression models stratified by country examining the association between exposure to McDonald's, KFC and Subway marketing and fast food intake among youth in six countries

	Canada		Australia		United Kingo	dom	United State	S	Mexico		Chile	
Parameter	<b>Wald</b> χ <sup>2</sup> (p)	IRR (95%										
	McDonald's	marketing	g exposure and	d fast foo	d intake	CI)		CI)		CI)		CI)
Intercept	<b>2.37</b> (0.1239)		<b>1.14</b> (0.2851)		<b>0.17</b> (0.6772)		<b>5.50</b> (0.0190)*		<b>0.37</b> (0.5430)		<b>7.39</b> (0.0065)*	
Age	<b>61.06</b> (<0.0001)*		<b>17.59</b> (<0.0001)*		<b>15.71</b> (<0.0001)*		<b>18.93</b> (<0.0001)*		<b>23.45</b> (<0.0001)*		<b>20.05</b> (<0.0001)*	
Sov												
Male	[ref]	[ref]										
Female	11.26	0.91	15.15	0.83	18.88	0.81	0.08	0.99	1.00	0.97	4.41	0.88
	(0.0008)*	(0.86, 0.96)*	(<0.0001)*	(0.76, 0.91)*	(<0.0001)*	(0.73, 0.89)*	(0.7774)	(0.92, 1.06)	(0.3184)	(0.90, 1.03)	(0.0357)*	(0.78, 0.99)*
Ethnicity												
Majority	[ref]	[ref]										
Minority	<b>17.72</b> (<0.0001)*	1.15	<b>5.78</b> (0.0162)*	1.15	<b>10.43</b> (0.0012)*	1.26	<b>5.36</b> (0.0206)*	1.09	<b>21.04</b> (<0.0001)*	1.24	<b>1.84</b> (0.1747)	1.13
	(10.0001)	(1.08, 1.22)*	(0.0102)	(1.03, 1.29)*	(0.0072)	(1.10, 1.45)*	(0.0200)	(1.01, 1.17)*	(10.0001)	(1.13, 1.36)*	(0.17 17)	(0.95, 1.35)
Income Adequacy												
Not enough	[ref]	[ref]										
money												
Enough	0.64	0.97	0.48	1.04	2.39	0.92	10.93	1.14	<b>46.47</b>	1.32	1.88	1.10
money	(0.4240)	(0.90, 1.05)	(0.4905)	(0.94, 1.15)	(0.1224)	(0.83, 1.02)	(0.0009)*	(1.05, 1.23)*	(<0.0001)*	(1.22, 1.43)*	(0.1704)	(0.96, 1.26)
McDonald's Marketing Exposure												
Not exposed	[ref]	[ref]										
Exposed	<b>37.03</b>	1.26	<b>0.09</b>	0.98	<b>14.84</b>	1.23	<b>9.11</b>	1.16	<b>7.43</b>	1.14	<b>19.52</b>	1.43
	(<0.0001)*	(1.17, 1.35)*	(0.7009)	(0.88, 1.10)	(0.0001)*	(1.11, 1.36)*	(0.0023)*	(1.05, 1.28)*	(0.0004)*	(1.04, 1.26)*	(<0.0001)*	(1.22, 1.68)*

