Accepted manuscript

Effects of front-of-package nutrition labelling systems on objective understanding and purchase intention in Panama: results from a multi-arm parallel-group randomised controlled trial

Fabio da Silva Gomes[1]; Israel Ríos-Castillo[2]; Leon Ramon Leal Correa[3]; Bethy Cruzado[3]; Gastón Ares[4,5]; Carlos Felipe Urquizar Rojas[6,7]; Elka González-Madden[8]; Jorge Victoria[8]

[1]Pan-American Health Organization (PAHO), Washington D.C., U.S.A

[2]Food and Agriculture Organization for the United Nations, Subregional Office for Mesoamerica, Panama City, Panama

[3]Fundación Movimiento de Alimentación Saludable, Panama City, Panama

[4]Instituto Polo Tecnológico de Pando, Facultad de Química, Universidad de la República, Pando, Uruguay

[5]Centro de Investigación Básica en Psicología (CIBPsi), Facultad de Psicología, Universidad de la República, Montevideo, Uruguay

[6]Department of Design, University of Joinville Region, Joinville, Brazil

[7]and Laboratory of Information Design Systems (LabDSI), Federal University of Paraná, Curitiba, Brazil

[8]Pan-American Health Organization (PAHO), Panama City, Panama

This is an Accepted Manuscript for Public Health Nutrition. This peer-reviewed article has been accepted for publication but not yet copyedited or typeset, and so may be subject to change during the production process. The article is considered published and may be cited using its

DOI 10.1017/S1368980024001009

Correspondence to: Fabio da Silva Gomes. E-mail: gomesfabio@paho.org. Mailing address: 525 23rd St. NW, Washington D.C., USA, 20037. Tel: +1 (202) 974-3695.

Short title: Front-of-package labels efficacy in Panama

Acknowledgements: We would like to thank Danilo Perez (Executive Director of the Centro para la Defensa del Consumidor de El Salvador) for his feedback on the research protocol.

Financial Support: This work was supported by Resolve to Save Lives.

Conflict of Interest: None.

Authorship: All authors provided substantial contributions to the conception and design of the study. LRLC and BC led the data acquisition. FSG performed the statistical analyses and provided preliminary interpretation of findings. FSG and IRC drafted the first version of the paper, and all authors revised it critically for important intellectual content. All authors approved the final version to be published. All authors agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. FSG is a staff member of the Pan American Health Organization. Authors hold sole responsibility for the views expressed in the manuscript, which may not necessarily reflect the opinion or policy of the Pan American Health Organization.

Ethical Standards Disclosure: This study was conducted according to the guidelines laid down in the Declaration of Helsinki and all procedures involving research study participants were approved by the Institutional Ethics Committee of the Institute of Nutrition of Central America and Panama, by the Bioethics Committee of the University of Panama, and by the Pan-American Health Organization Ethics Review Committee. Written informed consent was obtained from all subjects.

https://doi.org/10.1017/S1368980024001009 Published online by Cambridge University Press

ABSTRACT

Objective: To assess the effect of different front-of-package (FOPL) schemes on the objective understanding of the nutritional content and intention to purchase products, in Panama.

Design: Single-blinded multi-arm parallel-group randomised controlled trial.

Setting: Supermarkets across Panama. Participants were exposed to two-dimensional images of 15 mock-up products presented at random and balanced orders. Participants assigned to the intervention groups were exposed to mock-ups featuring one FOPL scheme: black octagonal warning labels (OWL), traffic-light labelling (TFL), or guideline daily amounts (GDA). Control group was not exposed to any FOPL scheme.

Participants: Adult supermarket shoppers (n=1200). Participants were blinded to group assignment.

Results: Similar number of participants were randomised to and analysed in each group: OWL (n=300), TFL (n=300), GDA (n=300), and control (n=300). The odds for choosing to purchase the least harmful or none of the options more often was the highest in the OWL group. Compared to the control group, two times higher in the OWL group (OR 2·13, 95% confidence interval 1·60-2·84), and 57% higher in the TFL (1·57, 1·40-2·56), with no changes in the GDA (0·97, 0·73-1·29). OWL also resulted in the highest odds for correctly identifying the least harmful option, and for correctly identifying a product with excessive amounts of sugars, sodium and/or saturated fats.

Conclusions: OWL performed best in helping shoppers to correctly identify when a product contained excessive amounts of nutrients of concern, to correctly identify the least harmful option, and to decide to purchase the least harmful or none of the options, more often.

Keywords: food labelling; nutrition labelling; nutrition policies; food policies; public health

INTRODUCTION

Panama faces a serious public health problem due to the high prevalence of overweight, obesity, and chronic non-communicable diseases (NCDs)[1,2]. According to the latest nationally representative survey, the prevalence of overweight and obesity was 71.7% among adults, 36.6% in schoolchildren, and 13% in preschoolers[3]. Like in other countries worldwide, NCDs are the main leading cause of death in Panama[4-6], including cardiovascular diseases, neoplasia, diabetes, and hypertension[7].

Unhealthy eating has been identified as one of the main modifiable causes of overweight and obesity, and NCDs[8]. The expansion of unhealthy diets has been largely driven by the consumption of ultra-processed products and processed products that are energy-dense and contain excessive amounts of nutrients associated with NCDs (i.e., sugars, sodium, total fat, saturated fats, and trans fats)[9,10].

For these reasons, public policies are needed to promote food environments that facilitate healthier diets[9-11]. The provision of information that can effectively encourage healthier food decisions is essential for this purpose[12,13]. Quantitative nutrient declaration tables are difficult to find and understand for consumers, and therefore they are seldom used for making food purchase decisions[14]. Considering that people spend little time and cognitive effort when making their food purchase decisions[15-20], simplified nutrition information schemes have been recommended as a measure to improve their ability to find and understand nutrition information, encouraging healthier food choices[11,21]. For these reasons, the adoption of front-of-package labelling (FOPL) has been identified as a priority globally[22,23].

