



**Background Paper:
Marketing and Advertising of Food and
Beverages to Children**

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Abstract

The Chronic Disease Prevention Alliance of Canada (CDPAC) has developed this background paper to summarize recent scientific studies, reviews and policy discussion on the relationship between food and beverage marketing and the escalating problem of childhood obesity. Since 1978, obesity rates for Canadian children and adolescents have more than doubled, and the combined overweight/obesity has increased by 70%. Numerous studies and reviews have found television viewing and the pervasive marketing of energy-dense, micronutrient-poor foods to be causally related to children's food selections and strongly implicated in the causal pathway to obesity. Policy options to address this issue include the regulation of advertising and marketing to children; targeted tax incentives and disincentives; and health promotion campaigns. The CDPAC Steering Committee has identified children's food and beverage marketing as a priority to explore and CDPAC is working with experts and stakeholders to determine how best to move forward.

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Background

In 2004 the CDPAC Steering Committee noted the growing body of literature that acknowledges the dramatic increase in rates of overweight and obesity in Canada, and the alarming health impacts of these trends. CDPAC carefully agreed to act as an agent to coordinate action and communication and encourage collaboration on obesity prevention.

CDPAC struck an Obesity Expert Advisory Committee (OEAC), to oversee the project entitled “Practical Policy Options and Tools for Reducing Chronic Disease: Reducing Obesity in Canada”, supported by funding from the Public Health Agency of Canada. The role of the OEAC was to oversee the project, analyze obesity policy options and provide recommendations to the CDPAC Steering Committee.

In the March 2005, the CDPAC Steering Committee accepted recommendations from the OEAC. The recommendations included five broad policy statements, along with recommendations for immediate actions to be undertaken by the CDPAC collaborative to reduce overweight and obesity in Canada. The five obesity policy statements related to: surveillance, health impact analysis, capacity-building to deliver programs and policies, settings-based approaches, and legislation and regulations (CDPAC, 2005).

The CDPAC Steering Committee has expressed strong interest in the policy options related to legislation and regulations, which include three key areas for action: economic policies, the built environment, and the marketing and advertising of food and beverage products to children. In October 2005, CDPAC collaborated with the Heart and Stroke Foundation of Canada, the Canadian Population Health Initiative (CPHI) and the Canadian Institutes of Health Research (CIHR) in hosting an Obesity Think Tank to identify research gaps related to two of those issues: economic and fiscal policy, and the built environment.

For the issue of children’s food and beverage marketing and advertising, the Expert Advisory Committee recommended the creation and implementation of an advocacy agenda. Addressing food industry practices in marketing and advertising to children fits well within CDPAC’s policy mandate and commitment to work toward systems change with a population health approach.

CDPAC has developed this background paper to explore this complex area further. The paper:

- discusses evidence and trends related to overweight/obesity, eating habits, television viewing, and advertising and marketing of food and beverages, as they relate to children in Canada.
- presents information on action recommended by international organizations to address the epidemic of obesity.
- analyzes the issues related to the marketing and advertising environment and about the regulation of advertising and marketing of food and beverages to children in Canada.
- describes what is happening in other countries and in Canada in relation to legislation and regulations vis-à-vis marketing and advertising of food and beverages to children.
- summarizes identified options for action regarding the marketing and advertising of food and beverages to children.

Overweight/Obesity Trends in Canada

The escalating problem of overweight and obesity among children in Canada was identified by Tremblay and Willms in 2000, based on an analysis of secular trends in body mass index of children (aged 7 to 13) from 1981 to 1996. This analysis found that the prevalence of overweight among boys increased from 15% in 1981 to 35.4% in 1996 and among girls from 15% to 29.2%. The prevalence of obesity in children tripled from 5% to 16.6% for boys and from 5% to 14.6% for girls (Tremblay and Willms, 2001). Similar trends were reported by Tremblay and colleagues in 2002 and Willms and colleagues in 2003.

