

RESEARCH

Open Access



Evaluating nutrient claim accuracy of packaged food products in Indian E-commerce platforms

Sruthi Sree¹, Saravanan Chinnaiyan¹, Bharathi Palanisamy^{1*} and Sai Prashanthini Sivakumar¹

*Correspondence:

Bharathi Palanisamy
bharathi.vmp@gmail.com
¹SRM School of Public Health,
SRM Institute of Science and
Technology, Kattankulathur
Campus, Chengalpattu Dist.,
Chengalpattu 603203, Tamil Nadu,
India

Abstract

Background As e-commerce expands, an increasing number of consumers are acquiring food products online, many of which make nutrient claims. Nevertheless, the veracity of these claims and their adherence with the Food Safety and Standards Authority of India (FSSAI) regulations remain underexplored. This study aims to evaluate the accuracy of nutrient claims on Indian e-commerce platforms concerning FSSAI regulations.

Methods A total of 105 food products from Indian e-commerce platforms were analysed for claim accuracy with FSSAI regulations. Data was collected and organized using Microsoft Excel, and basic statistical analyses were performed using R Software.

Results Among 105 products the price of products ranged from Rs. 10 to Rs. 698, with a mean price of Rs. 229.57. The analysis of nutritional claims on food products revealed that 71.4% of the claims were accurate, while 28.6% were inaccurate, highlighting a significant portion of misleading information. However, certain claims such as "Rich in fibre" and "Rich in calcium" were frequently misleading, with the former showing 88% inaccuracies and the latter exhibiting 100% inaccuracies.

Conclusion This study reveals significant inaccuracies in online nutrient claims, highlighting a critical gap in regulatory enforcement. Our findings underscore the urgent need for stricter guidelines, improved digital surveillance, and consumer education to safeguard consumer health and ensure transparency in India's rapidly expanding e-commerce food sector. This research contributes novel insights into claim accuracy dynamics across price points and categories in an under-researched market.

Keywords E-commerce, Food labels, FSSAI, Nutrient claims, Nutritional accuracy

1 Introduction

The accelerated growth of e-commerce and digital food retail is fundamentally transforming consumers' engagement with food markets, reshaping how food is accessed, evaluated, and purchased globally [36]. In India, this transformation is most pronounced given rapid internet penetration, burgeoning smartphone usage, and an expanding middle class, driving the e-grocery sector to an anticipated Compound Annual Growth Rate (CAGR) of over 37% from 2021 to 2026 [13, 42, 53, 55]. These trends mirror global trajectories, where digital food retail, including online groceries and delivery apps, not only



© The Author(s) 2025. **Open Access** This article is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License, which permits any non-commercial use, sharing, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if you modified the licensed material. You do not have permission under this licence to share adapted material derived from this article or parts of it. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by-nc-nd/4.0/>.

caters to demands for convenience and variety but also alters the existing food environment—escalating both the accessibility of ultra-processed foods and the opportunity for digitally mediated nutrition interventions [24, 27]. This evolving landscape thus brings forth marked public health opportunities and risks, warranting urgent scholarly and regulatory attention [31, 78].

Of particular concern is the increasing prevalence and complexity of nutrient and health claims displayed on digital food retail platforms. Such claims—ranging from “low fat” to “high protein” and “sugar-free”—have a demonstrable impact on consumer perceptions, purchase behaviors, and ultimately dietary patterns [1, 28, 68]. Yet, international evidence consistently shows that many products touting nutrition or health claims are, paradoxically, high in critical nutrients of concern, potentially misleading consumers and undermining dietary health [21, 28, 68]. For instance, in diverse settings, a notable proportion of foods bearing “healthy” claims are not in compliance with recommended nutritional profiles, thereby increasing the consumer purchase and risking the propagation of non-communicable diseases (NCDs) such as obesity, diabetes, and cardiovascular disorders [21, 28, 48, 60, 68]. Recent systematic reviews also suggest that while nutrition and health claims can facilitate healthier food choices when scientifically substantiated and paired with clear labeling, they often increase perceptions of healthfulness irrespective of true nutritional quality, signalling a need for effective regulatory guardrails and interpretive labelling [45].

In India’s fast-evolving digital food market, regulatory oversight is anchored by the Food Safety and Standards Authority of India (FSSAI), which has established guidelines for the veracity and substantiation of nutrient content claims, including recent efforts toward mandatory front-of-package labeling (FoPL) [9, 60]. FoPL formats—such as Health Star Ratings (HSR), Multiple Traffic Light labels (MTL), Daily Intake Guides (DIG), and warning labels are widely studied and increasingly adopted worldwide for their capacity to enable rapid, informed food choices, especially in digital retail contexts [9, 26, 27, 56]. Mandatory schemes, in particular, are associated with both consumer benefit (improved understanding and healthier choices) and industry reformulation of products toward better nutritional profiles [26, 27, 45]. However, compliance remains a challenge: studies indicate that a significant fraction of packaged foods marketed online in India and in comparable markets fail to adhere to regulatory standards or leverage claims in a way that may confound or mislead consumers [1, 9, 60]. Additionally, digital food retail opens new avenues for the amplification or distortion of claims, given the dynamic nature of online platforms and the opportunity for personalization and targeted marketing [1, 9]. With the rise of digitalization and convenience, many consumers now purchase food products online, however, vulnerable populations—particularly those with limited digital and nutritional literacy—are at greater risk of being misled and experiencing negative health outcomes [9, 15].

This context underscores the criticality and urgency of evaluating the authenticity and public health implications of nutrient claims on Indian e-commerce platforms. Given mounting evidence around low compliance, consumer misunderstanding, and the potential for industry manipulation of labeling regulations, rigorous research examining the reliability of online nutrient claims against FSSAI standards is essential [35, 37, 46]. Such research not only informs targeted policy refinements, enforcement strategies, and educational interventions but is vital to safeguarding public health amidst India’s

ongoing nutrition transition and the dual burdens of undernutrition and NCDs [60], Ramachandran, n.d.; [79].

2 Methodology

2.1 Study design

We conducted a comprehensive cross-sectional content analysis of the e-commerce food products between June and November 2024, examining a total of 39,606 food products available on major e-commerce platforms in India. The primary aim of this research is to evaluate the accuracy and compliance of nutrient claims made by food products listed on Indian e-commerce platforms with respect to the guidelines and regulations set forth by the Food Safety and Standards Authority of India (FSSAI). This study also seeks to explore the influence of product pricing on the accuracy of these nutrient claims and identify emerging trends in nutrient claims across various food product categories, thereby uncovering patterns related to the types of claims made and their alignment with regulatory standards. The food products were selected from various categories, including Cereals, Ready to eat mixes, Biscuits and cookies, Nuts and seeds and dairy products. Our analysis involved evaluating product descriptions, labelling practices, pricing trends, customer reviews, and promotional content to gain insights into how these products are positioned to consumers. We assessed the presence of nutritional claims, such as High in Fibre, High Protein, Trans fat free etc. and examined the alignment of these claims with actual product ingredients and nutritional content.