Several FOPL schemes have been developed worldwide. They differ in purpose and performance[11]. Considering that almost half of deaths are caused by high blood fasting glucose, hypertension and overweight and obesity[24], one of the main purposes sought to be met with FOPL is to allow consumers to easily and correctly identify products that are excessive in critical nutrients associated with those risk factors, including sugars, total fat, saturated fats, trans fats, and sodium, and to discourage their consumption[25].

https://doi.org/10.1017/S1368980024001009 Published online by Cambridge University Press

Panama, like other Central American countries, has put forward a proposal of a FOPL system, which has been tabled in the parliament[26,27]. Likewise, the Council of the Ministers of Health of Central America and Dominican Republic (COMISCA) has also tabled a proposal a FOPL system for adoption by the Central American Integration System[28]. The production of local evidence could help informing the development and adoption of both these national and subregional regulatory initiatives.

This study was designed to add another piece to the existing body evidence to help informing policy decisions in Panama, in Central America, and worldwide. Considering that evidence on the effectiveness of different FOPL schemes is still emerging worldwide, the study makes a relevant contribution to the literature. It compares the octagonal warning labels (OWL) included in the proposal put forward by COMISCA[28], which was also tabled in Panamanian domestic parliament, and the guideline daily amounts (GDA) and the traffic-light labelling (TFL), which have been proposed by food industry sectors as alternatives.

This was the first study of its kind to be completed in Panama. The trial aimed at assessing the effect of these FOPL schemes on the objective understanding of the nutritional content (correctly selecting the least harmful option, correctly identifying sugars, sodium and/or saturated fats found to be in excess) and choosing to purchase the least harmful option (purchase intention) of a series of products, in Panama.

METHODS

Design

A single-blinded multi-arm parallel-group randomised controlled trial was conducted among adult shoppers at supermarkets in Panama. Participants were randomly allocated at equal rate (1/4) to the four study groups (three experimental and the control group). Participants in each group were exposed to either one of the experimental conditions or allocated to the control group.

https://doi.org/10.1017/S1368980024001009 Published online by Cambridge University Press

Participants

Adult supermarket shoppers in Panama (n=1200) with 18 years old or older were included in the study, except for those visually impaired, or unable to read or to give informed consent. Participants were recruited and interviewed at popular supermarkets serving customers of varying socioeconomic status, in April and May 2022.

A total of 31 supermarkets were included in the study, which were located at different provinces across Panama (Chiriquí, Coclé, Colón, Herrera, Los Santos, Panamá, Veraguas). Field research procedures to recruit and interview shoppers were similar to those adopted and described elsewhere[29].

Interventions

The preparation and presentation of the two-dimensional (2D) images of mock-up products shown to participants followed similar procedures used by White-Barrow et al.[29]. Figure 1 illustrates one of the pages of a booklet of images shown to participants of one of the experimental groups.

The mock-ups resembled characteristics of real commercial products available in the Panamanian market in terms of package and graphic design, and nutritional composition. Five sets of mock-ups were designed. Each set included three products from each of five product categories of ultra-processed products commonly consumed (3×5=15 mock-up products). The product categories were breakfast cereal extrudates, chocolate flavoured milks, filled cookies, white breads, and yoghurts.

The same 15 mock-up products were used in each group; the only difference across groups was the FOPL scheme they were featuring. Participants were randomly allocated to one of four experimental groups: OWL, TFL, GDA, or no FOP label (control group). Mock-ups shown to participants featured solely the scheme they were allocated to.

The application of TFL followed the specifications developed by the UK Department of Health, the Food Standards Agency, and devolved administrations in Scotland, Northern Ireland and Wales in collaboration with the British Retail Consortium[30]. For the GDA the

https://doi.org/10.1017/S1368980024001009 Published online by Cambridge University Press

specifications proposed by industry for adoption by the in Central American Integration System were used[28]. The serving sizes featured on TFL and GDA labels resembled the ones found in real products (Table S1). The specifications used for the application of black octagonal warning labels followed the standard proposed by COMISCA[28]. For consistency, thresholds used to define the 'high/excess' content of sugars, total fat, saturated fats, or sodium, were the same for all FOPL systems, when such category applied (i.e. OWL and TFL), and the Pan American Health Organization criteria included in the COMISCA proposed standard was the one used[31]. See the nutritional composition of products in the supplementary material (Table S1). All sets of mock-up products were identical except for the FOPL icons featured. Figure 2 illustrates one of the mock-up products with the FOPL schemes applied.

The order of the questions asked aimed at reducing potential response bias, and followed the procedures used and described in greater details elsewhere[29]. In summary, first, participants were asked to indicate which product they would buy in each category, and in a second task, which product was the least harmful for health. For the last task, they were asked whether products had an amount of sugars, sodium, total fat, saturated fat, trans fat, or none of these nutrients, that was higher than the recommended for a healthy diet.

Outcomes

The contribution of the different FOPL schemes to improving the decision of participants to buy the least harmful option more often, the selection of the least harmful option more often, and the correct identification of sugars, sodium, total fat, trans fats, and/or saturated fats found to be in excess in the products more often are the primary outcomes of this study.