More recently, the 2004 Canadian Community Health Survey: Nutrition (CCHS) directly measured height and weight of a representative sample of children and adolescents (aged 2 to 17). When the results of the 2004 CCHS survey were compared to the findings of the Canada Health Survey of 1978/79, the last time that height and weight were directly measured in a representative sample of Canadian children and youth, the obesity rate was 2.5 times higher and the combined overweight/obese rate for each sex was about 70% higher than it had been in 1978/79 (Shields, 2005).

The 2004 CCHS survey also identified differences in trends of overweight/obesity for various age groups. For example, the percentage of children aged 2 to 5 who were overweight/obese remained virtually unchanged (21%), whereas the rate of overweight/obesity doubled among children aged 6 to 11 from 13% to 26% and among adolescents aged 12 to 17 from 14% to 29%. The obesity rate alone for adolescents aged 12 to 17 tripled from 3% to 9%. The rates of overweight/obesity among youth also varied across the country, with rates in the Atlantic provinces being above the national average (26%) and rates in Quebec (23%) and Alberta (22%) being below the national level (Shields, 2005).

Age also made a difference for boys. The rate of overweight/obesity for boys rose from 19% at ages 2 to 5 to 32% at ages 12 to 17. On the other hand, the rate for girls was relatively steady at around 25% regardless of age (Shields, 2005).

It is recognized that eating habits and physical activity patterns are important determinants of healthy body weight. It is also understood that interaction among the range of individual/behavioural and environmental (e.g., social, economic, physical and global) determinants of health contributes to the current epidemic of obesity (French et al., 2001; Story et al., 2002; Kumanyika et al., 2002; World Health Organization, 2003; Canadian Population Health Initiative, 2004; Raine, 2004).

Eating Habits of Canadian Children

The availability of national data about the eating habits and diet quality of children in Canada is limited (Taylor et al., 2005). Fruit and vegetable consumption is frequently used as an indicator to assess diets, which is the case for the 2004 CCHS. This survey reported that 59% of Canadian children and adolescents consumed fruits and vegetable less than five times per day. These young people were more likely to be overweight/obese than those who ate fruit and vegetables more frequently (Shields, 2005).

In 2003, a comprehensive survey of children in grade 5 in Nova Scotia by Veugelers and colleagues found that, compared to the recommendations in Canada's Food Guide to Healthy Eating:

- 42.3% reported not meeting recommendations for milk products.

- 49.4% reported not meeting the recommendations for vegetables and fruit.
- 54.4% reported not meeting the recommendations for grain products.
- 73.7% reported not meeting the recommendations for meat and alternatives.

The Nova Scotia study also found that skipping meals and purchasing meals at school or fast-food restaurants were statistically significant determinants of poor diet. Parents' assessments of their own eating habits were positively associated with the quality of their children's diets. In other words, the children of parents who assessed their own eating habits as healthy had better diet quality.

There is limited information about children's eating behaviours in Canada. However, a recent review of literature of the determinants of healthy eating of children and youth in Canada reported that the existing Canadian studies suggest that the situation for Canadian children is similar to children in the United States. The key concerns about their eating habits include: low intakes of fruit and vegetables and milk products; high intakes of less healthy choices such as soft drinks and high-fat and high-sugar snack foods; and, consumption of too much fat and saturated fat, and too little folate and calcium (Taylor et al., 2005).

What Do We Know About Children's Television Viewing, Overweight/Obesity and Eating?

In 2001 in Canada, children aged 2 to 11 watched television an average of 14.2 hours per week (Marquis, 2005). More recent Statistics Canada data for 2003 show that average television viewing time for this age group is decreasing slightly; however, this appears to be offset by increasing computer/Internet usage. For example, Internet use among households with children under 18 continued to grow, from 41% in 1999 to 73% in 2003 (Statistics Canada, 2005a). Despite the slight decrease in television viewing time in 2003, the national average hours per week for children aged 2 to 11 remained relatively high at 14.0. The average was highest in Newfoundland and Labrador (19.0 hours) and lowest in British Columbia (12.4 hours) (Statistics Canada, 2005b).