\* Indicates significant test at an alpha level of 0.05

Sex												
Male	[ref]	[ref]	[ref]		[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]
Female	<b>8.22</b> (0.0041)*	<b>0.92</b>	<b>15.52</b>	0.83	<b>17.79</b> (<0.0001)*	0.81	<b>0.05</b>	0.99	<b>1.06</b>	0.97	<b>3.91</b> (0.0480)*	0.88
	(0.0047)	0.97)*	(10.0001)	(0.76, 0.91)*	(10.0001)	(0.74, 0.90)*	(0.0101)	(0.93, 1.06)	(0.0000)	(0.90, 1.03)	(0.0400)	(0.78, 0.99)*
				0121)		0120)						0.227
Ethnicity												
Majority	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]
Minority	<b>10.57</b>	1.11	<b>5.25</b>	1.14	<b>8.79</b>	1.24	<b>5.17</b>	1.09	<b>20.92</b>	1.24	<b>1.80</b>	1.13
	(0.0012)	1.18)*	(0.0220)	(1.02, 1.28)*	(0.0000)	(1.07, 1.42)*	(0.022))	(1.01, 1.17)*	(10.0001)	(1.13, 1.35)*	(0.1794)	(0.95, 1.35)
Income Adequacy												
Not enough	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]
money												
Enough	0.44	0.98	0.66	1.04	2.60	0.92	9.12	1.13	46.07	1.32	2.29	1.11
money	(0.5084)	(0.91, 1.05)	(0.4166)	(0.94, 1.16)	(0.1070)	(0.82, 1.02)	(0.0025)*	(1.04, 1.22)*	(<0.0001)*	(1.22, 1.43)*	(0.1303)	(0.97, 1.27)
KFC Marketing Exposure												
Not exposed	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]
Exposed	<b>109.58</b> (<0.0001)*	<b>1.35</b> (1.28,	<b>2.51</b> (0.1130)	1.08	<b>26.84</b> (<0.0001)*	1.29	<b>28.06</b> (<0.0001)*	1.22	<b>4.89</b> (0.0270)*	1.11	<b>8.88</b> (0.0029)*	1.22
·	· /	`1.43)́*	. ,	(0.98, 1.19)	( )	(1.17, 1.42)*	( )	(1.13, 1.31)*	· /	(1.01, 1.23)*	. ,	(1.07, 1.39)*
	Subway marketing exposure and fast food intake											
Intercept	<b>0.22</b> (0.6409)		<b>0.48</b> (0.4906)		<b>0.54</b> (0.4637)		<b>0.54</b> (0.4637)		<b>0.76</b> <i>(0.3831)</i>		<b>0.76</b> (0.3831)	
•	50.04		17.10		45.04		45.04		04.00			
Age	<b>59.94</b> (<0.0001)*		1 <b>7.63</b> (<0.0001)*		1 <b>5.84</b> (<0.0001)*		1 <b>5.84</b> (<0.0001)*		21.28 (<0.0001)*		21.28 (<0.0001)*	
	· · ·		( /		· · ·		(<0.0001)		· · ·		(	
	. ,		( /		· /		(\0.0001)		. ,		(	
Sex							((0.0001)				(	
Sex Male	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]
Sex Male Female	[ref] 10.91 (0.0010)*	[ref] <b>0.91</b> (0.86,	[ref] 15.20 (<0.0001)*	[ref] 0.83	[ref] 17.65 (<0.0001)*	[ref] 0.81	[ref] 17.65 (<0.0001)*	[ref] 0.98	[ref] <b>1.79</b> (0.1808)	[ref] 0.96	[ref] <b>1.79</b> (0.1808)	[ref] 0.86
Sex Male Female	[ref] 10.91 (0.0010)*	[ref] <b>0.91</b> (0.86, 0.96)*	[ref] 15.20 (<0.0001)*	[ref] 0.83 (0.76, 0.91)*	[ref] 17.65 (<0.0001)*	[ref] 0.81 (0.74, 0.90)*	[ref] 17.65 (<0.0001)*	[ref] 0.98 (0.92, 1.05)	[ref] 1.79 (0.1808)	[ref] 0.96 (0.89, 1.02)	[ref] <b>1.79</b> (0.1808)	[ref] 0.86 (0.76, 0.97)*
Sex Male Female	[ref] 10.91 (0.0010)*	[ref] <b>0.91</b> (0.86, 0.96)*	[ref] 15.20 (<0.0001)*	[ref] 0.83 (0.76, 0.91)*	[ref] 17.65 (<0.0001)*	[ref] 0.81 (0.74, 0.90)*	[ref] 17.65 (<0.0001)*	[ref] <b>0.98</b> (0.92, 1.05)	[ref] 1.79 (0.1808)	[ref] 0.96 (0.89, 1.02)	[ref] <b>1.79</b> (0.1808)	[ref] <b>0.86</b> (0.76, 0.97)*
Sex Male Female	[ref] <b>10.91</b> (0.0010)*	[ref] <b>0.91</b> (0.86, 0.96)*	[ref] <b>15.20</b> (<0.0001)*	[ref] 0.83 (0.76, 0.91)*	[ref] <b>17.65</b> (<0.0001)*	[ref] <b>0.81</b> (0.74, 0.90)*	[ref] 17.65 (<0.0001)*	[ref] <b>0.98</b> (0.92, 1.05)	[ref] <b>1.79</b> (0.1808)	[ref] <b>0.96</b> (0.89, 1.02)	[ref] <b>1.79</b> (0.1808)	[ref] 0.86 (0.76, 0.97)*
Sex Male Female Ethnicity Majority	[ref] <b>10.91</b> (0.0010)* [ref]	[ref] <b>0.91</b> (0.86, 0.96)* [ref]	[ref] <b>15.20</b> (<0.0001)* [ref]	[ref] 0.83 (0.76, 0.91)*	[ref] <b>17.65</b> (<0.0001)* [ref]	[ref] <b>0.81</b> (0.74, 0.90)*	[ref] 17.65 (<0.0001)* [ref]	[ref] <b>0.98</b> (0.92, 1.05) [ref]	[ref] <b>1.79</b> (0.1808) [ref]	[ref] <b>0.96</b> (0.89, 1.02) [ref]	[ref] <b>1.79</b> (0.1808) [ref]	[ref] 0.86 (0.76, 0.97)*
Sex Male Female Ethnicity Majority Minority	[ref] <b>10.91</b> (0.0010)* [ref] <b>17.41</b> (<0.0001)*	[ref] 0.91 (0.86, 0.96)* [ref] 1.15 (1.08, 1.22)*	[ref] <b>15.20</b> (<0.0001)* [ref] <b>5.01</b> (0.0252)*	[ref] 0.83 (0.76, 0.91)* [ref] 1.14 (1.02, 1.28)*	[ref] <b>17.65</b> (<0.0001)* [ref] <b>9.68</b> (0.0019)*	[ref] <b>0.81</b> (0.74, 0.90)* [ref] <b>1.25</b> (1.09, 1.44)*	[ref] <b>17.65</b> (<0.0001)* [ref] <b>9.68</b> (0.0019)*	[ref] 0.98 (0.92, 1.05) [ref] 1.09 (1.01, 1.17)*	[ref] <b>1.79</b> (0.1808) [ref] <b>18.80</b> (<0.0001)*	[ref] 0.96 (0.89, 1.02) [ref] 1.22 (1.12, 1.34)*	[ref] <b>1.79</b> (0.1808) [ref] <b>18.80</b> (<0.0001)*	[ref] 0.86 (0.76, 0.97)* [ref] 1.12 (0.94, 1.24)
Sex Male Female Ethnicity Majority Minority	[ref] <b>10.91</b> (0.0010)* [ref] <b>17.41</b> (<0.0001)*	[ref] 0.91 (0.86, 0.96)* [ref] 1.15 (1.08, 1.22)*	[ref] <b>15.20</b> (<0.0001)* [ref] <b>5.01</b> (0.0252)*	[ref] 0.83 (0.76, 0.91)* [ref] 1.14 (1.02, 1.28)*	[ref] <b>17.65</b> (<0.0001)* [ref] <b>9.68</b> (0.0019)*	[ref] <b>0.81</b> (0.74, 0.90)* [ref] <b>1.25</b> (1.09, 1.44)*	[ref] <b>17.65</b> (<0.0001)* [ref] <b>9.68</b> (0.0019)*	[ref] 0.98 (0.92, 1.05) [ref] 1.09 (1.01, 1.17)*	[ref] 1.79 (0.1808) [ref] 18.80 (<0.0001)*	[ref] 0.96 (0.89, 1.02) [ref] 1.22 (1.12, 1.34)*	[ref] <b>1.79</b> (0.1808) [ref] <b>18.80</b> (<0.0001)*	[ref] 0.86 (0.76, 0.97)* [ref] 1.12 (0.94, 1.34)
Sex Male Female Ethnicity Majority Minority Income Adequacy	[ref] <b>10.91</b> (0.0010)* [ref] <b>17.41</b> (<0.0001)*	[ref] 0.91 (0.86, 0.96)* [ref] 1.15 (1.08, 1.22)*	[ref] <b>15.20</b> (<0.0001)* [ref] <b>5.01</b> (0.0252)*	[ref] <b>0.83</b> (0.76, 0.91)* [ref] <b>1.14</b> (1.02, 1.28)*	[ref] <b>17.65</b> (<0.0001)* [ref] <b>9.68</b> (0.0019)*	[ref] 0.81 (0.74, 0.90)* [ref] 1.25 (1.09, 1.44)*	[ref] <b>17.65</b> (<0.0001)* [ref] <b>9.68</b> (0.0019)*	[ref] 0.98 (0.92, 1.05) [ref] 1.09 (1.01, 1.17)*	[ref] 1.79 (0.1808) [ref] 18.80 (<0.0001)*	[ref] 0.96 (0.89, 1.02) [ref] 1.22 (1.12, 1.34)*	[ref] <b>1.79</b> (0.1808) [ref] <b>18.80</b> (<0.0001)*	[ref] 0.86 (0.76, 0.97)* [ref] 1.12 (0.94, 1.34)
Sex Male Female Ethnicity Majority Minority Income Adequacy	[ref] <b>10.91</b> (0.0010)* [ref] <b>17.41</b> (<0.0001)*	[ref] 0.91 (0.86, 0.96)* [ref] 1.15 (1.08, 1.22)*	[ref] <b>15.20</b> (<0.0001)* [ref] <b>5.01</b> (0.0252)*	[ref] 0.83 (0.76, 0.91)* [ref] 1.14 (1.02, 1.28)*	[ref] <b>17.65</b> (<0.0001)* [ref] <b>9.68</b> (0.0019)*	[ref] 0.81 (0.74, 0.90)* [ref] 1.25 (1.09, 1.44)*	[ref] <b>17.65</b> (<0.0001)* [ref] <b>9.68</b> (0.0019)*	[ref] 0.98 (0.92, 1.05) [ref] 1.09 (1.01, 1.17)*	[ref] <b>1.79</b> (0.1808) [ref] <b>18.80</b> (<0.0001)*	[ref] 0.96 (0.89, 1.02) [ref] 1.22 (1.12, 1.34)*	[ref] <b>1.79</b> (0.1808) [ref] <b>18.80</b> (<0.0001)*	[ref] 0.86 (0.76, 0.97)* [ref] 1.12 (0.94, 1.34) [ref]
Sex Male Female Ethnicity Majority Minority Income Adequacy Not enough money	[ref] <b>10.91</b> (0.0010)* [ref] <b>17.41</b> (<0.0001)* [ref]	[ref] 0.91 (0.86, 0.96)* [ref] 1.15 (1.08, 1.22)*	[ref] <b>15.20</b> (<0.0001)* [ref] <b>5.01</b> (0.0252)* [ref]	[ref] <b>0.83</b> (0.76, 0.91)* [ref] <b>1.14</b> (1.02, 1.28)*	[ref] <b>17.65</b> (<0.0001)* [ref] <b>9.68</b> (0.0019)* [ref]	[ref] 0.81 (0.74, 0.90)* [ref] 1.25 (1.09, 1.44)*	[ref] <b>17.65</b> (<0.0001)* [ref] <b>9.68</b> (0.0019)*	[ref] 0.98 (0.92, 1.05) [ref] 1.09 (1.01, 1.17)*	[ref] <b>1.79</b> (0.1808) [ref] <b>18.80</b> (<0.0001)*	[ref] 0.96 (0.89, 1.02) [ref] 1.22 (1.12, 1.34)*	[ref] <b>1.79</b> (0.1808) [ref] <b>18.80</b> (<0.0001)*	[ref] 0.86 (0.76, 0.97)* [ref] 1.12 (0.94, 1.34) [ref]

