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EDITORIAL ANALYSIS

Ending the Free Rein: Why India Must Regulate Junk Food Advertising

THE HINDU

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Ending the Free Rein: Why India Must Regulate Junk Food Advertising

 **The Hindu** 23 June 2026 **GS2**

Source: ujyari.com — researched, fact-checked & UPSC-mapped



INTERVIEW ANGLE

"Should the state restrict commercial free speech and advertising of legal food products to protect public health, or does this amount to paternalism that shifts responsibility away from individual choice and parental duty?"

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WHY THIS EDITORIAL MATTERS

India is in the middle of a quiet epidemiological transition. The diseases that now impose the heaviest burden on its health system are no longer primarily infectious. They are non-communicable diseases (NCDs): diabetes, hypertension, cardiovascular disease and cancers. The Hindu's editorial argues that one of the most powerful and least regulated drivers of this transition is the aggressive marketing of ultra-processed, high fat-sugar-salt (HFSS) foods, and that India can no longer leave this marketing to voluntary self-policing by the very industry that profits from it.

For a UPSC aspirant, this is a textbook governance problem: a market **externality** (<https://ujyari.com/vocab/externality/>), a vulnerable group (children), a weak regulatory architecture, a constitutional tension between commercial freedom and the state's duty to protect health, and a clear menu of policy instruments drawn from global best practice. It sits squarely in GS Paper 2 (issues relating to health, government policies and regulatory bodies) and connects to GS Paper 3 (the food processing industry).

THE CORE ARGUMENT

The editorial's thesis is that the unregulated promotion of HFSS foods is not a peripheral consumer issue but a structural public-health threat, and that India's reliance on industry self-regulation has failed. The remedy it proposes is a shift to binding government regulation: a clear **statutory** (<https://ujyari.com/vocab/statutory/>)

definition of HFSS foods, mandatory front-of-pack warning labels (FOPL), and enforceable curbs on advertising directed at children

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The logic runs in three steps. First, diet has become a leading risk factor for NCDs. Second, advertising actively shapes diet, especially for children who cannot evaluate persuasive intent. Third, because the harm is diffuse and the profit is concentrated, the market will not self-correct, so the state must intervene.

The Scale of the Problem

The numbers give the argument its force. India has recorded among the fastest growth in ultra-processed food sales in the world, expanding more than fortyfold between 2006 and 2019. In parallel, the ICMR-INDIAB national study found that over ten crore Indians live with diabetes, with a national diabetes prevalence of around 11.4 percent and prediabetes of about 15.3 percent. The latest National Family Health Survey round confirms that obesity and high blood sugar are rising across states, with the southern states leading the obesity and diabetes tables. A 2025-26 Lancet series specifically flagged the surge in ultra-processed food consumption as a parallel driver of this NCD rise.

The point the editorial drives home is causal layering: cheap, hyper-palatable, heavily advertised food is reshaping diets faster than public-health systems can respond, and children are being recruited into lifelong consumption patterns early.

HOW TO THINK ABOUT THIS ISSUE

Aspirants should resist treating this as a simple “ban junk food ads” debate. The sharper way to frame it is as a clash of legitimate principles that the state must reconcile.

On one side sits the state’s positive obligation. Article 21’s right to life has been read to include the right to health, and Article 47 of the Directive Principles makes raising the level of nutrition and public health a primary duty of the state. On the other side sits commercial free speech, which Indian courts have recognised as falling within Article 19(1)(a), subject to reasonable restrictions under Article 19(2). The regulation of food advertising is therefore not an absolute right being crushed by the state, but a balancing exercise: how much restriction on a lawful commercial activity is proportionate to the public-health harm it causes?

A second analytical lever is the special status of children. The WHO and most public-health bodies treat marketing to children differently because children lack the cognitive maturity to recognise persuasive intent. This is why even jurisdictions wary of broad advertising bans often accept tighter restrictions on child-directed marketing. Framing the child as a distinct rights-holder (and invoking the best-interest principle) gives the argument a firmer constitutional and ethical footing.

Diagram In Words

Picture the policy chain as four linked gates. Gate one is **definition**: what counts as an HFSS food must be fixed in law, because everything downstream depends on it. Gate two is **disclosure**: front-of-pack labels translate that definition into a signal consumers see at the point of choice. Gate three is **demand-shaping**:

advertising rules decide how aggressively producers may push these products, especially to children. Gate four is **enforcement**: a statutory regulator with penalties, not a voluntary council with appeals. India today has a leaky gate one, a stalled gate two, an almost open gate three, and a weak gate four.