The metrics used to assess the outcomes have been described in greater detail elsewhere[29]. These included the frequency with which participants responded they would buy the least harmful option or none of the options, the frequency with which participants made a correct identification of the least harmful option, and the number of correct answers and the proportion of participants with zero, one, two, three, four or five correct answers when responding whether the products contained amounts of sugars, sodium, total fat, trans fats, and/or saturated fats found to be higher than the recommended for a healthy diet.

https://doi.org/10.1017/S1368980024001009 Published online by Cambridge University Press

Sample size

The sample size was estimated based on calculations to detect a difference between two proportions. The most conservative criterion was used, assuming that the proportion of participants who correctly identify products with nutrient above nutritional recommendations for the control condition would be 50%. The number of participants needed to detect an absolute increase of 12% (which is smaller than what has been previously reported[32,33]) with a confidence level of 95% and a power level of 80% was estimated in 265 participants in each of the experimental groups (comparisons and control) (n= 265x4 = 1060). The total resulting sample size used was of 1200 participants.

Randomisation

Shoppers were selected using quota sampling to meet a composition of age, gender and educational level within each group that resembles the one found for the population of Panama. A similar number of participants were randomly allocated to one of the three intervention groups or the control group: OWL (n=300); TFL (n=300); guideline daily amounts GDA (n=300); and the control group which was not exposed to any FOPL scheme (n=300). The randomisation of the experimental conditions and groups, as well as single-blinding procedures were similar to those used and described in greater detail elsewhere[29].

Statistical analyses

Descriptive statistics on the sample included proportions (for categorical variables), means (for numeric variables) and their respective 95% confidence intervals (95%CI). Ordered logistic regression models were used to estimate the odds ratio (OR) of FOPL schemes improving, more often, the frequency with which consumers would choose to purchase the least harmful products or none of the products, the correct identification of the least harmful options of products, and the number of times participants correctly identified when products contained excessive amounts of sugars, total fat, saturated fats, trans fats and/or sodium.

Models were adjusted for age, gender, education level, and reported noncommunicable disease and related risk factors. Subset analyses for each single category of products were also conducted using logistic regression with logit link function.

https://doi.org/10.1017/S1368980024001009 Published online by Cambridge University Press

All tests were two-sided, and we considered $p<0.05$ to be statistically significant. The analyses were conducted in R language and environment for statistical computing version 4.0.1[34].

RESULTS

As shown in Table 1, most of the respondents were under 50 years of age, women, and reached the secondary level of education or lower. In addition, the most common reported noncommunicable disease condition and risk factor was hypertension, followed by high cholesterol, overweight and obesity, diabetes, and heart disease.

When compared to the control, the chances of participants choosing to purchase the least harmful option or none of them more often doubled when they were exposed to the octagonal warning labels (OR 2·13, 95%CI 1·60 to 2·84). The TFL (OR 1·57, 95%CI 1·17 to 2·10) performed significantly better than the control and the GDA and significantly worse than the OWL, and the GDA (0·97, 95%CI 0·73 to 1·29) was inefficacious in improving such odds compared to the control condition (Table 2).

The octagonal warning labels also practically doubled the odds of participants choosing to purchase the least harmful option more often compared to the control (OR 1·94, 95%CI 1·31 to 2·88). As shown in Table 2, all the other systems were inefficacious in improving such odds (GDA: 1·05, 95%CI 0·71 to 1·54; TFL: 1·43, 95%CI 0·97 to 2·10).

The effects exerted by the OWL on the intention to purchase the least harmful option or none of the options were similar for almost all product categories when they were analysed separately. The TFL was only able to improve the intention to purchase the least harmful or none of the options for two categories (yogurts and breakfast cereals), whereas the GDA was inefficacious for all categories. As a matter of fact, the GDA performed worse than the control in terms of encouraging consumers to choose to buy the least harmful or none of the options (Table 2).

The odds of participants correctly identifying the least harmful option more often was the highest and increased by more than sevenfold compared to the control when they were

https://doi.org/10.1017/S1368980024001009 Published online by Cambridge University Press

exposed to the OWL (OR 7·51, 95%CI 5·52 to 10·27). It was 2.7 times higher for participants in the TFL group (2·74, 95%CI 2·03 to 3·71), whereas the GDA (0·81, 95%CI 0·61 to 1·08) was inefficacious in improving such odds, compared to the control (Table 2).

When analysing the results separately by product category, the OWL again performed best in improving the capacity of participants to identify the least harmful option for all product categories. The TFL performed significantly worse than the OWL and significantly better than the GDA for all product categories. The GDA was not able to help participants completing this task correctly when applied to flavoured milks, and to white breads. In addition, it worsened the capacity of participants correctly completing this task in yogurts and filled cookies (Table 2).

The chances of participants correctly identifying when a product contained excessive amounts of critical nutrients (sodium, sugars, saturated fats) more often were also the highest when they were exposed to the OWL (16·32, 95%CI 11·70 to 22·89), followed by the TFL (3·71, 95%CI 2·72 to 5·06), whereas the GDA (1·08, 95%CI 0·78 to 1·48) was inefficacious (Table 2). The Wald statistics for homogeneity also confirms the superiority of OWL in improving the capacity of participants to correctly identify products with excessive amounts of critical nutrients (Figure 3). When analysing these results separately by product category, the OWL again performed best for all product categories. Again, the TFL performed significantly worse than the OWL and significantly better than the GDA for all product categories. The GDA was not able to help participants completing this task correctly when applied to yogurts, filled cookies, and white breads. In addition, it worsened the capacity of participants correctly completing this task for flavoured milks (Table 2).