money	(0.3495)	(0.90, 1.04)	(0.4182)	(0.94, 1.16)	(0.1418)	(0.83, 1.03)	(0.0015)*	(1.05, 1.22)*	(<0.0001)*	(1.20, 1.41)*	(<0.0001)*	(0.95, 1.24)
Subway Marketing Exposure												
Not exposed	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]	[ref]
Exposed	<b>13.12</b> (0.0003)*	<b>1.12</b> (1.05,	<b>4.32</b> (0.0376)*	1.10	<b>20.25</b> (<0.0001)*	1.25 (1.14	<b>11.69</b> <i>(0.0006)*</i>	<b>1.14</b>	<b>33.23</b> (<0.0001)*	<b>1.23</b>	<b>33.23</b> (<0.0001)*	1.33 (1.17
		1.20)		(1.20)*		1.38)*		(1.24)*		(1.13, 1.32)*		1.50)*

IRR: incidence rate ratio

χ2: chi-square

CI: confidence interval

## ref: reference Fast food intake and exposure to KFC marketing

In almost all countries, the odds of reportedly consuming fast food were higher for those who were reportedly exposed to KFC marketing compared to those who were not, with the highest odds being in Canada, followed by the UK, the US, Chile and Mexico (Table 7). In terms of sex, in four countries, females reportedly ate fast food significantly less than males. In almost all countries, the odds of consuming fast food were higher amongst those who identified as a minority compared to those who identified as a majority.