THE REGULATORY ARCHITECTURE

The central regulator is the Food Safety and Standards Authority of India (FSSAI (<https://ujjayanti.com/terms/fssai/>)), the statutory body created under the Food Safety and Standards Act, 2006, which consolidated India's fragmented food laws under the Ministry of Health and Family Welfare. FSSAI sets standards, regulates labelling and runs the Eat Right India movement, a behaviour-change and ecosystem initiative promoting safe, healthy and sustainable food.

The Front-of-Pack Labelling Debate

The most contested instrument is front-of-pack labelling. FSSAI's draft 2022 amendments to the labelling and display regulations proposed the Indian Nutrition Rating (INR), a star-based system awarding products between half a star and five stars based on their overall nutritional profile.

Critics, including many public-health experts, argue that a star rating is an interpretive but *positive* signal: a product can still earn stars while being high in sugar, nudging consumers toward it. They favour a *warning* label (a clear "high in sugar/salt/fat" mark, on the model used in several Latin American countries) which is harder to game and more honest about risk. The editorial aligns with this warning-label school.

This debate has now reached the courts. In early 2026 the Supreme Court urged FSSAI to move toward mandatory front-of-pack labels, and FSSAI, in an affidavit in March 2026, indicated it was examining a tabular or pictorial format to flag HFSS foods and was working to fix a scientifically consistent HFSS definition. The judicial nudge underlines the editorial's complaint: the executive process has drifted for years.

Self-Regulation Versus Statutory Regulation

India's advertising is currently policed largely by the Advertising Standards Council of India (ASCI), a voluntary, industry-funded self-regulatory body. Its codes can be progressive, but it lacks statutory penalties and binding reach over digital platforms. The editorial's structural argument is that self-regulation by an industry body cannot credibly restrain the same industry's most profitable behaviour. This mirrors a wider governance principle aspirants should internalise: where there is a sharp conflict of interest and a serious public-health externality, self-regulation tends to underperform statutory regulation backed by independent enforcement.

THE COUNTER-VIEW

A balanced answer must engage the strongest objections, not strawmen.

First, the **free-speech and free-market** objection: advertising of a legal product is constitutionally protected commercial speech, and broad bans risk being struck down as disproportionate (<https://ujiyari.com/vocab/disproportionate/>). The honest response is calibration, not prohibition: target child-directed marketing and mandate disclosure rather than banning all promotion.

Second, the **personal responsibility** objection: diet is a matter of individual and parental choice, and the state should inform rather than nanny. The rebuttal is that meaningful choice presupposes accurate information and a level playing field, which heavy, asymmetric (<https://ujiyari.com/vocab/asymmetric/>) marketing to children destroys.

Third, the **economic and livelihoods** objection: the food processing sector is a major employer and a flagship of the Make in India and food-processing push (GS3), and heavy-handed rules could hurt small manufacturers and investment. The response is to design rules that target nutritional content and marketing conduct, not the sector as a whole, with reasonable compliance timelines.

Fourth, a technical objection: without a precise, scientific HFSS definition, any rule invites litigation and arbitrary enforcement. This is a genuine point, and it strengthens rather than weakens the case for the state to finalise that definition quickly.

THE WAY FORWARD

A credible reform package would move along all four gates at once.

- **Define HFSS in law.** Finalise a scientific, transparent **threshold** (<https://ujiyari.com/vocab/threshold/>) for high fat, sugar and salt, aligned with ICMR dietary guidelines, so that labelling and advertising rules rest on a firm legal base.
- **Mandate** (<https://ujiyari.com/vocab/mandate/>) **interpretive front-of-pack warning labels.** Prefer a clear “high in” warning over a purely positive star rating, with phased timelines for compliance.
- **Legislate WHO-aligned curbs on advertising to children.** Extend restrictions across television, OTT and social media, closing the digital loophole that voluntary codes miss.
- **Strengthen enforcement.** Give the regulator statutory penalties and complement self-regulation rather than relying on it.
- **Integrate with existing missions.** Embed these measures within Eat Right India, the National Multisectoral Action Plan for Prevention and Control of NCDs, and consider a nutrient-based or HFSS-linked taxation signal, as the WHO has urged for India.