DISCUSSION

The study found that the OWL outperformed the GDA and TFL in helping consumers correctly identifying the least harmful option, the presence in products of critical nutrients in excess, and choosing to purchase the least harmful option or none of the options in Panama, regardless of the populations' age, gender, and education.

https://doi.org/10.1017/S1368980024001009 Published online by Cambridge University Press

Similarly, to what this study has found, previous studies have also reported that warning labels perform better than GDA and TFL in helping consumers make healthier decisions. Some of the reasons include the fact that OWL are easier and quicker to find on the labels and to understand due to their simplicity and higher salience from the usual colourful background of processed and ultra-processed packaged products[29,32,33,35-37]. The TFL classifies the content of target nutrient content into low/medium/high and this information is expected to require more time and cognitive effort to interpret compared with the OWL, as reported in previous studies[32,35]. The use of green colour found in systems such as the TFL may drive consumers to misperceive a product as healthier and undesirably raise their appetite for such products, which may explain their lower effect on improving understanding of nutritional information and reducing purchase intention for products high in nutrients associated with NCDs[35,38-43]. In addition, the use of red colour, also found in such systems, although intended to communicate a higher harmfulness level, may trigger an opposite effect in some products. Lemos et al. (2020) have shown, using objective measures of brain activities, that the red colour triggers a positive emotional motivation towards sweet ultra-processed products[44].

Two studies differed from some of our results.[45,46] One study using a virtual supermarket simulator found the nutritional composition of the simulated shopping carts were similar in the OWL and TFL groups.[45] In another study, Bandeira et al. (2021) reported that the OWL performed better than the TFL in improving the understanding about nutritional content of products, but differences regarding the intention to purchase products were not significant[46].

Reviews and meta-analysis have documented that warning labels are more consistently successful and perform best in reducing purchase intention of unhealthy products[47,48]. In this sense, a real-life interrupted time series study conducted in Chile has shown warning labels contributed to reductions in the purchase of products high in calories, sodium, saturated fats, and sugars[49].

One of the major strengths of this study is the robust multi-arm parallel-group randomized controlled design which allows the results to be attributed to FOPL schemes and avoids differential carry-over effects that are more likely to happen in within-subject studies. The

https://doi.org/10.1017/S1368980024001009 Published online by Cambridge University Press

exposure of participants to 2D mock-up products with different FOPL schemes was standardised to match real products' label sizes and sizes and proportions of FOPL, approaching real-life conditions, also strengthened its external validity. However, it should be noted that the study was conducted using fictitious brands, products were not associated with price information and participants did not purchase the products, which has strengthened the attribution of the effects to the FOPL schemes, but conversely, limited the analysis of the relative importance of these other factors.

The findings of this study indicate that among the FOPL options under discussion and consideration in Panama and Central America, the octagonal warning labels included in the COMISCA proposal[28] to be adopted by Member States of the Central American Integration System and in bills to be adopted by the Panamanian parliament is the most effective option in meeting the regulatory objective of helping the population to correctly identify the least harmful option and the presence of excessive amounts of critical nutrients, and to choose to purchase the least harmful product more often. Once the system is implemented in Central American countries, future research to evaluate the impact on actual purchases of products and on dietary changes will be needed to keep track of the changes expected to be exerted by octagonal warning labels in the short- and mid-terms. Efforts to safeguard the policy space from ultra-processed food industry's known attempts to shape food and nutrition policies in their favour and jeopardising public health are also paramount.

https://doi.org/10.1017/S1368980024001009 Published online by Cambridge University Press

REFERENCES

1. Hammond R, Levine R. The economic impact of obesity in the United States. Diabetes, Metab Syndr Obes Targets Ther. 2010;3:285-95.
2. Bloom DE, Cafiero ET, Jané-Llopis E, et al. The global economic burden of noncommunicable diseases. Geneva: World Economic Forum; 2011.
3. Instituto Conmemorativo Gorgas de Estudios de la Salud. Sistema de información de la Encuesta Nacional de Salud de Panamá (ENSPA) 2019-2023 [Internet]. Panama: Departamento de Investigación y Evaluación de Tecnología Sanitaria, Ministerio de Salud; 2010 [cited 2024 Feb 22]. Available from: https://www.gorgas.gob.pa/wp-content/uploads/external/SIGENSPA/Inicio.htm
4. Razzaghi H, Martin DN, Quesnel-Crooks S, et al. 10-year trends in noncommunicable disease mortality in the Caribbean region. Rev Panam Salud Pública. 2019;43:e37.
5. World Health Organization. Noncommunicable diseases [Internet]. Fact sheet. 2022 [cited 2023 Aug 7]. Available from: https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases
6. NCD Countdown 2030 collaborators. NCD Countdown 2030: worldwide trends in non-communicable disease mortality and progress towards Sustainable Development Goal target 3.4. Lancet. 2018;392:1072-88.
7. Instituto Nacional de Estadística y Censo (INEC). Defunciones y tasa de mortalidad de las cinco principales causas de muerte, por sexo, según provincia, comarca indígena de residencia y causa: año 2020 [Internet]. Panamá: INEC; 2020 [cited 2024 Feb 22]. Available from: https://www.inec.gob.pa/archivos/P05334242022012710060 7Cuadro 12.pdf
8. GBD 2019 Risk Factors Collaborators. Global burden of 87 risk factors in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019. Lancet. 2020;396:1223-49.
9. Pan American Health Organization. Ultra-processed food and drink products in Latin America: Sales, sources, nutrient profiles, and policy implications. Washington, D.C.: PAHO; 2019.

https://doi.org/10.1017/S1368980024001009 Published online by Cambridge University Press