# Fast food intake and exposure to Subway marketing

In all countries, the odds of reportedly eating fast food was significantly higher when exposed to Subway marketing as opposed to not being exposed, with the highest odds being in Chile, followed by the UK, Mexico, the US, Canada and Australia (Table 7). In terms of sex, in four countries, females reportedly ate fast food significantly less than males. The odds of consuming fast food were also significantly higher for those who identified as a minority compared to those who identified as a majority in almost all countries.

## Discussion

Overall, positive associations were found between exposure to fast food marketing and fast food brand preferences and intake. Preference for specific fast food brands was generally highest across countries when exposed to general fast food marketing  $\ge 2x$ /week and  $\le 1x$ /week compared to those who were not exposed, and also higher among those who self-reported exposure to marketing for each respective brand compared to those who did not, and this relationship was consistent across all countries. In terms of fast food intake, reported consumption was generally highest across countries when exposed to general fast food marketing  $\ge 2x$ /week and  $\le 1x$ /week and  $\le 1x$ /week compared to those who were not exposed. Across almost all countries, reported consumption of fast food was higher amongst those who were exposed to marketing for McDonald's, KFC and Subway as opposed to those who were not. With respect to sociodemographic characteristics, across most countries overall, respondents who identified as a minority ethnicity were more likely to consume fast food than those of a majority ethnicity, and females were less likely to reportedly consume fast food than males.

The study findings suggest that the likelihood of preferring a fast food brand and consuming fast food increased with both exposure to brand specific and general fast food marketing. These findings are consistent with previous epidemiological evidence assessing the association between food marketing that is not food category specific and health behaviours including youth's intake and preferences, and also consistent with similarly designed cross-sectional observational studies among adults and younger age groups and specific food categories. 43,58-65 Our findings build on this current body of knowledge by providing evidence for these associations for fast food specifically, which is important since it is the most marketed of all food categories.<sup>19,22,26,30,33</sup> This study also found that the odds of preferring a brand were higher overall across models when variables included recall of brand-specific fast food marketing, as opposed to more general exposure to fast food marketing. This may indicate that fast food brand-specific marketing has a greater effect on youth's preferences for the respective brand compared to general fast food marketing, which would be consistent with data from other fields of research investigating the association between cigarette brand-specific marketing and brand preferences amongst adolescents and young adults.<sup>66,67</sup> This stronger association may also be due to improved recall of instances of brand-specific marketing (compared to general instances of fast food marketing), as well as the type of questions asked (e.g., brand-specific marketing exposure was measured using a response of "yes" or "no", compared to general marketing exposure which was assessed using a 6-item Likert scale). To help address this, the 6-item scale was re-categorized into a 3-item scale, but the associations amongst the brand-specific measure remained stronger. Although the results were largely consistent across countries, we cannot fully conclude from this study alone that these associations are causal, due to the self-reported, cross-sectional nature of the data. For example, the association between marketing exposure and food intake could be bidirectional in nature: it is possible that greater intake of certain fast food brands may also lead to increased exposure/attention to brandspecific marketing. However, our results are supported by existing epidemiological data and will also help to strengthen existing associations between exposure to unhealthy food marketing and increased preference and consumption.<sup>68</sup>

Overall, the country-stratified results were fairly consistent across countries. As mentioned previously, the policy environments restricting unhealthy food marketing to children differ in stringency across the countries investigated, but yet, exposures are still high and the relationships between these exposures and

eating behaviours are consistently strong across countries. Although most existing policies apply to children under the age of 13 and this study investigated those 10–17 years old, these findings still indicate that fast food marketing exposure is affecting the eating behaviours of youth and that current regulatory policies need to be strengthened.

This comprehensive survey also allowed for exploration of sociodemographic differences within the measured associations. Overall, females in most countries were less likely to report consumption of fast food than males, which is congruent with previous research measuring fast food intake.<sup>70–72</sup> An explanation for this consistent finding could be that female youth are more likely to engage in diet-related practices and are more attentive to their body image.<sup>73,74</sup> It may also be possible that males are targeted by industry marketing practices more often than females, as males are reportedly featured more frequently in food marketing, which could lead to greater persuasion towards consuming the product.<sup>75</sup> We also found that individuals classified as ethnic minorities were more likely to report the consumption of fast food than ethnic majorities. Recent data has suggested that Black and Hispanic youth in the US are being disproportionally exposed to more unhealthy food marketing, which brings concern as socioeconomic status is associated with ethnic minority status in countries like the US, and those with a lower socioeconomic status are more likely to exhibit poorer health outcomes.<sup>76–83</sup> Thus, the marketing unhealthy foods may be exacerbating poor health outcomes in already at-risk populations. Implementing stringent regulations to protect youth from exposure to unhealthy food marketing may help to reduce these differences.<sup>78</sup>

## **Strengths And Limitations**

To our knowledge, this is the first study to examine associations between specific fast food brand marketing exposure and youth-reported intake and preferences. This study employs consistent measures across a large sample size with a wide age range and includes respondents from a variety of ethnicities and socioeconomic backgrounds in six different countries, which allows for greater generalizability and between country comparisons. Post-stratification weights were also used to provide a more representative sample, which also increases generalizability of our findings. Additionally, as the exposure measures did not specifically focus on marketing in particular media, this allowed us to report our associations based on a wide range of exposures.

