Chapter 9
Public Policies, Traffic Light Signpost Labeling, and Their Implications:
The Case of Ecuador

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ABSTRACT

This study analyzes the traffic light signpost labeling that is included in processed foods, through which consumers are informed about added fat, sugar, and salt levels. At the same time, the awareness and use that the public make of this labeling, introduced by the Ecuadorian government as part of their Good Living health program, was also studied. A questionnaire was given to some 419 students from Ambato, Ecuador of both genders and from different economic circumstances. Subsequently, a descriptive analysis of the collected data was carried out, and through inferential statistics, relationships were established between the responses to the questionnaire and the factors identified. The results showed that most people are aware of traffic light signpost labeling at the time of purchase, although some consumers tend to mistakenly associate the indicators (green, yellow, red) with the food-hazard levels of the products. The opinions surveyed demonstrated a vague meaning and usefulness associated with the traffic light system.

INTRODUCTION

Food and Public Policies

The promotion of healthy eating is the responsibility of diverse stakeholders and has multiple antecedents and consequences. At the global level, public food and nutrition policies are currently aimed at the prevention of obesity and other non-communicable diseases that are clearly linked to the quality of diet.

Malnutrition may equally be the result of excesses or deficiencies in the nutrients consumed, and may lead to a number of diseases and conditions, such as diabetes, hypertension, heart attacks, strokes along with some types of cancer all of which are associated with increased morbidity, mortality and early-onset disability. According to the FAO, WFP, UNECE, UNICEF, WHO and WMO (2021), unhealthy diets account for approximately 86% of deaths and 77% of the disease burden in Europe and Central Asia. Hence the need for a thorough analysis of the degree of compliance with and implementation of a good quality diet and those factors that facilitate its adoption, such as public policy. Governments must establish clear guidelines both for consumers in their food shopping habits and for catering services throughout their value chain (purchase, supply, distribution, processing, sale and recycling) in order to develop nutritional criteria for the food that is served in public establishments and, by extension, in all contexts. There should be no reticence in encouraging the availability of the most suitable food types and in giving every facility to organizations that promote balanced diets. Meanwhile, the marketing of unhealthy foods should be actively restricted and additional measures should be adopted, such as tax disincentives on food manufacturers that use excessive amounts of harmful nutritional components in their products. The deterioration of health and the shortening of life expectancy resulting from poor nutrition constitutes a drain on public resources that no government can afford to ignore.

New lines of academic research are emerging concerned with the legal and ethical limits of public policy in this area. Pressing questions require clear responses, such as what is the responsibility of a company that manufactures products harmful to health? Should this responsibility be shared and, if so, how should it be apportioned? Certainly, responsibility must rest equally on the manufacturer as well as on regulatory or legislative bodies and must, at the least, implicate the transnational companies that promote and control global eating habits. Fifty percent of worldwide food production sales is in the hands of 50 corporations and this market share grows year on year with the largest manufacturers increasingly dominating production[1] (Rosa Luxemburg Foundation, Friends of the Earth Germany (BUND), Oxfam Germany, Germanwatch, 2018).

The processes of industrialization driven by new lifestyle habits and consumption demands have contributed decisively to the eradication of hunger, but they have also favored an excess in the ingestion of calories and the promotion of associated diseases. Clear examples are the over-consumption of sugary drinks (Ma, 2015; Kearns et al., 2018), the use of trans fats (Cordner & Tamashiro, 2015; Cabezas-Zábala, Hernández-Torres & Vargas-Zárate, 2016) and the increased use of salt (Kotchen, Cowley Jr, & Frohlich, 2013; Wilck et al., 2017), all of which contradict the recommendations of the WHO (2021a). This situation highlights the need to 1) restrict sodium intake and ensure that salt for human consumption is iodized, 2) limit the consumption of free sugars, 3) prioritize the consumption of unsaturated fats over saturated fats, 4) stop using industrially processed trans fatty acids, 5) increase the consumption of whole grains, vegetables, fruits, legumes and nuts and 6) ensure the free availability of drinking water.

This excessive consumption is paralleled by the increasing use of all types of plastic containers for take-away food and individual drinks that is part of the business model of promoting individuality and consumerism at low cost (Ritchie & Roser, 2018; Waring, Harris & Mitchell, 2018; Luque 2019). As an example, the impact of bottled water on natural resources is 3,500 times greater than tap water (Villanueva, et al., 2021) and, in the U.S., 17 million barrels of oil are needed to produce the plastic to meet the annual demand for bottled water (Harvard, 2021) despite bottled water being 50 to 500 times more expensive than tap water (Madeblue, 2021). Regulation that favors the public interest and that binds the manufacturing sector must become the rule and not the exception in order to limit such irresponsible behavior that serves only the producers and distributors. It should be borne in mind that industrial gi-

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