10. Swinburn BA, Kraak VI, Allender S, et al. The global syndemic of obesity, undernutrition, and climate change: the Lancet Commission report. Lancet. 2019;393:791-846.
11. Pan American Health Organization. Front-of-package labeling as a policy tool for the prevention of noncommunicable diseases in the Americas. Washington, D.C.: PAHO; 2020.
12. Nutbeam D. Health literacy as a public health goal: a challenge for contemporary health education and communication strategies into the 21st century. Health Promot Int. 2000;15:259-67.
13. Mansfield E, Wahba R, De Grandpré E. Integrating a health literacy lens into nutrition labelling policy in Canada. Int J Environ Res Public Health. 2020;17:4130.
14. Campos S, Doxey J, Hammond D. Nutrition labels on pre-packaged foods: a systematic review. Public Health Nutrition. 2011;14:1496-1506.
15. Tversky A, Kahneman D. Judgment under uncertainty: heuristics and biases. Science. 1974;185:1124-31.
16. Hoyer WD. An examination of consumer decision making for a common repeat purchase product. J Consum Res. 1984;11:822-29.
17. Knutson B, Rick S, Wimmer GE, et al. Neural predictors of purchases. Neuron. 2007;53:147-56.
18. Olshavsky RW, Granbois DH. Consumer decision making—fact or fiction? J Consum Res. 1979;6:93-100.
19. Wright PL. Consumer choice strategies: simplifying vs. optimizing. J Mark Res. 1975;11:60-7.
20. Johnson EJ, Payne JW. Effort and accuracy in choice. Management Science. 1985;31:395-414.
21. World Health Organization (WHO). Guiding principles and framework manual for front-of-pack labelling for promoting healthy diet. Geneva: WHO; 2019.
22. World Health Organization (WHO). Tackling NCDs: ‘best buys’ and other recommended interventions for the prevention and control of noncommunicable diseases. Geneva: WHO; 2017.

23. World Health Organization (WHO). Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health: acceleration plan to support Member States in implementing the recommendations for the prevention and management of obesity over the life course. 76th World Health Assembly A76/7 Add.1 Rev.1. Provisional agenda item 13.2. 8 May 2023. Geneva: WHO; 2023.
24. Institute for Health Metrics and Evaluation. Global burden of diseases 2019. [internet] 2023 [cited 2024 Feb 22]. Available from: https://vizhub.healthdata.org/gbd-results
25. Ares G, Antúnez L, Curutchet MR, et al. Warning labels as a policy tool to encourage healthier eating habits. Current Opinion in Food Science. 2023;51:101011.
26. Crosbie E, Gomes FS, Olvera J, et al. A policy study on front–of–pack nutrition labeling in the Americas: emerging developments and outcomes. The Lancet Regional Health – Americas. 2022;18:100400.
27. Asamblea Nacional de Diputados de Panamá. Anteproyecto de Ley 265 que establece un sistema de etiquetado frontal de advertencia nutricional en Panamá a través de sellos octagonales con leyenda alto en. Panama City: Asamblea Nacional de Diputados de Panamá; 2019.
28. Consejo de Ministros de Salud de Centroamérica y República Dominicana (COMISCA). Resolución COMISCA 20-2019. Relativa al Reglamento Técnico Centroamericano de Etiquetado Frontal de Advertencia Nutricional (RTCA-EFAN). 11 de diciembre de 2019. San Salvador: COMISCA; 2019.
29. White-Barrow, Gomes FS, Eyre S, et al. Effects of front-of-package nutrition labelling systems on understanding and purchase intention in Jamaica: results from a multiarm randomised controlled trial. BMJ Open. 2023;13:e065620.
30. Department of Health. Food Standards Agency. Guide to creating a front of pack (FOP) nutrition label for pre-packed products sold through retail outlets. London: UK-FSA; 2016.

31. Pan American Health Organization. Pan American Health Organization nutrient profile model. Washington, DC: Pan American Health Organization; 2016.
32. Arrúa A, Machín L, Curutchet MR, et al. Warnings as a directive front-of-pack nutrition labelling scheme: comparison with the guideline daily amount and traffic-light systems. Public Health Nutr. 2017;20:2308-17.
33. Acton RB, Rynard VL, Adams J, et al. Awareness, use and understanding of nutrition labels among adults from five countries: findings from the 2018-2020 international food policy study. Appetite. 2023;180:S0195-6663(22)00402-0.
34. R Core Team. R: A language and environment for statistical computing. Vienna: R foundation for statistical computing; 2021. Available from: www.R-project.org
35. Cabrera M, Machín L, Arrúa A, et al. Nutrition warnings as front-of-pack labels: influence of design features on healthfulness perception and attentional capture. Public Health Nutr. 2017;20:3360-71.
36. Deliza R, de Alcántara M, Pereira R, et al. How do different warning signs compare with the guideline daily amount and traffic-light system? Food Quality and Preference. 2019;80:103821.
37. Goodman S, Vanderlee L, Acton R, et al. The impact of front-of-package label design on consumer understanding of nutrient amounts. Nutrients. 2018;10:1624.
38. Schuldt JP. Does green mean healthy? Nutrition label color affects perceptions of healthfulness. Health Commun. 2013;28:814-21.
39. Huang L, Lu J. The impact of package color and the nutrition content labels on the perception of food healthiness and purchase intention. Journal of Food Products Marketing. 2016;22:191-218.
40. Nyilasy G, Lei J, Nagpal A, et al. Color correct: the interactive effects of food label nutrition coloring schemes and food category healthiness on health perceptions. Public Health Nutr. 2016;19:2122-7.

https://doi.org/10.1017/S1368980024001009 Published online by Cambridge University Press