Interpretation of the findings should consider potential limitations of self-reported data. In addition to being subject to recall bias and reverse causation, the self-reported exposure variables do not take into account the power, ad content, frequency, and extent to which it targets the individual. Past research has shown that certain marketing techniques affect's one's recall of the advertisement, which could have altered their ability to remember marketing exposures.<sup>69</sup> The self-reported fast food intake variable is also subject to recall bias and has its own limitations, as it measures intake from a few settings (i.e., restaurants, food stands or vending machines) in addition to fast food places. However, we would argue that food from restaurants, food stands and vending machines can also be considered fast food, due to the ease of purchase and poor nutrient content of most foods sold from these sources. Aside from its limitations, self-reported measures are also valuable in that they are more feasible to collect. Objective measures are often more difficult to gather, as they are more resource-intense and do not accurately represent day-to-day choices.<sup>68</sup> Nevertheless, existing evidence suggests that self-reported exposure measures are correlated with objective exposure measures.<sup>86,87</sup> The increased feasibility of self-reported measures also allows for more frequent monitoring and the ability to collect and compare data across multiple countries simultaneously.

Additionally, it is possible that what respondents encompassed under 'fast food advertising' may have been interpreted differently by individuals, introducing additional bias. This study is also subject to survey research limitations, as recruitment was completed using nonprobability-based sampling, meaning these findings may not be representative of national estimates. To address this to an extent, data were weighted by age group, sex, region, and ethnicity (except in Canada), but this did not completely remove the effect.

## Conclusion

Overall, we found positive associations between exposure to fast food marketing and the brand preferences and reported intake of youth across all six countries. Regardless of the policy landscape surrounding restricting unhealthy food marketing to children, it is evident that exposure to fast food marketing is negatively influencing youth's preference for and intake of these foods, as evidence has suggested that the odds of becoming overweight or developing obesity increases with fast food consumption.<sup>84</sup> The results demonstrate that current efforts to limit marketing to children and youth are not effective. As such, more comprehensive and stringent government regulation restricting fast food marketing to youth in all media may help reduce preferences and consumption of fast food. Including adolescents in these restrictions is also important, as they hold independent purchasing power, are easily influenced, spend a lot of time watching screens and have a high consumption of fast food products.<sup>24,25,72,85</sup> Future research should examine if and how these modelled associations differ by child and adolescent age groups. This research could provide preliminary evidence on the likely influence of marketing exposure on older youth for whom there is little research<sup>64</sup> and to investigate whether existing policies protecting children under 13 years old are effective in reducing exposure to fast food marketing and its consequences, such as brand preferences and intake.

## Abbreviations

- NCDs: noncommunicable diseases
- HFSS: high in fat, sugar and sodium
- IFPS: International Food Policy Study
- KFC: Kentucky Fried Chicken
- OR: odds ratio
- CI: confidence interval

- ref: reference
- FF: fast food
- IRR: incidence rate ratio

## Declarations

### Ethics approval and consent to participate

-The study was reviewed by and received ethics clearance through a University of Waterloo Research Ethics Committee (ORE# 41477) and a University of Ottawa Research Ethics Committee (H-06-20-5908).

-Parents/guardians with a potentially eligible child were provided information about the study and asked for permission for their child to participate. Only one child per household was invited to participate. The child was subsequently screened directly to confirm eligibility based on age and sex. Children aged 10 to 17 years were eligible to participate, with quotas for age and sex groups in the UK and US. Eligible children were provided with information about the study and were asked to provide assent before beginning the survey.

### Consent for publication

-Not applicable

### Methods

-All methods were performed in accordance with the relevant guidelines and regulations for this journal.

### Availability of data and materials

-The data that support the findings from this study are available from the International Food Policy Study team and are available under reasonable request.

### **Competing Interests**

-None

### Funding

-Funding for this project was provided by an International Health Grant from the Public Health Agency of Canada (PHAC), with additional support from a Canadian Institutes of Health Research (CIHR) Project Grant (PJT-162167).

### Author Contributions

-MB and MPK designed the study and MRG, MPK and LV oversaw the analysis. MB conducted the analysis and drafted the manuscript. All authors read and approved the final manuscript.

### Acknowledgements

-Not applicable

## References

- 1. Unicef Data. https://data.unicef.org/topic/child-health/noncommunicable-diseases/#:~:text=As%20NCDs% 20are%20driven%20primarily,negative%20health%20outcomes%20in%20adulthood (2021). Accessed 20 Jul 2022.
- 2. The World Health Organization. https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases (2021). Accessed 20 Jul 2022.
- 3. The World Health Organization. https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight (2021). Accessed 20 Jul 2022.
- 4. Marino M, Puppo F, Del Bo' C, Vinelli V, Riso P, Porrini M, et al. A systematic review of worldwide consumption of ultra-processed foods: Findings and criticisms. Nutrients. 2021;13(8):2778.
- 5. Polsky J, Moubarac J-C, Garriguet D. Consumption of ultra-processed foods in Canada. Statistics Canada, Catalogue no 82-003-X. 2020.
- 6. Chang K, Khandpur N, Neri D, Touvier M, Huybrechts I, Millett C, et al. Association between childhood consumption of ultraprocessed food and adiposity trajectories in the Avon Longitudinal Study of parents and children birth cohort. JAMA Pediatrics. 2021;175(9).
- Fryar CD, Carroll MD, Afful J. Prevalence of overweight, obesity, and severe obesity among children and adolescents aged 2–19 years: United States, 1963–1965 through 2017–2018. NCHS Health E-Stats, Centers for Disease Control and Prevention. 2020. cdc.gov/nchs/data/hestat/obesity-child-17-18/overweight-obesity-child-H.pdf. Accessed 22 Jul 2021.
- 8. Polsky J, Garriguet D. Eating away from home in Canada: impact on dietary intake. Statistics Canada, Catalogue no 82-003-X. 2021.
- 9. Ashdown-Franks G, Vancampfort D, Firth J, Smith L, Sabiston CM, Stubbs B, et al. Association of leisure-time sedentary behavior with fast food and carbonated soft drink consumption among 133,555 adolescents aged 12–15 years in 44 low- and middle-income countries. International Journal of Behavioral Nutrition and Physical Activity. 2019;16(1).