2.2 Sampling strategy and justification

To ensure a robust and representative sample of packaged food products available to Indian consumers, we conducted a comprehensive multi-step sampling process across three major e-commerce grocery platforms: Amazon Fresh, Flipkart Grocery, and Big-Basket. These platforms were deliberately chosen due to their wide market reach, popularity, and consumer trust, making them among the most influential digital food retailers in India [2, 61, 73]. Their extensive product offerings, geographic reach, and consistent consumer engagement made them ideal for capturing the breadth of online food purchases and for ensuring diversity and accessibility in the selected product pool.

The sampling process began with the identification of 39,606 food products through targeted category searches across the three platforms. The search terms included popular food categories such as breakfast cereals, biscuits, cookies, dairy products, ready-to-eat mixes, nuts, seeds, and oils—categories purposefully selected due to their high frequency of consumption and prevalence of nutrient claims [32, 33], Iyer, n.d.; [51]. To refine this initial pool, we applied a price filter of ₹10 to ₹700, a range that reflects typical consumer spending patterns and focuses on commonly purchased, affordable products [20, 43, 72]. This step reduced the product pool to 17,956 items. Next, to ensure product credibility and quality, we filtered for items with a minimum customer rating of 3.5 out of 5 [2], which yielded 10,245 products. A further criterion required each product to have at least 10 customer reviews [2], signalling active consumer engagement, narrowing the pool to 2791 products.

These 2791 products were then merged, and duplicates (products listed on multiple platforms) were removed, resulting in 999 unique items. From this, we conducted an information completeness screening to ensure all products had clear, accessible

nutritional labels and a verifiable ingredient list, leading to 408 products being retained. Finally, the sample was further filtered to include only those products that carried explicit nutrient content claims as specified by FSSAI, such as "high protein," "low fat," or "rich in fiber," resulting in a final analytical sample of 105 unique products (Fig. 1). This multi-layered filtration process ensured that the final sample was not only representative of the online Indian grocery market but also comprised products with sufficient data for meaningful evaluation of claim accuracy and FSSAI compliance.

2.3 Inclusion criteria

The study focused on products from categories such as breakfast cereals, biscuits, cookies, ready-to-eat mixes, dairy products, nuts, seeds, and oils, which were purposively

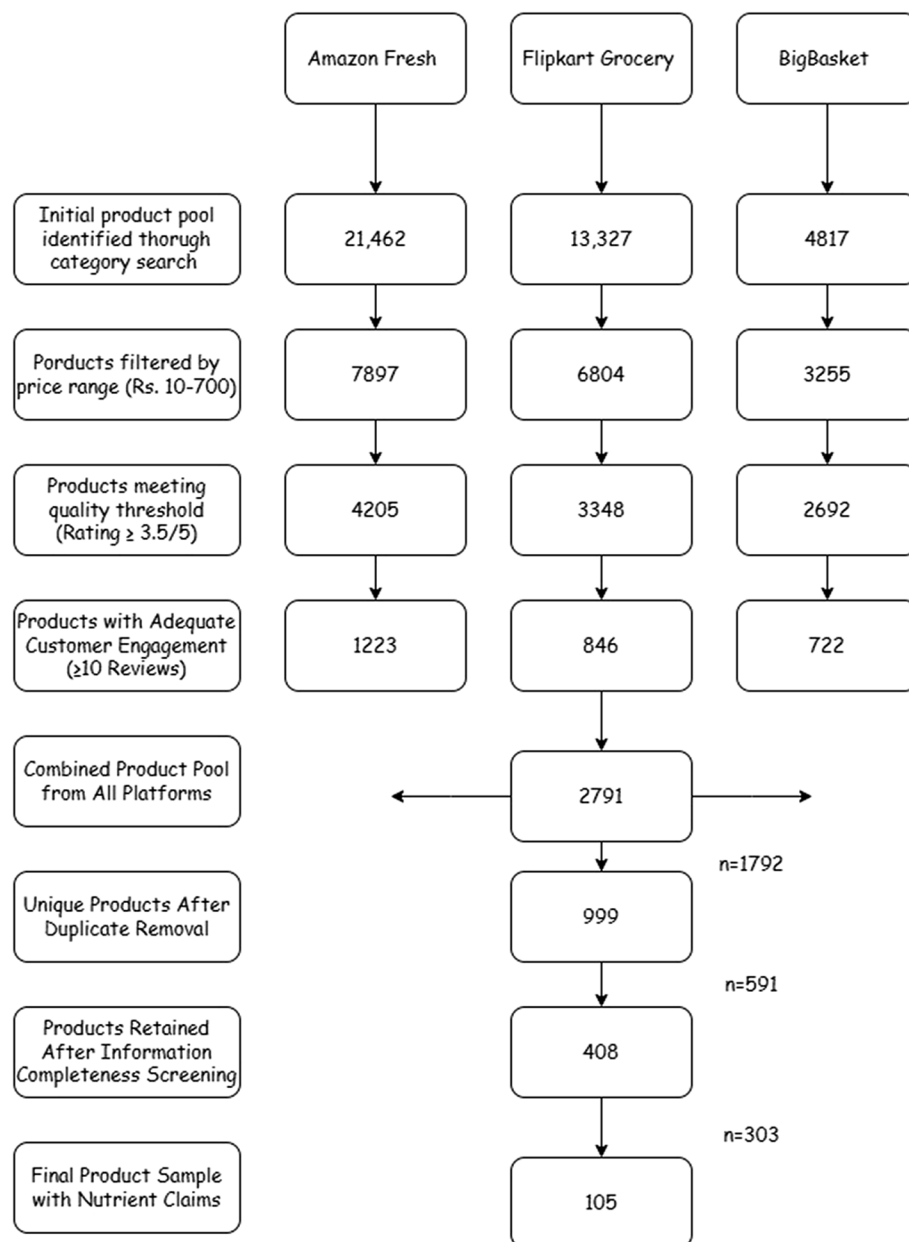


Fig. 1 Flowchart depicting the systematic selection process of products from three e-commerce platforms

selected due to their widespread consumption in India. Products priced between Rs. 10 and Rs. 700 were included to ensure the sample represented affordable, commonly purchased food items, reflecting typical consumer spending patterns. Only products with customer ratings of $\geq 3.5/5$ and at least 10 reviews were chosen, as these were considered popular and trusted by consumers. Additionally, products with clear and complete nutrient labels were selected to facilitate the evaluation of nutrient claims (e.g., “high protein,” “low fat,” and “high fiber”) in compliance with FSSAI standards.

2.4 Exclusion criteria:

The exclusion criteria for the study included products that are infrequently consumed, those lacking a complete nutrient label, which would hinder the evaluation of nutrient claims, and products without specific nutrient claims (e.g., “high fiber” or “low fat”), as the focus of the study was on assessing the accuracy of such claims. Additionally, multiple variations of the same product (e.g., different flavors or packaging sizes) were excluded, as well as products with fewer than 10 customer reviews or those with ratings below 3.5/5. Products priced below Rs. 10 or above Rs. 700 were also excluded to ensure the sample remained within the targeted range of typical consumer spending.

2.5 Data extraction and analysis

Data for the study was collected under several key headings, including price, e-commerce source, star rating, product category, claim type and description, nutritional content, relevance to the claim, and compliance status. While evaluating fiber-related claims, we considered ‘high’ and ‘rich’ as largely interchangeable, as per FSSAI’s labeling regulations. However, due to noticeable differences in usage patterns observed on product labels, we analyzed ‘High in fibre’ and ‘Rich in fibre’ separately to capture any variation in claim accuracy (Table 1).