The deeper governance lesson is that prevention is cheaper than treatment. Every regulatory rupee spent shaping a healthier food environment saves many more in future diabetes and cardiac care, both for households and for the exchequer.

PYO LINKAGE

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This editorial connects to several recurring UPSC themes:

- **GS2 (Health and governance):** “Public health system has limitations in providing universal health coverage. Do you think that the private sector could help in bridging the gap?” The HFSS debate extends this to *prevention* and the role of regulation, not just service delivery.
- **GS2 (Vulnerable sections / children):** questions on the rights of children and the state’s protective obligations map directly onto the case for restricting child-targeted marketing.
- **GS3 (Food processing):** “What are the reasons for poor acceptance of cost-effective small processing units?” and broader food-processing prompts let you bring in the industry-versus-health balance.
- **Ethics (GS4):** the conflict between corporate profit motives and public-health duty, and the ethics of advertising to children, is rich material for case studies on conflict of interest and social responsibility.

The takeaway for the exam hall: present this not as a moral crusade against junk food, but as a measured argument that a maturing state must regulate the commercial determinants of health, calibrating restrictions to be proportionate, evidence-based and focused on the most vulnerable.

Source: Ending the Free Rein: Why India Must Regulate Junk Food Advertising — Ujjyari.com | Free UPSC & State PCS Editorial Analysis

KEY ARGUMENTS AT A GLANCE

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The unregulated, child-targeted marketing of ultra-processed HFSS foods is a structural driver of India's non-communicable disease epidemic, and voluntary industry self-regulation has failed, making binding statutory regulation of food advertising and mandatory front-of-pack warning labels a public-health imperative.

 **SUPPORTING**

- India has the world's fastest-growing ultra-processed food market and a parallel surge in obesity, diabetes and hypertension that NFHS-6 and ICMR-INDIAB data now confirm at scale.
- Children are uniquely vulnerable to persuasive advertising, and the WHO recommends restricting the marketing of foods high in fat, sugar and salt to minors as a cost-effective NCD intervention.
- Self-regulation through the Advertising Standards Council of India lacks statutory teeth, while the FSSAI front-of-pack labelling and Indian Nutrition Rating process has stalled for years, prompting the Supreme Court to intervene in 2026.

 **COUNTER**

Industry and free-market advocates argue that advertising restrictions infringe commercial free speech, that diet is a matter of individual and parental choice, and that a star-based rating may dilute warnings compared to a blunt high-in label.

 **WAY FORWARD**

Adopt a binding statutory definition of HFSS foods, mandate interpretive front-of-pack warning labels, legislate WHO-aligned curbs on advertising to children across television and digital platforms, and integrate this with the Eat Right India movement and the National Multisectoral Action Plan for NCDs.


MAINS ANSWER FRAMEWORK

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QUESTION

India is witnessing a sharp rise in non-communicable diseases driven partly by the aggressive marketing of ultra-processed, high fat-sugar-salt foods, especially to children. Critically examine whether voluntary self-regulation of food advertising is adequate, and suggest a regulatory framework to protect public health while balancing commercial freedoms. (250 words)

INTRODUCTION

The aggressive, largely unregulated marketing of ultra-processed high fat-sugar-salt foods has emerged as a major commercial determinant of India's non-communicable disease burden, raising the question of whether voluntary self-regulation can protect public health.

BODY

India now has the fastest-growing ultra-processed food market globally, with sales rising more than fortyfold between 2006 and 2019, even as NFHS-6 and the ICMR-INDIAB study record over ten crore people with diabetes and a sharp rise in obesity and hypertension. Children are especially susceptible to persuasive advertising, and the WHO lists restricting HFSS marketing to minors among its best-buy NCD interventions.

India's current model relies on self-regulation by the Advertising Standards Council of India, a voluntary body without statutory power, while the FSSAI front-of-pack labelling and Indian Nutrition Rating process under the FSS Act, 2006 has been delayed for years, leading the Supreme Court in 2026 to push FSSAI toward mandatory warning labels. The proposed star-rating risks being interpreted positively, whereas an interpretive high-in warning more directly informs consumers.

Self-regulation has therefore proved inadequate against an organised, well-funded marketing ecosystem.

CONCLUSION

A calibrated statutory framework defining HFSS foods, mandating front-of-pack warning labels and restricting child-directed advertising, embedded within Eat Right India and the National Multisectoral Action Plan for NCDs, can protect public health while respecting legitimate commercial activity.


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