- 10. Das JK, Salam RA, Thornburg KL, Prentice AM, Campisi S, Lassi ZS, et al. Nutrition in adolescents: Physiology, metabolism, and nutritional needs. Annals of the New York Academy of Sciences. 2017;1393(1):21–33.
- 11. Glanz K, Sallis JF, Saelens BE, Frank LD. Healthy Nutrition Environments: Concepts and measures. American Journal of Health Promotion. 2005;19(5):330–3.
- 12. Swinburn BA, Sacks G, Hall KD, McPherson K, Finegood DT, Moodie ML, et al. The global obesity pandemic: Shaped by global drivers and local environments. The Lancet. 2011;378(9793):804–14.
- 13. McGinnis JM, Gootman J, Kraak VI, (eds) Food Marketing to Children and Youth: Threat or Opportunity Washington, DC: The National Academies Press, 2006.
- 14. Story M, French S. Food Advertising and Marketing Directed at Children and Adolescents in the US. International Journal of Behavioral Nutrition and Physical Activity. 2004;1(1):3.
- 15. Moore ES. Children and the changing world of advertising. Journal of Business Ethics. 2004;52(2):161-7.
- 16. Palan KM, Gentina E, Muratore I. Adolescent consumption autonomy: A cross-cultural examination. Journal of Business Research. 2010;63(12):1342-8.
- 17. Bassett R, Chapman GE, Beagan BL. Autonomy and control: The co-construction of Adolescent Food Choice. Appetite. 2008;50(2-3):325-32.
- 18. Czoli CD, Pauzé E, Potvin Kent M. Exposure to food and beverage advertising on television among Canadian adolescents, 2011 to 2016. Nutrients. 2020;12(2):428.
- 19. Potvin Kent M, Pauzé E, Roy E-A, de Billy N, Czoli C. Children and adolescents' exposure to food and beverage marketing in social media apps. Pediatric Obesity. 2019;14(6).
- 20. Huang D, Brien A, Omari L, Culpin A, Smith M, Egli V. Bus stops near schools advertising junk food and sugary drinks. Nutrients. 2020;12(4):1192.
- 21. No E, Kelly B, Devi A, Swinburn B, Vandevijvere S. Food references and marketing in popular magazines for Children and Adolescents in New Zealand: A content analysis. Appetite. 2014;83:75–81.
- 22. Powell LM, Harris JL, Fox T. Food marketing expenditures aimed at youth. American Journal of Preventive Medicine. 2013;45(4):453-61.
- 23. Potvin Kent M, Pauzé E. The frequency and healthfulness of food and beverages advertised on adolescents' preferred web sites in Canada. Journal of Adolescent Health. 2018;63(1):102–7.
- 24. American Academy of Child & Adolescent Psychiatry: Screen Time and Children. https://www.aacap.org/AACAP/Families\_and\_Youth/Facts\_for\_Families/FFF-Guide/Children-And-Watching-TV-054.aspx (2020). Accessed 24 Jul 2022.
- 25. Centers for Disease Control and Prevention: Screen Time vs. Lean Time Infographic. https://www.cdc.gov/nccdphp/dnpao/multimedia/infographics/getmoving.html (2018). Accessed 24 Jul 2022.
- 26. Pauzé E, Potvin Kent M. Children's measured exposure to food and beverage advertising on television in Toronto (Canada), May 2011–May 2019. Canadian Journal of Public Health. 2021;112(6):1008–19.
- 27. Kelly B, Vandevijvere S, Ng SH, Adams J, Allemandi L, Bahena-Espina L, et al. Global benchmarking of children's exposure to television advertising of unhealthy foods and beverages across 22 countries. Obesity Reviews. 2019;20(S2):116–28.
- 28. British Heart Foundation: The 21st century gingerbread house: how companies are marketing junk food to children online. https://www.bhf.org.uk/-/media/files/publications/policy-documents/the-21st-century-gingerbread-house.pdf (2011). Accessed 24 Jul 2022.
- 29. Lingas EO, Dorfman L, Bukofzer E. Nutrition content of food and beverage products on web sites popular with children. American Journal of Public Health. 2009;99(S3).
- 30. Ustjanauskas AE, Harris JL, Schwartz MB. Food and beverage advertising on children's web sites. Pediatric Obesity. 2013;9(5):362-72.
- 31. Potvin Kent M, Pauzé E. The effectiveness of self-regulation in limiting the advertising of unhealthy foods and beverages on children's preferred websites in Canada. Public Health Nutrition. 2018;21(9):1608–17.
- 32. Potvin Kent M, Dubois L, Wanless A. A nutritional comparison of foods and beverages marketed to children in two advertising policy environments. Obesity. 2012;20(9):1829–37.
- 33. Potvin Kent M, Pauzé E, Bagnato M, Soares Guimarães J, Pinto A, Remedios L, et al. Advertising expenditures across media on food and beverage products heavily advertised on youth-appealing television stations in Canada. Applied Physiology, Nutrition, and Metabolism. 2022.
- 34. The World Health Organization: Set of Recommendations on the Marketing of Foods and Non-Alcoholic Beverages to Children. Resolution of the Sixtythird World Health Assembly WHA63.14 Marketing of Food and Non-Alcoholic Beverages to Children. https://www.who.int/publications/i/item/9789241500210 (2010). Accessed 25 Jul 2022.
- 35. Ad Standards: About the CAI. https://adstandards.ca/about/childrens-advertising-initiative/about-the-cai/ (2022). Accessed 25 Jul 2022.
- 36. Ad Standards: The Broadcast Code for Advertising to Children. https://adstandards.ca/preclearance/advertising-preclearance/childrens/childrens-code/ (2022). Accessed 25 Jul 2022.
- 37. Obesity Policy Coalition: Food Advertising Regulation in Australia. https://www.opc.org.au/downloads/policy-briefs/food-advertising-regulation-inaustralia.pdf (2018). Accessed 25 Jul 2022.
- 38. BBB National Programs: CFBAI Nutrition Criteria. https://bbbprograms.org/programs/all-programs/cfbai/cfbainutritioncriteria. Accessed 25 Jul 2022.
- 39. Conway L. Advertising to Children. House of Commons Library. 2022. https://researchbriefings.files.parliament.uk/documents/CBP-8198/CBP-8198.pdf. Accessed 25 Jul 2022.