41. Machín L, Aschemann-Witzel J, Curutchet MR, et al. Traffic light system can increase healthfulness perception: implications for policy making. J Nutr Educ Behav. 2018;50:668-74.
42. Spence C. On the psychological impact of food colour. Flavour. 2015;4:21.
43. Hock K, Acton RB, Jáuregui A, et al. Experimental study of front-of-package nutrition labels' efficacy on perceived healthfulness of sugar-sweetened beverages among youth in six countries. Prev Med Rep. 2021;24:101577.
44. Lemos TC, Almo A, Campagnoli RR, et al. A red code triggers an unintended approach motivation toward sweet ultra-processed foods: possible implications for front-of-pack labels. Food Quality and Preference. 2020;79:103784.
45. Machín L, Aschemann-Witzel J, Curutchet MR, Giménez A, Ares G. Does front-of-pack nutrition information improve consumer ability to make healthful choices? Performance of warnings and the traffic light system in a simulated shopping experiment. Appetite. 2018;121:55-62.
46. Bandeira LM, Pedroso J, Toral N, Gubert MB. Performance and perception on front-of-package nutritional labeling models in Brazil. Rev Saude Publica 2021;55:19.
47. Croker H, Packer J, Russell SJ, Stansfield C, Viner RM. Front of pack nutritional labelling schemes: a systematic review and meta-analysis of recent evidence relating to objectively measured consumption and purchasing. J Hum Nutr Diet. 2020;33: 518-37.
48. Ikonen I, Sotgiu F, Aydinli A, Verlegh PWJ. Consumer effects of front-of-package nutrition labeling: an interdisciplinary meta-analysis. J of the Acad Mark Sci. 2020;48:360-83.
49. Taillie LS, Bercholz M, Popkin B, et al. Changes in food purchases after the Chilean policies on food labelling, marketing, and sales in schools: a before and after study. Lancet Planet Health. 2021;5:e526-33.

Table 1 – Sociodemographic characteristics and reported noncommunicable diseases conditions and related risk factors of the sample.

	Total (n=1200)	**Control (n=300)**	**GDA (n=300)**	**TFL (n=300)**	**OWL (n=300)**
Age brackets					
18-29	428 (35.7%)	81 (27%)	139 (46.3%)	120 (40%)	88 (29.3%)
30-49	515 (42.9%)	127 (42.3%)	111 (37%)	131 (43.7%)	146 (48.7%)
50-69	240 (20%)	82 (27.3%)	47 (15.7%)	47 (15.7%)	64 (21.3%)
70+	17 (1.4%)	10 (3.3%)	3 (1%)	2 (0.7%)	2 (0.7%)
Women	749 (62.4%)	189 (63%)	172 (57.3%)	214 (71.3%)	174 (58%)
Men	428 (35.7%)	106 (35.3%)	123 (41%)	83 (27.7%)	116 (38.7%)
Other	23 (1.9%)	5 (1.7%)	5 (1.7%)	3 (1%)	10 (3.3%)
Educational levels					
Primary	141 (11.7%)	54 (18%)	28 (9.3%)	19 (6.3%)	40 (13.3%)
Secondary	704 (58.7%)	166 (55.3%)	151 (50.3%)	222 (74%)	165 (55%)
Tertiary	355 (29.6%)	80 (26.7%)	121 (40.4%)	59 (19.7%)	95 (31.7%)
Participants who have been informed by a health professional that they have…					
Diabetes or raised blood sugar	405 (33.8%)	70 (23.3%)	110 (36.7%)	136 (45.3%)	89 (29.7%)
Hypertension or high blood pressure	677 (56.4%)	130 (43.3%)	153 (51%)	199 (66.3%)	195 (65%)
Heart disease	181 (15.1%)	24 (8%)	56 (18.7%)	66 (22%)	35 (11.7%)
High cholesterol	521 (43.4%)	88 (29.3%)	114 (38%)	171 (57%)	148 (49.3%)
Overweight or obesity	424 (35.3%)	71 (23.7%)	102 (34%)	182 (60.7%)	69 (23%)

GDA: guideline daily amounts; TFL: traffic-light system; OWL: octagonal warning labels.

https://doi.org/10.1017/S1368980024001009 Published online by Cambridge University Press

Table 2 – Effect of different FOPL schemes on the objective understanding of the nutritional content, harmfulness perception and intention to purchase products, in Panama, compared to the control condition.‡ Values are odds ratios (95% confidence intervals).