The nutrient claims, ingredient list, and labeling of each product were verified for accuracy according to the official FSSAI guidelines, as presented in Table 1. The compliance assessment was conducted by two independent evaluators (SS and SC) to ensure consistency and mitigate bias. The determination of a third reviewer (BP) was considered conclusive in the event of any disputes. This consensus method was employed to ensure interrater reliability in the evaluation process [14].

This information was organized using Microsoft Excel and analyzed using R Studio statistical software. Basic statistical analyses were performed, including descriptive statistics (mean, median, standard deviation, and range) for product price and consumer ratings. Furthermore, the analysis determined the percentage of accurate and inaccurate nutrient claims across the entire sample and for specific claim types. Fisher's exact test was utilized to assess the statistical significance of the correlation between claim accuracy and product price. Additionally, a category-wise analysis of inaccurate claims was performed. The collected data allowed for a detailed evaluation of product pricing, consumer ratings, nutritional claims, and compliance with FSSAI standards.

Table 1 FSSAI criteria for nutrient claims

S. No	Nutrient/component	Claim	Conditions
1	Energy/ calorie	Low	Not more than 40 kcal per 100 g for solids or 20 kcal per 100 ml for liquids
		Free	Not more than 4 kcal per 100 ml for liquids
2	Fat	Low	Not more than 3 g of fat per 100 g for solids or 1.5 g of fat per 100 ml for liquids
		Free	Not more than 0.5 g of fat per 100 g for solids or 100 ml for liquids
3	Cholesterol	Low	Not more than 20 mg cholesterol per 100 g for solids and 1.5 g saturated fat per 100 g for solids or 10 mg per 100 ml for liquids and 0.75 g of saturated fat per 100 ml for liquids and in either case must provide not more than 10% of energy from saturated fat
		Free	Not more than 5 mg cholesterol per 100 g for solids or 100 ml for liquids. Additionally, the food shall contain no more than 1.5 g saturated fat per 100 g for solids or 0.75 g of saturated fat per 100 ml for liquids and in either case must provide not more than 10% of energy from saturated fat
4	Trans-fat	Free	The food contains less than 0.2 g trans-fat per 100 g or 100 ml of food
5	Omega 3 fatty acids	Source	The product contains: at least 0.3 g alpha-linolenic acid per 100 g and per 100 kcal, or at least 40 mg of the sum of eicosapentaenoic acid and docosahexaenoic acid per 100 g and per 100 kcal
		High	The product contains: at least 0.6 g alpha-linolenic acid per 100 g and per 100 kcal, or at least 80 mg of the sum of eicosapentaenoic acid and docosahexaenoic acid per 100 g and per 100 kcal
6	Sugars	Low	The product contains not more than 0.5 g of sugars per 100 g for solids or 2.5 g of sugars per 100 ml for liquids
		Free	The product contains not more than 0.5 g of sugars per 100 g for solids or 100 ml for liquids
7	Protein	Source	10% of RDA per 100 g for solids or 5% of RDA per 100 ml for liquids or 5% of RDA per 100 kcal
		Rich/high	20% of RDA per 100 g for solids or 10% of RDA per 100 ml for liquids or 10% of RDA per 100 kcal
8	Vitamin (s) and/or minerals (s)	Source	The food provides at least 15% of RDA of the vitamin/mineral per 100 g for solids or 7.5% of RDA of the vitamin/mineral per 100 ml for liquids
		High	The food provides at least 30% of RDA per 100 g for solids or 15% of RDA per 100 ml for liquids
9	Dietary fiber	Source	Product contains at least 3 g of fibre per 100 g or 1.5 g per 100 kcal
		High or rich	The product contains at least 6 g per 100 g or 3 g per 100 kcal

Table 2 Descriptive statistics of the price ranges and ratings of selected food products

Variables	Mean	Median	Standard Deviation	Range
Price	229.573	199	163.6	10 to 698
Ratings	4.16	3.23	0.67	3.5 to 5

3 Results

3.1 Overview of product evaluation

The price of products ranged from Rs. 10 to Rs. 698, with a mean price of Rs. 229.57 (SD = 163.60). The consumer star ratings varied between 3.5 and 5, with an average rating of 4.16 (SD = 0.67) (Table 2).

3.2 Nutritional claims compliance report

Claims related to "Source of protein" and "Low calories" showed perfect accuracy, with all claims being correct. Similarly, claims like "High in fibre", "Rich in protein", and "Source of calcium" demonstrated relatively high accuracy rates, typically above 80%. Some claims show mixed accuracy, such as "High in fibre" (89% accurate) and "High protein" (82% accurate). However, certain claims such as "Rich in fibre" and "Rich in calcium" were frequently misleading, with the former showing 88% inaccuracies and the latter exhibiting 100% inaccuracies. (Table 3).

3.3 Impact of price points on claim accuracy

The product prices were classified into three distinct price categories based on the accuracy of nutrient claims, with percentiles (25th, 50th, and 75th) calculated. Products priced below the first percentile were classified as "Low," while those priced between the first and third percentiles were classified as "Medium." Products priced above the third percentile were classified as "High." This analysis found patterns of accuracy that were consistent across price ranges, enabling a comparative assessment of the compliance rates of low, medium, and high-priced products.

The finding indicated that the high-priced category exhibited a higher claim accuracy rate of 48% than the other two categories. Fisher's exact test demonstrated a statistically significant correlation between claim accuracy and product price ($p = 0.0138$). This implies that products priced higher are more likely to comply with compliance standards and make accurate claims, while those priced lower are more likely to make inaccurate claims. This relationship underscores the potential impact of price on the accuracy of claims and adherence to regulatory requirements, with lower-priced products potentially being at a higher risk of regulatory violations and inaccuracies. (Fig. 2).

Table 3 Nutritional claims on foods products

Claim	Accurate claims n (%)	Inaccurate claims n (%)	Total
High in Fibre	16 (89)	2 (11)	18 (100)
Rich in Fibre	2(12)	15(88)	17 (100)
High Protein	14(82)	3(18)	17 (100)
Rich in Protein	9(90)	1(10)	10(100)
Source of Protein	6(100)	0(0)	6 (100)
Trans fat free	5(71)	2(29)	7(100)
Source of Fibre	4(80)	1(20)	5(100)
Low fat	3(75)	1(25)	4(100)
Rich in calcium	0(0)	3(100)	3(100)
Cholesterol free	2(67)	1(33)	3(100)
Source of calcium	2(100)	0(0)	2(100)
Low calories	2(100)	0(0)	2(100)
High/ rich in omega 3	2(100)	0(0)	2(100)
Source of Iron	2(100)	0(0)	2(100)
Sugar free	1(100)	0(0)	1(100)
Fat free	1(100)	0(0)	1(100)
High in calcium	1(100)	0(0)	1(100)
Source of Vitamin C	1(100)	0(0)	1(100)
Rich in Vitamin E	0(0)	1(100)	1(100)
High in iron	1(100)	0(0)	1(100)
High in Vitamin C	1(100)	0(0)	1(100)
Total	75(71.4)	30(28.6)	105(100)