- 40. Corvalán C, Reyes M, Garmendia ML, Uauy R. Structural responses to the obesity and non-communicable diseases epidemic: Update on the Chilean Law of Food Labelling and advertising. Obesity Reviews. 2018;20(3):367–74.
- 41. Taillie LS, Busey E, Stoltze FM, Dillman Carpentier FR. Governmental policies to reduce unhealthy food marketing to children. Nutrition Reviews. 2019;77(11):787–816.
- 42. Kelly B, King MPL, Chapman MK, Boyland E, Bauman AE, Baur LA. A hierarchy of unhealthy food promotion effects: Identifying methodological approaches and knowledge Gaps. American Journal of Public Health, 2015;105(4): p.e86-e95.
- Andreyeva T, Kelly IR, Harris JL. Exposure to food advertising on television: Associations with Children's fast food and soft drink consumption and obesity. Economics & amp; Human Biology. 2011;9(3):221–33.
- 44. Giese H, König LM, Tăut D, Ollila H, Băban A, Absetz P, et al. Exploring the association between television advertising of healthy and unhealthy foods, selfcontrol, and food intake in three European countries. Applied Psychology: Health and Well-Being. 2014;7(1):41–62.
- 45. Kelly B, Freeman B, King L, Chapman K, Baur LA, Gill T. Television advertising, not viewing, is associated with negative dietary patterns in children. Pediatric Obesity. 2015;11(2):158–60.
- 46. Longacre MR, Drake KM, Titus LJ, Cleveland LP, Langeloh G, Hendricks K, et al. A toy story: Association between Young Children's knowledge of fast food toy premiums and their fast food consumption. Appetite. 2016;96:473–80.
- 47. Critchlow N, Newberry Le Vay J, MacKintosh A, Hooper L, Thomas C, Vohra J. Adolescents' reactions to adverts for fast-food and confectionery brands that are high in fat, salt, and/or sugar (HFSS), and possible implications for future research and regulation: Findings from a cross-sectional survey of 11– 19 year olds in the United Kingdom. International Journal of Environmental Research and Public Health. 2020;17(5):1689.
- 48. Ponce-Blandón JA, Pabón-Carrasco M, Romero-Castillo R, Romero-Martín M, Jiménez-Picón N, Lomas-Campos Mde. Effects of advertising on food consumption preferences in children. Nutrients. 2020;12(11):3337.
- 49. Coon KA, Goldberg J, Rogers BL, Tucker KL. Relationships between use of television during meals and children's food consumption patterns. Pediatrics. 2001;107(1).
- 50. Horgan KB, Choate M, Brownell KD. Television food advertising. In: Singer D G and Singer J L, editor. Handbook of Children and Media. Thousand Oaks, CA, Sage Publications; 2001. pp. 447–461.
- 51. Taras H, Sallis J, Patterson T, Nader P, Nelson J. Television's influence on children's diet and physical activity. Journal of Developmental & Behavioral Pediatrics. 1989;10(4).
- 52. Borzekowski DLG, Robinson TN. The 30-second effect. Journal of the American Dietetic Association. 2001;101(1):42-6.
- 53. Gorn GJ, Goldberg ME. Behavioral evidence of the effects of televised food messages on children. Journal of Consumer Research. 1982;9(2):200.
- 54. Balfour Jeffrey D, McLellarn RW, Fox DT. The development of children's eating habits: The role of television commercials. Health Education Quarterly. 1982;9(2-3):78–93.
- 55. Kelly B, King L, Baur L, Rayner M, Lobstein T, Monteiro C, et al. Monitoring Food and non-alcoholic beverage promotions to children. Obesity Reviews. 2013;14:59–69.
- 56. Euromonitor International. Consumer Foodservice: World brand shares Limited-Service Restaurants. Euromonitor Passport. 2018. https://www-portaleuromonitor-com.proxy.bib.uottawa.ca/portal/statisticsevolution/index. Accessed 27 Jul 2022.
- 57. Hammond, D., White, C.M., Rynard, V.L., Vanderlee, L. International Food Policy Study: Technical Report 2019 Youth Survey. University of Waterloo. 2021. www.foodpolicystudy.com/methods. Accessed 27 Jul 2022.
- 58. Boyland E, McGale L, Maden M, Hounsome J, Boland A, Angus K, et al. Association of Food and Nonalcoholic Beverage Marketing with children and adolescents' eating behaviors and health. JAMA Pediatrics. 2022;176(7).
- 59. Folkvord F, van 't Riet J. The persuasive effect of advergames promoting unhealthy foods among children: A meta-analysis. Appetite. 2018;129:245–51.
- 60. Russell SJ, Croker H, Viner RM. The effect of screen advertising on children's dietary intake: A systematic review and meta-analysis. Obesity Reviews. 2018;20(4):554–68.
- 61. Sadeghirad B, Duhaney T, Motaghipisheh S, Campbell NR, Johnston BC. Influence of unhealthy food and beverage marketing on children's dietary intake and preference: A systematic review and meta-analysis of Randomized Trials. Obesity Reviews. 2016;17(10):945–59.
- 62. Boyland EJ, Nolan S, Kelly B, Tudur-Smith C, Jones A, Halford JC, et al. Advertising as a cue to consume: A systematic review and meta-analysis of the effects of acute exposure to unhealthy food and nonalcoholic beverage advertising on intake in children and adults. American Journal of Clinical Nutrition. 2016;103(2):519–33.
- 63. Qutteina Y, De Backer C, Smits T. Media Food Marketing and eating outcomes among pre-adolescents and adolescents: A systematic review and metaanalysis. Obesity Reviews. 2019;20(12):1708–19.
- 64. Gascoyne C, Scully M, Wakefield M, Morley B. Food and drink marketing on social media and dietary intake in Australian adolescents: Findings from a cross-sectional survey. Appetite. 2021;166:105431.
- 65. Scully M, Wakefield M, Niven P, Chapman K, Crawford D, Pratt IS, et al. Association between food marketing exposure and adolescents' food choices and eating behaviors. Appetite. 2012;58(1):1–5.
- 66. Arnett JJ, Terhanian G. Adolescents' responses to cigarette advertisements: Links between exposure, liking, and the appeal of Smoking. Tobacco Control. 1998;7(2):129–33.
- 67. Moran MB, Soneji S, Tan AS, Choi K. Associations between exposure and receptivity to branded cigarette advertising and subsequent Brand Preference Among Us Young Adults. Nicotine & amp; Tobacco Research. 2019;22(6):1030–5.