Research on media usage by children under age eleven has shown that in general, higher parental education was associated with decreased hours of television and videos but not of computer games. Older children were two to three times more likely than younger children to have a television in their bedroom and to have eaten a meal in front of it in the week prior to the study. More educated parents were less likely to report that their child had a television in their bedroom and more likely to be concerned about the amount of television their child viewed (Christakis et al., 2004).

Excessive television viewing has been associated with obesity development (Coon and Tucker, 2002), increased energy consumption, reduced energy expenditure, negative body image development, and reduced concern with the concept of self-care (Wadsworth and Thompson, 2005). For example, an analysis of the Canadian component of an international study of school aged youth aged 11 to 16 found that television viewing times were higher in overweight and obese boys and girls than normal-weight youth (Janssen et al., 2004). This finding was consistent with findings for most of the 34 countries in the study (Janssen et al., 2005).

A review of over 40 studies conducted by the Kaiser Family Foundation (Kaiser Family Foundation, 2004) links television viewing's association with overweight and obesity to food advertising, stating that:

“it appears likely that the main mechanism by which media use contributes to childhood obesity may well be through children's exposure to billions of dollars worth of food advertising and cross-promotional marketing year after year, starting at the very youngest ages, with children's favourite media characters often enlisted in the sales pitch.”
(Kaiser Family Foundation, 2004:10)

More specifically, the Kaiser Foundation report found that:

- The majority of research finds links between the amounts of time children spend watching TV and their body weight.
- Interventions that reduce children's media time result in weight loss.
- Most research indicates that time spent with media does not displace time spent in physical activities. Studies have failed to find a substantial relationship between the time children spend watching TV and the time they spend in physical activity.

- Many studies indicate that children's exposure to food advertising and marketing (in television ads for foods products) may be influencing their food choices.

A study of French-Canadian 10 year old children found that both boys' and girls' food choice patterns deteriorated with increased frequency of eating in front of the television (i.e., positive correlations were found with salty, sugary, and high-fat products and negative correlations with milk and high-fibre products). The study also found that boys' eating patterns were less healthy than girls, with boys expressing significant preference for sugary and salty products (Marquis et al., 2005). The authors report that the gender differences were related to boys' greater motivation to eat foods similar to those eaten by others, as well as foods with attributes related to colour and attractiveness.

A study reported by Coon and colleagues (2001) also found links between television viewing and children's dietary practices. The study concluded that the dietary patterns of children from families in which television viewing is a normal part of meal routines may include fewer fruits and vegetables and more pizzas, snack foods, and sodas than the dietary patterns of children from families in which television viewing and eating are separate activities. Research has also shown that television viewing is inversely associated with fruit and vegetable intake among children and adolescents (Boynton-Jarrett et al., 2003), and that higher television/video use among children was associated with more unhealthy dietary behaviours, such as increased consumption of soft drinks, fried foods and snacks (Utter et al., 2003).

What Do We Know About Advertising and Marketing of Food and Beverages to Children?

Researchers in Australia have analyzed the content of food advertisements targeted to children. In one study, half of all food advertisements promoted foods high in fat and/or sugar, and 'confectionary' and 'fast food restaurants' were the most advertised food categories during children's TV viewing hours (Neville et al., 2005). Egberts and Riley compared the quality and content of food advertising on Australian television directed to children and adults and found that adult advertising contained more core foods products such as bread and cereals, fruit and vegetables, and dairy products. In addition, results suggest the use of manipulative advertising directed at children (Egberts and Riley, 2004).

Similar results have been reported for New Zealand. Wilson and colleagues examined the nutritional quality of food in television food advertisements targeted to children and reported that 63% of food advertisements were for foods 'high in fat and/or sugar' (Wilson et al., 1999). In a study that examined the extent to which 9 to 17 year old New Zealanders were exposed to advertising for different food groups over a year, researchers found that the highest exposure was for sweet snacks, drinks, fast food/takeaways and breakfast cereals; and lowest for fruit, vegetables, and meat/fish/eggs (Hammond et al., 1999).