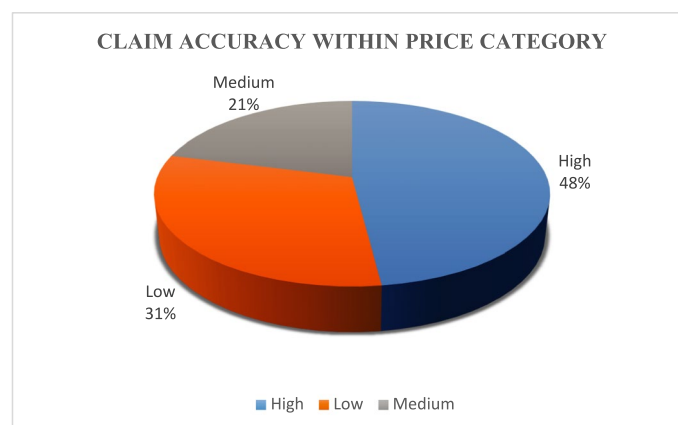


Fig. 2 Claim accuracy within price Category

Table 4 Inaccurate claims: Category-wise

Category	Products selected	Inaccurate claims n (%)
Cereal	57	16 (28)
Ready to eat mixes	14	4 (28.5)
Biscuits and cookies	14	5 (35.7)
Nuts and seeds	10	3 (30)
Dairy products	10	2 (20)

3.4 Inaccurate claims: category-wise

Among the 57 cereal products selected, 28% (16) were found to have inaccurate claims. Ready-to-eat mixes showed a similar proportion, with 28.5% (4) of the 14 products evaluated containing misleading claims. Biscuits and cookies had the highest percentage of inaccurate claims at 35.7% (5) among the 14 products examined. Nuts and seeds products had 30% (3) inaccurate claims out of 10 products, while dairy products had the lowest proportion, with 20% (2) of the 10 selected products being misleading. These findings indicate that while inaccuracies were present across all categories, biscuits and cookies exhibited the highest rate of misleading claims, highlighting the need for greater scrutiny in this category. (Table 4).

4 Discussion

This study highlights substantial inaccuracies in nutrient content claims on food products marketed via Indian e-commerce platforms, raising critical concerns for public health, consumer rights, and regulatory efficacy. With an overall accuracy rate of 71.4%, nearly one-third of reviewed products contained misleading or unverifiable nutritional information. These findings are aligned with Bragolusi et al, 2023 [10], who reported that 35.8% of online food products listed at least one nutrient value outside regulatory tolerance limits, underscoring the challenges of digital food retail environments in ensuring label compliance [10]. In the context of India's growing e-commerce grocery sector—expected to expand at a CAGR exceeding 30%—such misrepresentations are likely to exacerbate nutritional misinformation if not addressed promptly [13, 42, 43, 53, 55].

Globally, similar patterns have been observed. Kikuta et al. [47], in a cross-sectional analysis of packaged foods in Brazil, found that 36.28% of products carried nutrition claims, and 5.4% made health claims, many of which lacked regulatory substantiation

[47]. Further, the rise of "greenwashing", where manufacturers exaggerate or falsely communicate health-related or environmental benefits, has raised global concern [17, 57]. These deceptive strategies thrive particularly in online retail, where physical label inspection is not possible, and consumers must rely on marketing claims and product descriptions. In Low and middle income countries, factors such as low nutritional literacy and limited regulatory oversight further heighten consumer vulnerability [75].

Within the Indian context, this study reveals claim-type discrepancies in compliance. While claims such as "Source of protein" and "Low calories" demonstrated 100% accuracy, others like "Rich in fibre" (88% inaccurate) and "Rich in calcium" (100% inaccurate) showed egregious misrepresentation. This echoes the findings of Verbeke et al. [80], who noted that fibre and calcium claims often exploit consumer preferences while failing to align with actual nutrient content [80]. Similar observations have been made in recent evaluations of fibre-fortified food products, where by-product fortification failed to deliver clinically meaningful benefits [12, 22]. Such discrepancies are especially dangerous for individuals with dietary requirements based on medical conditions such as osteoporosis, cardiovascular disease, or diabetes [70]. Inaccurate calcium and fibre labeling can derail public health strategies aimed at improving micronutrient adequacy and digestive health [70].

Despite regulatory equivalence, our findings showed a marked difference in compliance: "High in fibre" claims were 89% accurate, whereas "Rich in fibre" had an 88% inaccuracy rate. This disparity may stem from semantic preferences in marketing or misunderstanding of regulatory terms by manufacturers. As noted by in previous studies inconsistencies in nutrient labeling practices are common in emerging markets, partly due to gaps in regulatory enforcement and manufacturer awareness [23]. Our results suggest a need for greater clarity in communication and oversight to ensure uniform industry adherence [23, 44, 70, 74].

The perfect accuracy of "Source of protein" claims can be attributed to the lower FSSAI qualifying threshold of 10% of the Recommended Daily Allowance (RDA) per 100 g, making it easier for manufacturers to meet. In contrast, "Rich in protein" requires 20% of the RDA, a stricter benchmark. This threshold-based difference likely accounts for the inaccuracies observed in "Rich in protein" claims, reflecting either overestimation or strategic marketing use of stronger nutrient language despite non-compliance. As highlighted by Grunert & Wills [34], stronger nutrient claims tend to attract greater consumer attention, increasing purchase among the consumers [34].

Discrepancies on nutrient claims are especially dangerous for individuals with dietary requirements based on medical conditions such as osteoporosis, cardiovascular disease or diabetes [70]. Inaccurate calcium and fibre labeling can derail public health strategies aimed at improving micronutrient adequacy and digestive health [47, 70]. These claims can have serious public health implications, particularly when consumers rely on front-of-pack information to guide food choices. Studies show that nutrient labels heavily influence consumer perception of healthfulness, especially in online food retail where direct product inspection is not possible [11, 38, 39, 52]. Misleading claims may lead to overconsumption of unhealthy foods, create a false sense of nutritional adequacy, or compromise efforts in managing chronic conditions like diabetes and obesity [29, 38, 68].

Furthermore, improper labeling and unverified food claims can lead to serious safety risks, particularly for individuals with food allergies or strict dietary restrictions [58]. The elderly and individuals with chronic health conditions are also highly vulnerable to misleading labels, underscoring the critical need for robust regulation and public education [58]. The use of complex or ambiguous terminology on food labels, as highlighted by Omar et al. [59], can lead to significant consumer confusion, resulting in misinformed purchasing decisions that may negatively impact health outcomes [59]. Sebastián-Ponce et al. [69] further assert that inadequate or unclear food labeling is significantly associated with suboptimal consumer choices, which may contribute to the rising prevalence of obesity [69]. According to Miller and Cassady [54], frequent exposure to misleading labels undermines consumer trust and may contribute to dietary imbalances [54]. Given India's dual burden of malnutrition and the rise of nutrition-related non-communicable diseases, ensuring the accuracy of online food labeling is crucial for safeguarding public health [8, 9].

Labeling regulations in high-income countries such as the European Union or Australia are more stringent, often requiring scientific substantiation of nutrient content and functional claims [25, 49, 62]. While India's FSSAI mandates claim accuracy, enforcement across e-commerce platforms remains inconsistent. Our findings suggest that India's digital marketplace may currently lack the regulatory infrastructure and surveillance systems necessary to uphold these standards uniformly [8, 9].