		Front-of-package labelling experimental groups		
Outcomes	**Products**	**GDA (n=300)**	**TFL (n=300)**	**OWL (n=300)**
Intention to purchase the least harmful option or none of the options	All categories of products	0.97 (0.73; 1.29) [a]	**1.57 (1.17; 2.10)*** [b]	**2.13 (1.60; 2.84)*** [c]
	Breakfast cereals	1.17 (0.83; 1.66) [a]	**2.04 (1.45; 2.88)*** [b]	**2.05 (1.47; 2.87)*** [b]
	Yogurts	**0.64 (0.45; 0.91)*** [a]	**1.71 (1.23; 2.39)*** [b]	**1.77 (1.27; 2.46)*** [b]
	Flavoured milks	**0.61 (0.43; 0.86)*** [a]	0.96 (0.68; 1.35) [b]	**1.61 (1.13; 2.31)*** [c]
	Filled cookies	1.11 (0.79; 1.55) [a]	1.33 (0.96; 1.86)* [a]	**2.08 (1.50; 2.89)*** [b]
	White breads	1.15 (0.82; 1.61)	1.30 (0.93; 1.82)	1.35 (0.97; 1.88)
Intention to purchase the least harmful option	All categories of products	1.05 (0.71; 1.54) [a]	1.43 (0.97; 2.10) [a,b]	**1.94 (1.31; 2.88)*** [b]
	Breakfast cereals	1.15 (0.79; 1.67) [a]	**2.11 (1.48; 3.02)*** [b]	**2.30 (1.62; 3.26)*** [b]
	Yogurts	0.76 (0.51; 1.14) [a]	1.17 (0.80; 1.72) [b]	**3.07 (2.14; 4.44)*** [c]
	Flavoured milks	0.80 (0.54; 1.19) [a]	1.29 (0.87; 1.92) [b]	**2.28 (1.53; 3.43)*** [c]
	Filled cookies	1.14 (0.76; 1.71) [a]	**1.52 (1.03; 2.25)*** [a,b]	**1.87 (1.26; 2.80)*** [b]
	White breads	1.23 (0.85; 1.79)	**1.64 (1.16; 2.35)***	**1.64 (1.16; 2.35)***
Correct identification of the least harmful option	All categories of products	0.81 (0.61; 1.08) [a]	**2.74 (2.03; 3.71)*** [b]	**7.51 (5.52; 10.27)*** [c]
	Breakfast cereals	**1.49 (1.06; 2.11)*** [a]	**3.74 (2.65; 5.32)*** [b]	**6.16 (4.31; 8.90)*** [c]
	Yogurts	**0.69 (0.50; 0.97)*** [a]	**1.56 (1.11; 2.20)*** [b]	**4.96 (3.35; 7.46) *** [c]
	Flavoured milks	1.05 (0.75; 1.46) [a]	**1.81 (1.29; 2.53)*** [b]	**4.57 (3.14; 6.72)*** [c]
	Filled cookies	**0.63 (0.45; 0.88)*** [a]	**1.78 (1.27; 2.48)*** [b]	**3.58 (2.52; 5.12)*** [c]
	White breads	0.85 (0.60; 1.19) [a]	**1.90 (1.36; 2.66)*** [b]	**3.75 (2.65; 5.34)*** [c]
Correct understanding about the nutritional content of products	All categories of products	1.08 (0.78; 1.48) [a]	**3.71 (2.72; 5.06)*** [b]	**16.32 (11.70; 22.89)*** [c]
	Breakfast cereals	**1.72 (1.09; 2.75)*** [a]	**3.61 (2.37; 5.61)*** [b]	**16.16 (10.65; 25.10)*** [c]
	Yogurts	0.85 (0.53; 1.35) [a]	**4.33 (2.92; 6.52)*** [b]	**6.54 (4.44; 9.79)*** [c]
	Flavoured milks	**0.40 (0.23; 0.66)*** [a]	0.98 (0.65; 1.49)* [b]	**7.99 (5.48; 11.79)*** [c]
	Filled cookies	1.65 (0.91; 3.04) [a]	**3.52 (2.07; 6.21)*** [b]	**14.69 (8.98; 25.19)*** [c]
	White breads	1.31 (0.84; 2.06) [a]	**2.46 (1.62; 3.78)*** [b]	**6.02 (4.06; 9.07)*** [c]

‡Estimates for sets of products were obtained using ordered logistic regression models and estimates for single categories of products were obtained using logistic regression models with link function binomial logit. All estimates were adjusted for adjusted for age, gender, and education level. *Significantly different from control condition. Also highlighted in bold ($p \leq 0.05$). Different superscript letters within a row in the comparison between columns indicate significant differences between the effects of FOPL schemes ($p \leq 0.05$).

https://doi.org/10.1017/S1368980024001009 Published online by Cambridge University Press

Figure 1

https://doi.org/10.1017/S1368980024001009 Published online by Cambridge University Press