These results are consistent with studies of content analyses of food advertisements in the United States (Byrd-Bredbenner and Grasso, 1999; Gamble and Cotugna, 1999; Kotz and Story, 1994; Taras and Gage, 1995), the United Kingdom (Lewis and Hill, 1998) and Canada (Ostbye et al., 1993).

A 1990 study compared cereal consumption in English- and French-speaking children residing in Montreal to examine the influence of the Quebec advertising ban on children's food choices. The English children, who were more likely to view 'cross-border' English-language advertisements broadcast from the U.S., had more children's cereals in their homes than the French children (Goldberg, 1990).

Research has shown that exposure to television advertising during times characterized by a high proportion of child-oriented commercials is associated with lower scores in nutrition knowledge and understanding of nutrition phraseology – (i.e., the nutrition-related phrases and expressions which are incorporated into commercials aimed primarily at children such as “part of a good breakfast” or “fortified with vitamins”) (Wiman and Newman, 1989). In addition, there is evidence that television advertisements influence food choice (Hitchings and Moynihan, 1998), and promote consumption (Halford et al., 2004), and that even brief exposures to televised food commercials can influence preschool children's food preferences (Borzekowski and Robinson, 2001).

A literature review by Coon and Tucker published in 2002 reported that:

- Content analyses of television advertisements have shown that food is the most frequently advertised product category on children's television, and the majority of these ads target highly sweetened products and are increasingly promoting fast food meals.

- Controlled studies have consistently shown that children exposed to advertising choose advertised food products at significantly higher rates than those not exposed.
- Purchase-request studies have found an association between the number of hours of television watched and the number of requests from the child to mother for specific food items, as well as the presence of those in the home.
- Greater television use has been associated with higher intakes of energy, fat, sweet and salty snacks, and carbonated beverages; and, lower intakes of fruit and vegetables.
- Several large studies have documented associations between number of hours of television watched and both the prevalence and incidence of obesity.

A systematic review conducted in the United Kingdom (Hastings et al., 2003) concluded that:

- Children are exposed to a widely advertised diet that is higher in salt, sugar and fat than the recommended one, and that is typically promoted using themes of fun and taste.
- Food promotion is noticed and enjoyed by children and seems to influence their communication and shopping behaviour, suggesting that some creative strategies have persuasive power.
- Food promotion is having an effect, particularly in children's preferences, purchase behaviour and consumption.
- This effect is independent of other factors and operates at both a brand and category level.

Hastings and colleagues concluded that

“this does not amount to proof of an effect, but in our view does provide sufficient evidence to conclude that an effect exists. The debate should now shift to what action is needed, and specifically to how the power of commercial marketing can be used to bring about improvements on young people's eating.” (2003:3)

Most recently, the Institute of Medicine (2005) released a report on the role of food and beverage marketing in the nutritional status of children. The study, based on a systematic review of the scientific literature, included findings that:

- Television advertising influences the food and beverage preferences and purchase requests of children ages 2 to 11 years.
- Television food and beverage advertising influences children to prefer and request high-calorie and low-nutrient foods and beverages.
- Television advertising influences the short term consumption of children ages 2 to 11 years.
- Exposure to television advertising is associated with adiposity in children ages 2 to 11 years.
- Children 8 years and under do not effectively comprehend the persuasive intent of marketing messages and most children ages 4 years and under cannot consistently discriminate between television advertising and programming.

The IOM report also emphasizes that while most of the available evidence relates to television advertising, industry strategies have increasingly moved beyond television and into other forms of marketing. The Report's broad conclusions included that:

- Food and beverage marketing influences the diets and health prospects of children and youth.
- Food and beverage marketing practices geared to children and youth are out of balance with healthful diets and contribute to an environment that puts their health at risk.
- Public policy programs and incentives do not currently have the support or authority to address many of the emerging marketing practices that influence the diets of children and youth.