One of the study's most statistically significant findings was the association between product price and nutrient claim accuracy ($p=0.0138$). Products in the high-price category showed better compliance (48% accuracy) than medium- and low-priced counterparts. This trend is consistent with the results of Darmon et al. (2008), who demonstrated that higher-priced food products tend to offer superior nutritional profiles, partly due to better quality control and ingredient sourcing [16]. Sugimoto et al. [76] similarly found that premium products had lower sodium and added sugar levels and were more likely to meet nutrient profile thresholds [76]. These observations suggest that higher-end manufacturers may be more invested in regulatory compliance, likely to preserve brand reputation and consumer trust [6]. Conversely, lower-priced products may resort to cost-cutting measures that compromise labeling accuracy, disproportionately affecting lower-income consumers [6]. This socioeconomic dimension of claim inaccuracy is concerning. Evidence from Sub-Saharan Africa and Southeast Asia shows that although 60–70% of consumers report reading food labels, less than half can accurately interpret them [3], *Implementing Nutrition Labelling Policies*, 2021; [50]. In India, with large swathes of the population having limited health or nutritional literacy, inaccurate claims on affordable products can mislead those most in need of trustworthy dietary guidance [65].

When analyzed by product category notable inaccuracies were seen among biscuits and cookies followed by nuts and seeds. These findings are consistent with Allemanni et al. [4], who found that nearly 40% of processed snacks and biscuits in Argentina carried misleading front-of-pack claims despite poor nutritional profiles [4]. Bashir et al. [7] and Rodrigues et al. [67] also documented widespread label non-compliance in baked goods and packaged foods [7, 67]. In India, biscuits are often positioned as healthy snack options for children and working adults, amplifying the risk of misinformation [5].

Evidence suggests that well-designed front-of-pack (FoP) labeling systems can mitigate such risks. A meta-analysis by Shangguan et al. [70], synthesizing data from 60 global studies, concluded that FoP labeling reduces consumer energy intake by 6.6%, fat intake by 10.6%, and consumption of unhealthy products by 13% [70]. Additionally, such policies often incentivize product reformulation by the food industry. Therefore, adoption of interpretive FoP systems such as Health Star Ratings or nutrient-specific warning labels could help Indian consumers make more informed decisions while driving better compliance among manufacturers [8, 9].

Given these findings, the enforcement of FSSAI's existing labeling regulations must be strengthened, especially within the online food ecosystem [8, 9, 71]. A systemic issue that underpins this discussion is the asymmetry of information—consumers lack the tools to verify claims, while manufacturers retain discretion over disclosure [30]. Economic theory supports that this imbalance can be corrected through mandatory transparency policies and disincentives for misinformation [19]. While mandatory back-of-pack nutrition labelling exists, voluntary nutrient content claims—especially in online listings—remain weakly regulated and poorly enforced [18, 63].

4.1 Limitations

While the study provides valuable insights as one among the first to document nutrient claim accuracies on Indian E-commerce platforms, it is subject to several limitations that may affect the generalizability of its findings. The sampling approach was limited to three major Indian e-commerce platforms, potentially excluding products from other regional or niche online retailers, and the exclusion of offline markets further limits the broader applicability to the full Indian retail ecosystem. Furthermore, the price range filter (₹10–₹700) may have excluded premium or bulk products with differing labeling characteristics, while the reliance on customer ratings and review counts could have introduced a popularity bias. Methodologically, only products with complete online nutritional and ingredient data were considered, possibly favouring more digitally transparent brands, and the manual identification of nutrient claims may have led to subjective interpretation or missed claims phrased differently.

This study primarily employed descriptive analysis to assess the accuracy of nutrient claims due to the categorical nature and structure of the data. While an inferential analysis using Fisher's exact test was conducted to explore the association between product price and claim accuracy, additional statistical tests were not feasible given the limited variability and sample size distribution across other variables. Future studies with larger and more diverse datasets may allow for more comprehensive inferential analyses to further validate and expand upon these findings.

4.2 Recommendations

Policy experiences from countries such as Chile, Mexico, and Israel demonstrate that comprehensive labeling reforms, including nutrient warning symbols and restrictions on marketing to children can substantially reduce misleading claims and improve population-level nutrition outcomes [64, 77]. India has the opportunity to adapt these global best practices while taking into account its unique digital ecosystem, consumer diversity, and regional dietary habits [8].

In light of the observed association between lower-priced food products and reduced compliance with FSSAI labeling regulations, it is recommended that the Food Safety and Standards Authority of India (FSSAI) strengthen surveillance and enforcement mechanisms, particularly targeting low-cost food categories. This will help ensure that affordability does not undermine regulatory standards or compromise consumer health and safety.

Future research is essential to uncover the underlying drivers of non-compliance, including industry practices, consumer understanding, and the effectiveness of current regulatory frameworks. Longitudinal studies are also needed to evaluate the long-term impact of improved labeling practices on consumer trust, purchasing behavior, and health outcomes, thereby contributing to a more robust and evidence-based policy environment.

5 Conclusion

This study provides one among the first comprehensive analysis revealing significant inaccuracies in nutrient claims on Indian e-commerce food products, demonstrating critical discrepancies across claim types, price categories, and product segments. These findings carry profound public health implications for consumer trust and informed dietary choices, underscoring an urgent need for strengthened FSSAI enforcement and proactive policy refinements within India's rapidly expanding digital food market. While cross-sectional and limited to publicly accessible product data, this research serves as a vital call to action for continuous regulatory surveillance of online labeling practices and necessitates further investigation into the dynamic interplay between digital food retail and public nutrition.

Declaration of generative AI and AI-assisted technologies in the writing process

The authors utilized ChatGPT to ensure the spelling and grammar errors during the composition of this work. The authors reviewed and edited the content as necessary after using this tool and assume full responsibility for the publication's content.

Author contributions

Sruthi Sree: Conceptualization, Formal analysis, Investigation, Data curation, Methodology, Resources, Software, Validation, Visualization, Writing—review & editing Saravanan Chinnaiyan: Formal analysis, Investigation, Methodology, Project administration, Resources, Writing—original draft, Writing—review & editing, Data curation. Bharathi Palanisamy: Software, Supervision, Writing—original draft, Writing—review & editing, Conceptualization, Formal analysis, Investigation, Methodology, Project administration, Sai Prashanthini Sivakumar: Data curation, Project administration, Writing—review and editing.

Funding

Open access funding provided by SRM Institute of Science and Technology for SRMIST – Medical & Health Sciences. No specific funding was received for this work.

Data availability

The datasets generated during and/or analysed during the current study are available from the corresponding author on reasonable request.

Declarations

Ethics approval and consent to participate

Not Applicable.

Consent for publication

Not applicable.

Competing interests

The authors declare no competing interests.