- 68. Norman J, Kelly B, Boyland E, McMahon A-T. The impact of marketing and advertising on food behaviours: Evaluating the evidence for a causal relationship. Current Nutrition Reports. 2016;5(3):139–49.
- 69. Harris JL, Brownell KD, Bargh JA. The Food Marketing Defense Model: Integrating Psychological Research to protect youth and inform public policy. Social Issues and Policy Review. 2009;3(1):211–71.
- 70. Paeratakul S, Ferdinand DP, Champagne CM, Ryan DH, Bray GA. Fast-food consumption among us adults and children: Dietary and nutrient intake profile. Journal of the American Dietetic Association. 2003;103(10):1332–8.
- 71. Bowman SA, Gortmaker SL, Ebbeling CB, Pereira MA, Ludwig DS. Effects of fast-food consumption on energy intake and diet quality among children in a national household survey. Pediatrics. 2004;113(1):112–8.
- 72. Lillico HG, Hammond D, Manske S, Murnaghan D. The prevalence of eating behaviors among Canadian youth using cross-sectional school-based surveys. BMC Public Health. 2014;14(1).
- 73. Deshmukh-Taskar PR, Nicklas TA, O'Neil CE, Keast DR, Radcliffe JD, Cho S. The relationship of breakfast skipping and type of breakfast consumption with nutrient intake and weight status in children and adolescents: The National Health and Nutrition Examination Survey 1999-2006. Journal of the American Dietetic Association. 2010;110(6):869–78.
- 74. Neumark-Sztainer D, Wall M, Larson NI, Eisenberg ME, Loth K. Dieting and disordered eating behaviors from adolescence to young adulthood: Findings from a 10-year longitudinal study. Journal of the American Dietetic Association. 2011;111(7):1004–11.
- 75. Castronuovo L, Guarnieri L, Tiscornia V, Allemandi L. Food Marketing, eating behaviors and gender among children and adolescents: A scoping review. Nutrition Journal. 2021;
- 76. Powell LM, Szczypka G, Chaloupka FJ. Adolescent exposure to food advertising on television. American Journal of Preventive Medicine. 2007;33(4).
- 77. UConn Rudd Center for Food Policy & Obesity: Fast food advertising: Billions in spending, continued high exposure by youth. https://media.ruddcenter.uconn.edu/PDFs/FACTS2021.pdf (2021). Accessed 01 Aug 2022.
- 78. Backholer K, Gupta A, Zorbas C, Bennett R, Huse O, Chung A, et al. Differential exposure to, and potential impact of, unhealthy advertising to children by socio-economic and ethnic groups: A systematic review of the evidence. Obesity Reviews. 2020;22(3).
- 79. Kunkel D, Mastro D, Ortiz M, McKinley C. Food marketing to children on U.S. Spanish-language television. Journal of Health Communication. 2013;18(9):1084–96.
- Bell RA, Cassady D, Culp J, Alcalay R. Frequency and types of foods advertised on Saturday morning and weekday afternoon english- and Spanishlanguage American television programs. Journal of Nutrition Education and Behavior. 2009;41(6):406–13.
- 81. Braveman PA, Cubbin C, Egerter S, Williams DR, Pamuk E. Socioeconomic disparities in health in the United States: What the patterns tell us. American Journal of Public Health. 2010;100(S1).
- 82. Williams DR, Mohammed SA, Leavell J, Collins C. Race, socioeconomic status, and health: Complexities, ongoing challenges, and research opportunities. Annals of the New York Academy of Sciences. 2010;1186(1):69–101.
- 83. Williams DR, Priest N, Anderson NB. Understanding associations among race, socioeconomic status, and Health: Patterns and prospects. Health Psychology. 2016;35(4):407–11.
- 84. Fulkerson JA, Farbakhsh K, Lytle L, Hearst MO, Dengel DR, Pasch KE, et al. Away-from-home family dinner sources and associations with weight status, body composition, and related biomarkers of chronic disease among adolescents and their parents. Journal of the American Dietetic Association. 2011;111(12):1892–7.
- 85. Statistics Canada. https://www150.statcan.gc.ca/n1/pub/82-003-x/2021008/article/00003/c-g/c-g01-eng.htm. Accessed 02 Aug 2022.
- 86. Southwell BG, Barmada CH, Hornik RC, Maklan DM. Can we measure encoded exposure? validation evidence from a national campaign. Journal of Health Communication. 2002;7(5):445–53.
- 87. Feighery E, Henriksen L, Wang Y, Schleicher N, Fortmann S. An evaluation of four measures of adolescents' exposure to cigarette marketing in stores. Nicotine & Tobacco Research. 2006;8(6):751–9.

### **Figures**



### Figure 1

7-item emoji-based Likert scale used for the measurement of fast food brand preference