The Report includes several recommendations, including more industry and government attention and cooperation to address this issue and improve the diets of American children and youth.

Many reviews of this issue note that the evidence base is focused on advertising through television, and very few studies have been done on the increasing number of other approaches and media used in marketing food and beverages to children. This is an important gap, as the rise of other marketing practices in addition to television have the potential for strongly influencing children's diets, yet little data is available to date. There are also other significant gaps in

the research, such as the need for more large, high quality studies, and many experts have called for additional research resources to be allocated this area (e.g., Institute of Medicine, 2006).

The Marketing and Advertising Environment - Targeting Children

Most of the money that is spent by businesses on advertising goes to the mass media and most of the financing of the mass media comes from advertising. In 1998, about \$10 billion was spent on advertising in the traditional media in Canada, up from \$6 billion in 1991. Media advertising is not only a huge business in Canada, but one upon which cultural industries depend. In the United States, per-capita expenditure on advertising is about one-third more than in Canada, and it is distributed differently. About 80% of the ads shown on American networks are for products of multinational corporations available in both countries. It is suggested that this reduces the incentives of American advertisers to buy time in Canadian stations because they assume that much of the Canadian audience can receive the American networks (Vipond, 2000).

Advertising and marketing are central to the marketing of the US food supply. The US food marketing system is the second-largest advertiser in the economy, after the automobile industry and a leading supporter of network, spot, and cable television; newspapers and magazines; billboards; and, radio (Story et al., 2002). Food advertising is central to the networks' budgets and the food industry invests billions of dollars to ensure that its products are well publicized (Horgen et al., 2001). The food industry (mainly fast food restaurants and manufacturers of high fat or high sugar foods and drinks) spends large sums of money on mass media advertising, mainly through television advertisements (Swinburn et al., 2004).

Marketers have long known that children make attractive customers, but attention to this group (and to younger and younger members within it) has increased sharply in recent years. This is partly due to the fact that children control increasing amounts of money and society has granted them increasing responsibility for purchasing decisions (Nestle, 2002).

In North America, children are powerful consumers. They spend \$17 billion each year and influence between 25 and 40 percent of all household purchases, estimated at \$170 billion annually. Advertising directed at North American children was at \$2 billion in 1996, more than 20 times the amount spent 10 years earlier (Reese, 1996). In addition to spending in malls, more and more

children are making purchases over the Internet. Children are also consuming information on the Web, playing games, downloading music, participating in chat rooms and doing research (Industry Canada, 2002). In 2003, about 6.7 million households in Canada had at least one member who regularly used the Internet from home (Statistics Canada, 2004).

Television is by far the favoured vehicle to advertise food to children (Swinburn et al., 2004). In a study by Byrd-Bredbenner and Grasso, television advertising of food and beverages targeted to children were found to account for 23% of all advertisements and were the largest single category of ads (Byrd-Bredbenner and Grasso, 2000). However, marketing strategies, which are usually based on the five Ps of marketing (place, price and packaging, product expansion, public relations and promotions), often employ a combination of approaches. In addition to television advertising and catchy jingles, techniques include the use of collectable toys; games and contests; advertising and packaging featuring cartoon characters; and, foods shaped and coloured to be especially appealing to children (International Association of Consumer Food Organizations, 2003).

The goal of food and beverage product marketing aimed at children is to influence their food choices and ultimately encourage regular consumption, repeat purchases and brand loyalty (International Association for Consumer Food organizations, 2003). Food manufacturers and chain restaurants use a variety of means and techniques to capture children's attention and reach them with their messaging (Story et al., 2002).

Increasingly, multinational and domestic food companies are reaching children through schools, the Internet, product placement in movies, on television, and cross merchandizing (International Association of Consumer Food Organizations, 2003). Use of these other methods brings additional promotional opportunities into children's lives, provides frequent brand exposure and often associates positive experiences with products to help cultivate brand identity and loyalty. Magazine advertisements masked as editorial content; logo-covered clothing, toys and books; contests, gimmicks and gifts-with-purchase are other common practices marketers use to reach children (Media Awareness Network, online).