Received: 10 March 2025 / Accepted: 18 August 2025

Published online: 06 October 2025

References

1. Al-Ani HH, Devi A, Eyles H, Swinburn B, Vandevijvere S. Nutrition and health claims on healthy and less-healthy packaged food products in New Zealand. *Br J Nutr*. 2016;116(6):1087–94. <https://doi.org/10.1017/S0007114516002981>.
2. Alhalabi B, Joseph A, Venkatasubramanian P. Nutritional values of ready-to-eat snacks available in the Indian E-market—a comparative study based on the health star rating system. *Discover Food*. 2024;4(1):16. <https://doi.org/10.1007/s44187-024-00087-7>.
3. Ali J, Kapoor S. Understanding consumers' perspectives on food labelling in India. *Int J Consum Stud*. 2009;33(6):724–34. <https://doi.org/10.1111/j.1470-6431.2009.00825.x>.
4. Allemanni L, Castronuovo L, Tiscornia MV, Gutkowski P, Gijena J, Nessler C. Nutritional quality, child-oriented marketing and health/nutrition claims on sweet biscuit, breakfast cereal and dairy-based dessert packs in Argentina. *Cad Saude Publica*. 2020;36(9): e00196619. <https://doi.org/10.1590/0102-311x00196619>.
5. Bai Y, Li T, Zheng C. Is there any value in the online reviews of remedial satisfied customers? An empirical study in the hospitality industry. *J Retail Consum Serv*. 2022;64: 102804. <https://doi.org/10.1016/j.jretconser.2021.102804>.
6. Barber SL, Lorenzoni L, Ong P. Price Setting and Price Regulation in Health Care: Lessons for Advancing Universal Health Coverage. OECD. 2019. <https://doi.org/10.1787/ed3c16ff-en>.
7. Bashir A, Ashraf SA, Khan MA, Ahmad Azad ZRA. Development and compositional analysis of protein enriched soybean-pea-wheat flour blended cookies. *Asian J Clin Nutr*. 2015;7(3):76–83. <https://doi.org/10.3923/ajcn.2015.76.83>.
8. Bera OP, Singh R, Bhattacharya S. Food literacy & food labeling laws—a legal analysis of India's food policy. *J Fam Med Prim Care*. 2023;12(4):606–10. https://doi.org/10.4103/jfmpc.jfmpc_880_22.
9. Bhattacharya S, Bera OP, Shah V. Consumers' perception about front of package food labels (FOPL) in India: a survey of 14 states. *Front Public Health*. 2022;10: 936802. <https://doi.org/10.3389/fpubh.2022.936802>.
10. Bragolusi M, Tata A, Massaro A, Zacometti C, Piro R. Nutritional labelling of food products purchased from online retail outlets: screening of compliance with European Union tolerance limits by near infrared spectroscopy. *J Near Infrared Spectrosc*. 2023;31(2):89–99. <https://doi.org/10.1177/09670335231156470>.
11. Campos S, Doxey J, Hammond D. Nutrition labels on pre-packaged foods: a systematic review. *Public Health Nutr*. 2011;14(8):1496–506. <https://doi.org/10.1017/S1368980010003290>.
12. Chadare FJ, Idohou R, Nago E, Affonfere M, Agossadou J, Fassinou TK, Kénou C, Honfo S, Azokpota P, Linnemann AR, Hounhouigan DJ. Conventional and food-to-food fortification: an appraisal of past practices and lessons learned. *Food Sci Nutr*. 2019;7(9):2781–95. <https://doi.org/10.1002/fsn3.1133>.
13. Chaudhary V, Sharma D. Classification and analysis of nutrition and health claims on Indian packaged food products. *CyTA - Journal of Food*. 2025;23(1):2520543. <https://doi.org/10.1080/19476337.2025.2520543>.
14. Cole R. Inter-rater reliability methods in qualitative case study research. *Sociol Methods Res*. 2024;53(4):1944–75. <https://doi.org/10.1177/00491241231156971>.
15. Consavage Stanley K, Harrigan PB, Serrano EL, Kraak VI. A systematic scoping review of the literacy literature to develop a digital food and nutrition literacy model for low-income adults to make healthy choices in the online food retail ecosystem to reduce obesity risk. *Obes Rev*. 2022;23(4): e13414. <https://doi.org/10.1111/obr.13414>.
16. Darmon N, Drewnowski A. Does social class predict diet quality? *Am J Clin Nutr*. 2008;87(5):1107–17. <https://doi.org/10.1093/ajcn/87.5.1107>.
17. De Freitas Netto SV, Sobral MFF, Ribeiro ARB, Soares GRDL. Concepts and forms of greenwashing: a systematic review. *Environ Sci Eur*. 2020;32(1):19. <https://doi.org/10.1186/s12302-020-0300-3>.
18. Denniss E, Lindberg R, McNaughton SA. Quality and accuracy of online nutrition-related information: a systematic review of content analysis studies. *Public Health Nutr*. 2023;26(7):1345–57. <https://doi.org/10.1017/S1368980023000873>.
19. Drichoutis A. C., Panagiotis L., & Rodolfo M, N. jr. (2024). Consumers' use of nutritional labels: A review of research studies and issues. *American Journal of Agricultural Economics*, 106(2), 467–467. <https://doi.org/10.1111/ajae.12458>
20. Dunford E, Farrand C, Huffman M, Thout SR, Shahid M, Mhurchu C, Neal B, Johnson C. Availability, healthiness, and price of packaged and unpackaged foods in India: a cross-sectional study. *Nutr Health*. 2021;28(4):571–9. <https://doi.org/10.1177/02601060211039124>.
21. Duran AC, Ricardo CZ, Mais LA, Martins APB, Taillie LS. Conflicting messages on food and beverage packages: front-of-package nutritional labeling, health and nutrition claims in Brazil. *Nutrients*. 2019;11(12):2967. <https://doi.org/10.3390/nu11122967>.
22. Dwyer JT, Wiemer KL, Dary O, Keen CL, King JC, Miller KB, Philbert MA, Tarasuk V, Taylor CL, Gaine PC, Jarvis AB, Bailey RL. Fortification and health: challenges and opportunities. *Adv Nutr*. 2015;6(1):124–31. <https://doi.org/10.3945/an.114.007443>.
23. Fanzo J, McLaren R, Bellows A, Carducci B. Challenges and opportunities for increasing the effectiveness of food reformulation and fortification to improve dietary and nutrition outcomes. *Food Policy*. 2023;119: 102515. <https://doi.org/10.1016/j.foodpol.2023.102515>.
24. Fernandez MA, Raine KD. Digital food retail: public health opportunities. *Nutrients*. 2021;13(11):3789. <https://doi.org/10.3390/nu13113789>.
25. Franco-Arellano B, Vanderlee L, Ahmed M, Oh A, L'Abbé M. Influence of front-of-pack labelling and regulated nutrition claims on consumers' perceptions of product healthfulness and purchase intentions: A randomized controlled trial. *Appetite*. 2020;149: 104629. <https://doi.org/10.1016/j.appet.2020.104629>.
26. Fuchs KL, Lian J, Michels L, Mayer S, Toniato E, Tiefenbeck V. Effects of digital food labels on healthy food choices in online grocery shopping. *Nutrients*. 2022;14(10):2044. <https://doi.org/10.3390/nu14102044>.
27. Ganderats-Fuentes M, Morgan S. Front-of-package nutrition labeling and its impact on food industry practices: a systematic review of the evidence. *Nutrients*. 2023;15(11):2630. <https://doi.org/10.3390/nu15112630>.
28. García AL, Morillo-Santander G, Parrett A, Mutoro AN. Confused health and nutrition claims in food marketing to children could adversely affect food choice and increase risk of obesity. *Arch Dis Child*. 2019;104(6):541–6. <https://doi.org/10.1136/archdischild-2018-315870>.
29. García-Nieto MT, González-Vallés JE, Viñarás-Abad M. Social responsibility and misleading advertising of health products on the radio. The opinion of the professionals. *Int J Environ Res Public Health*. 2021;18(13): 6912. <https://doi.org/10.3390/ijerph18136912>.
30. Golan E, Kuchler F, Mitchell L, Greene C, Jessup A. Economics of food labeling. *J Consum Policy*. 2001;24(2):117–84. <https://doi.org/10.1023/A:1012272504846>.