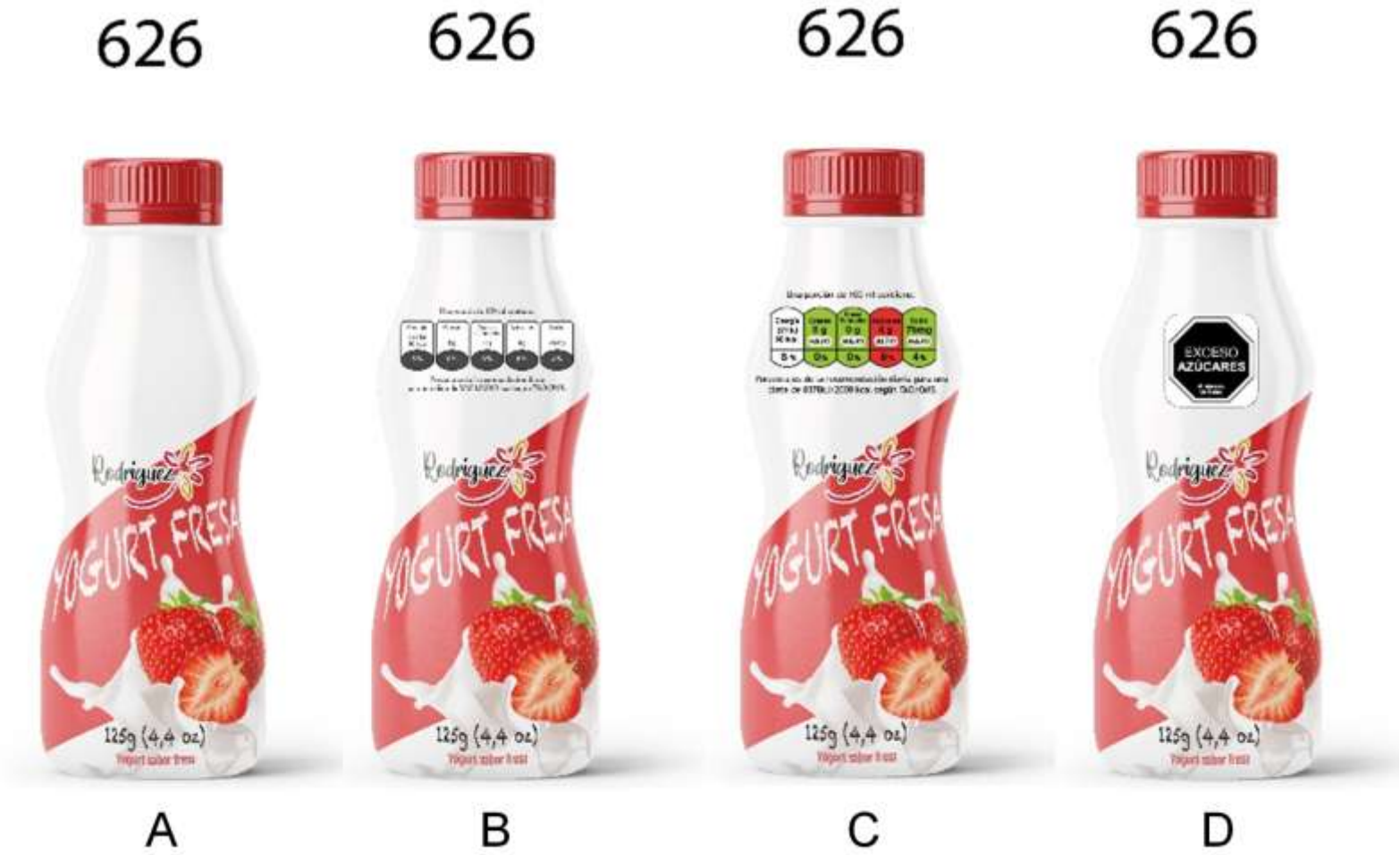

Figure 2

https://doi.org/10.1017/S1368980024001009 Published online by Cambridge University Press

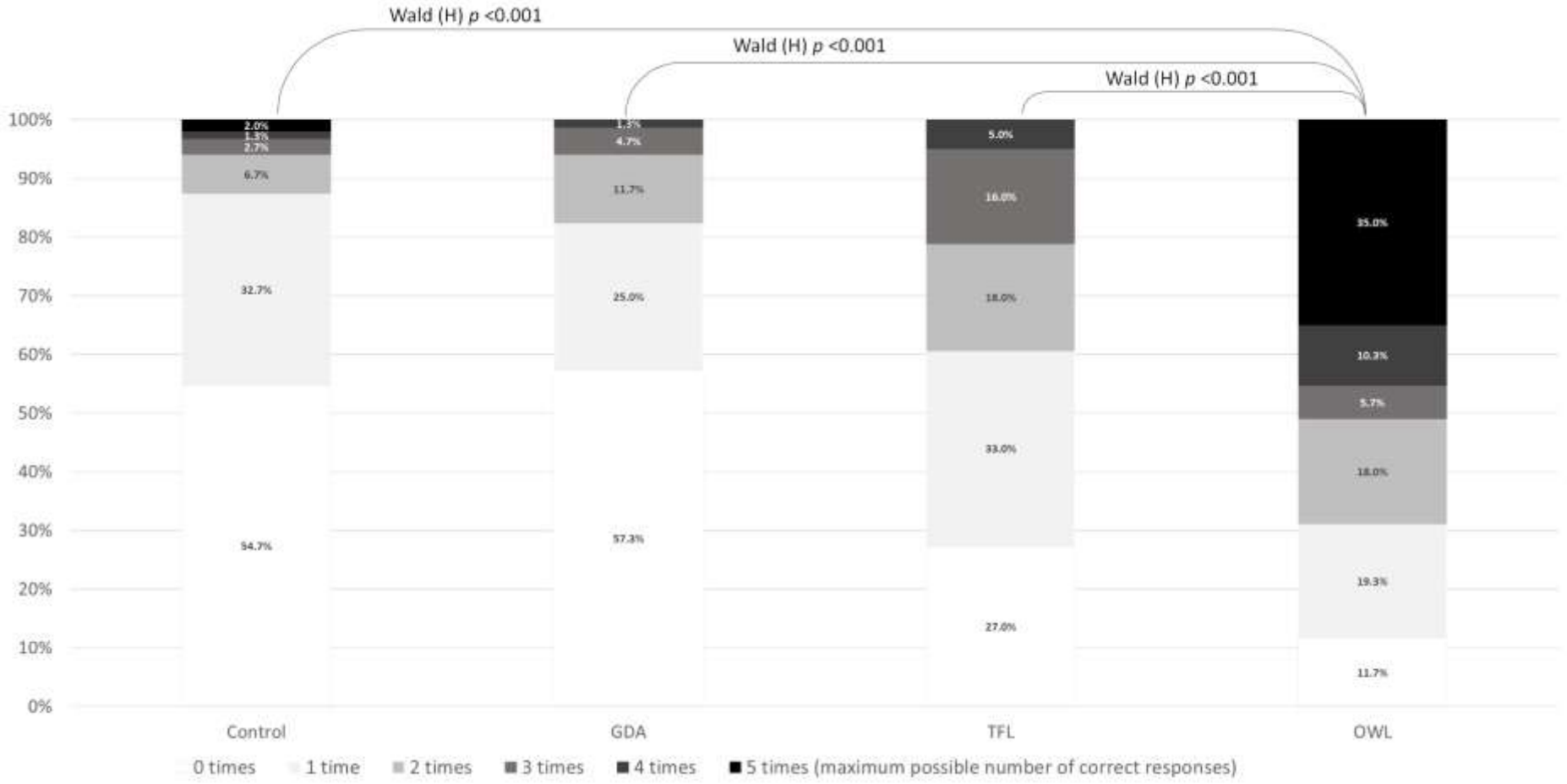

Figure 3

https://doi.org/10.1017/S1368980024001009 Published online by Cambridge University Press