31. Gostin LO, Monahan JT, Kaldor J, DeBartolo M, Friedman EA, Gottschalk K, Kim SC, Alwan A, Binagwaho A, Burci GL, Cabal L, DeLand K, Evans TG, Goosby E, Hossain S, Koh H, Ooms G, Roses Periago M, Uprimny R, Yamin AE. The legal determinants of health: harnessing the power of law for global health and sustainable development. *Lancet*. 2019;393(10183):1857–910. [https://doi.org/10.1016/S0140-6736\(19\)30233-8](https://doi.org/10.1016/S0140-6736(19)30233-8).
32. Goubgou M, Songré-Ouattara LT, Bationo F, Lingani-Sawadogo H, Traoré Y, Savadogo A. Biscuits: a systematic review and meta-analysis of improving the nutritional quality and health benefits. *Food Prod Process Nutr*. 2021;3(1):26. <https://doi.org/10.1186/s43014-021-00071-z>.
33. Green R, Milner J, Joy EJM, Agrawal S, Dangour AD. Dietary patterns in India: a systematic review. *Br J Nutr*. 2016;116(1):142–8. <https://doi.org/10.1017/S0007114516001598>.
34. Grunert KG, Wills JM. A review of European research on consumer response to nutrition information on food labels. *J Public Health*. 2007;15(5):385–99. <https://doi.org/10.1007/s10389-007-0101-9>.
35. Grunert KG, Wills JM, Fernández-Celemin L. Nutrition knowledge, and use and understanding of nutrition information on food labels among consumers in the UK. *Appetite*. 2010;55(2):177–89. <https://doi.org/10.1016/j.appet.2010.05.045>.
36. Gupta S, Kushwaha PS, Badhera U, Chatterjee P, Gonzalez EDRS. Identification of benefits, challenges, and pathways in e-commerce industries: an integrated two-phase decision-making model. *Sustainable Operations and Computers*. 2023;4:200–18. <https://doi.org/10.1016/j.susoc.2023.08.005>.
37. Hawley KL, Roberto CA, Bragg MA, Liu PJ, Schwartz MB, Brownell KD. The science on front-of-package food labels. *Public Health Nutr*. 2013;16(3):430–9. <https://doi.org/10.1017/s1368980012000754>.
38. Hong X, Li C, Wang L, Gao Z, Wang M, Zhang H, Monahan FJ. The effects of nutrition and health claim information on consumers' sensory preferences and willingness to pay. *Foods*. 2022;11(21):3460. <https://doi.org/10.3390/foods11213460>.
39. Ikonen, I., Aydinli, A., & Verlegh, P. (2025). Adding good or removing bad: Consumer response to nutrition claims. *Journal of Retailing*, S0022435925000569. <https://doi.org/10.1016/j.jretai.2025.06.006>
40. *Implementing Nutrition Labelling Policies: A Review of Contextual Factors* (1st ed). (2021). World Health Organization.
41. Iyer, M. L. S. (n.d.). *A Study of Breakfast Habits of Urban Indian Consumers*.
42. John KT. Digital disruption: the hyperlocal delivery and cloud kitchen driven future of food services in post-COVID India. *Int Hospitality Rev*. 2023;37(1):161–87. <https://doi.org/10.1108/IHR-06-2021-0045>.
43. John RM, Tullu FT, Gupta R. Price elasticity and affordability of aerated or sugar-sweetened beverages in India: implications for taxation. *BMC Public Health*. 2022;22(1):1372. <https://doi.org/10.1186/s12889-022-13736-2>.
44. Kansal S, Raj A, Pedapanga N, Worsley A, Rath N. Indian adolescents' perceptions of packaged food and food labels – a qualitative inquiry. *Appetite*. 2023;180: 106342. <https://doi.org/10.1016/j.appet.2022.106342>.
45. Kelly B, Ng SH, Carrad A, Pettigrew S. The potential effectiveness of nutrient declarations and nutrition and health claims for improving population diets. *Annu Rev Nutr*. 2024;44(1):441–70. <https://doi.org/10.1146/annurev-nutr-011224-054913>.
46. Khandpur N, Swinburn B, Monteiro CA. Nutrient-based warning labels may help in the pursuit of healthy diets. *Obesity*. 2018;26(11):1670–1. <https://doi.org/10.1002/oby.22318>.
47. Kikuta C, Borges CA, Duran AC. Monitoring health and nutrition claims on food labels in Brazil. *Front Nutr*. 2024;11:1308110. <https://doi.org/10.3389/fnut.2024.1308110>.
48. Kuruvilla A, Mishra S, Ghosh K. Prevalence and risk factors associated with non-communicable diseases among employees in a university setting: a cross-sectional study. *Clin Epidemiol Glob Health*. 2023;21: 101282. <https://doi.org/10.1016/j.cegh.2023.101282>.
49. Kuti B, Horacek M, Szakos D, Kasza G. Regulation of nutrition labeling of foods in the European Union and Hungary: a historical review from the beginning to the present day fructose content. *Elelmiszervizsg Kozlem*. 2021;67(1):3281–92. <https://doi.org/10.52091/JFI/2021/1-2-ENG>.
50. Kwabena Osei P, Ampong Domfe C, Kojo Anderson A. Consumer awareness, knowledge, understanding, and use of nutrition labels in Africa: a systematic narrative review. *SAGE Open*. 2024;14(2):21582440241241984. <https://doi.org/10.1177/21582440241241982>.
51. Law C, Green R, Kadiyala S, Shankar B, Knai C, Brown KA, Dangour AD, Cornelsen L. Purchase trends of processed foods and beverages in urban India. *Glob Food Secur*. 2019;23:191–204. <https://doi.org/10.1016/j.gfs.2019.05.007>.
52. Machín L, Cabrera M, Curutchet MR, Martínez J, Giménez A, Ares G. Consumer perception of the healthfulness of ultra-processed products featuring different front-of-pack nutrition labeling schemes. *J Nutr Educ Behav*. 2017;49(4):330–338.e1. <https://doi.org/10.1016/j.jneb.2016.12.003>.
53. Mahipal, D., & Shankaraiah, K. (2018). E-commerce growth in India: a study of segments contribution. 22(2).
54. Miller LMS, Cassady DL. The effects of nutrition knowledge on food label use. A review of the literature. *Appetite*. 2015;92:207–16. <https://doi.org/10.1016/j.appet.2015.05.029>.
55. Minhas A. 2025. Online grocery shopping in India—Statistics & facts [Data and statistics platform]. Statista. <https://www.statista.com/topics/9572/online-grocery-shopping-in-india/#topicOverview>
56. Neal B, Crino M, Dunford E, Gao A, Greenland R, Li N, Ngai J, Ni Mhurchu C, Pettigrew S, Sacks G, Webster J, Wu J. Effects of different types of front-of-pack labelling information on the healthiness of food purchases—a randomised controlled trial. *Nutrients*. 2017;9(12):1284. <https://doi.org/10.3390/nu9121284>.
57. Nugraha WS, Szakos D, Süth M, Kasza G. Greenwashing in the food industry: a systematic review exploring the current situation and possible countermeasures. *Cleaner Respons Consump*. 2024;15: 100227. <https://doi.org/10.1016/j.clrc.2024.100227>.
58. Ochulor CE, Onyeaka H, Njoagwuani EI, Mazi IM, Oladunjoye IO, Akhegbe H, Omotosho AD, Odeyemi OA, Nwaiwu O, Tamasiga P. Improper food labeling and unverified food claims: food safety implications. *Am J Food Sci Nutr*. 2022;4(2):9–23. <https://doi.org/10.47672/ajfsn.1225>.
59. Omar, M. W., Mohd Noor Mohd Ali, Azfahane Zakaria, & Syed Ahmad AlHady. (2010). The correlation between label messages and labelling effectiveness. 2010 International Conference on Science and Social Research (CSSR 2010), 913–915. <https://doi.org/10.1109/CSSR.2010.5773918>
60. Pandav C, Smith Taillie L, Miles DR, Hollingsworth BA, Popkin BM. The WHO south-east Asia region nutrient profile model is quite appropriate for India: an exploration of 31,516 food products. *Nutrients*. 2021;13(8):2799. <https://doi.org/10.3390/nu13082799>.
61. Patel TG. Study on e-commerce platform. Online retailing at Flipkart. *Int J Sci Res Eng Manage*. 2024;08(04):1–5. <https://doi.org/10.55041/IJSREM32635>.

62. Peonides M, Knoll V, Gerstner N, Heiss R, Frischhut M, Gokani N. Food labeling in the European Union: a review of existing approaches. *Int J Health Gov.* 2022;27(4):460–8. <https://doi.org/10.1108/IJHG-07-2022-0072>.
63. Pettigrew S, Coyle D, McKenzie B, Vu D, Lim SC, Berasi K, Poowanasatien A, Suya I, Kowal P. A review of front-of-pack nutrition labelling in Southeast Asia: industry interference, lessons learned, and future directions. *The Lancet Regional Health - Southeast Asia.* 2022;3: 100017. <https://doi.org/10.1016/j.jansea.2022.05.006>.
64. Popkin BM, Barquera S, Corvalan C, Hofman KJ, Monteiro C, Ng SW, Swart EC, Taillie LS. Towards unified and impactful policies to reduce ultra-processed food consumption and promote healthier eating. *Lancet Diabetes Endocrinol.* 2021;9(7):462–70. [https://doi.org/10.1016/S2213-8587\(21\)00078-4](https://doi.org/10.1016/S2213-8587(21)00078-4).
65. Raghunathan K, Headey D, Herforth A. Affordability of nutritious diets in rural India. *Food Policy.* 2021;99: 101982. <https://doi.org/10.1016/j.foodpol.2020.101982>.
66. Ramachandran P. (n.d.). Food & nutrition security: challenges in the new millennium.
67. Rodrigues VM, Rayner M, Fernandes AC, De Oliveira RC, Proença RPC, Fiates GMR. Nutritional quality of packaged foods targeted at children in Brazil: which ones should be eligible to bear nutrient claims? *Int J Obes.* 2017;41(1):71–5. <https://doi.org/10.1038/ijo.2016.167>.
68. Royo-Bordonada MÁ. Using nutrient profiling to prevent misleading food marketing. *Public Health Nutr.* 2015;18(15):2891–2891. <https://doi.org/10.1017/S1368980014003164>.
69. Sebastián-Ponce MI, Sanz-Valero J, Wanden-Berghe C. Etiquetado y rotulación de los alimentos en la prevención del sobrepeso y la obesidad: Una revisión sistemática. *Cad Saude Publica.* 2011;27(11):2083–94. <https://doi.org/10.1590/S0102-311X2011001100002>.
70. Shangguan S, Afshin A, Shulkin M, Ma W, Marsden D, Smith J, Saheb-Kashaf M, Shi P, Micha R, Imamura F, Mozaffarian D. A meta-analysis of food labeling effects on consumer diet behaviors and industry practices. *Am J Prev Med.* 2019;56(2):300–14. <https://doi.org/10.1016/j.amepre.2018.09.024>.
71. Sharma N, Singh M, Bahurupi Y, Aggarwal P. Front-of-package labeling in India: a key strategy for combatting non-communicable diseases and promoting healthy diets. *Preventive Medicine: Research & Reviews.* 2024;1(5):273–4. https://doi.org/10.4103/PMRR.PMRR_15_23.
72. Shuja A. 2024. From beverages, processed food to medicines: How India's spending patterns stack up. Mint. <https://www.livemint.com/news/from-beverages-processed-food-to-medicines-how-india-s-spending-patterns-stack-up-11708867336899.html>
73. Sowmyanarayanan, R., Krishnaa, G., & Gupta, D. (2021). Beyond Kirana Stores: A Study on Consumer Purchase Intention for Buying Grocery Online. In T. Senjyu, P. N. Mahalle, T. Perumal, & A. Joshi (Eds.), *Information and Communication Technology for Intelligent Systems* (Vol. 196, pp. 599–606). Springer Nature Singapore. https://doi.org/10.1007/978-981-15-7062-9_60
74. Sreekumar S. 2021. FSSAI's new labeling and display regulations- a bird's eye view. <https://www.sconline.com/blog/post/2021/06/11/fssai/>
75. Stewart CR, Yap S. Low literacy, policy and consumer vulnerability: are we really doing enough? *Int J Consum Stud.* 2020;44(4):343–52. <https://doi.org/10.1111/ijcs.12569>.
76. Sugimoto M, Yuan X, Uechi K, Sasaki S. The nutritional profile of commercial complementary foods in Japan: comparison between low- and high-price products. *Br J Nutr.* 2023;130(9):1595–608. <https://doi.org/10.1017/S0007114523000612>.
77. Taillie LS, Reyes M, Colchero MA, Popkin B, Corvalán C. An evaluation of Chile's law of food labeling and advertising on sugar-sweetened beverage purchases from 2015 to 2017: a before-and-after study. *PLoS Med.* 2020;17(2): e1003015. <https://doi.org/10.1371/journal.pmed.1003015>.
78. Tandon A, Kaur P, Bhatt Y, Mäntymäki M, Dhir A. Why do people purchase from food delivery apps? a consumer value perspective. *J Retail Consum Serv.* 2021;63: 102667. <https://doi.org/10.1016/j.jretconser.2021.102667>.
79. Upadhyay, R. P., & Palanivel, C. (2011). Challenges in achieving food security in India. 40.
80. Verbeke W, Scholderer J, Lähteenmäki L. Consumer appeal of nutrition and health claims in three existing product concepts. *Appetite.* 2009;52(3):684–92. <https://doi.org/10.1016/j.appet.2009.03.007>.

Publisher's Note

Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.