The developmental stages of children make them especially vulnerable to marketing strategies. Social science research indicates that children are not able to distinguish advertising from TV programming until the age of four or five and lack the cognitive skills and maturity to fully comprehend the persuasive

bias of advertising until they are at least seven or eight years of age, perhaps even approaching adolescence (Kunkel, 2001).

The potential effects of television advertising on knowledge, attitudes and behaviour have generated considerable concern. Part of this concern arises from the overall exposure of children to this medium. By the time they graduate from high school, the time devoted to watching television will exceed the hours spent in school (Byrd-Bredbenner and Grasso, 2000; American Academy of Pediatrics, 2001).

The above concerns have led researchers and organizations to conclude that strategies are needed to address the tremendous influence of advertising and marketing of food and beverages to children. Some call for regulations of the media to restrict marketing and advertising of high sugar/high fat and low nutrient-dense foods to children and youth (Eckersley, 2001; French et al., 2001; Horgen et al., 2001; Kumanyika et al., 2002; Nestle and Jacobson, 2000; Nestle, 2002; Neisner et al., 2003; Nutrition Australia, 2002; Strasburger and Donnerstein, 1999; Story, et al., 2002; Swinburn et al., 2004).

Others argue that because television is an economic venture, supported by advertising and operating in a political environment that favours less government intervention rather than more, the climate is not favourable for regulation (Story et al., 2002); and, they suggest that it is doubtful that legislative measures will be implemented to control advertising targeted at children (Gamble and Cotugna, 1999). Other measures are proposed such as having stricter limitations on the amount of advertising permitted on children's television or by placing a monetary surcharge on the advertising of high-calorie, low-nutrition foods targeted at youth (Story et al., 2002); implementing education strategies for parents and caregivers about the potential negative influence of television ads on their children's food choices; and, teaching children how to deal with the barrage of food advertising they see daily (Gamble and Cotugna, 1999).

Policy and Action

Regulating Advertising Targeted to Children

Several international, national and provincial/territorial nutrition strategies have identified the regulation of food and beverage advertising targeted to children

among their strategies to counter the increasing rates of overweight/obesity (see Table of Canadian and International Recommendations in Appendix 1).

In Canada (except Quebec, where advertising to children under 13 is prohibited), advertisements in broadcast media directed at children under 12 years of age must follow a set of voluntary guidelines called the *Broadcast Code for Advertising to Children*. Compliance with the Code is a condition of license for Canadian broadcasters. Its purpose is to “serve as a guide to advertisers and agencies in preparing commercial messages which adequately recognize the special characteristics of the children’s audience” (Canadian Association of Broadcasters, 2004). All other types of advertisements aimed at children are covered by the general *Canadian Code of Advertising Standards*, which provides that “advertising that is directed to children must not exploit their credulity, lack of experience or their sense of loyalty, and must not present information or illustrations that might result in their physical, emotional or moral harm” (Advertising Standards of Canada, 2004).

It is important to note that it is an industry body (Advertising Standards Canada) that administers both of these codes through their Children’s Clearance Committee. This group pre-screens advertisements targeted at children to ensure companies adhere to the code.

Some have questioned the effectiveness of self-regulation because the codes usually have no basis in law and are limited by such problems as: being television-centric (i.e., do not consider new technologies of advertising), lack sanctions, involve retrospective control (i.e., complaints are dealt with after the ad is broadcast), do not consider the compound effects (i.e., refer to individual ads), and operate within leaky borders (i.e., ads originating from sources outside of national jurisdiction) (International Association of Consumer Food Organizations, 2003). Others have argued that the self-regulation of marketing messages, such as the system that exists in the United States, is ineffective when measured against available criteria for gauging the adequacy of self-regulation, and also ineffective in the context of the worsening obesity epidemic and its damaging impact on children (Kelley, 2005).

Some have argued that since developmental psychology literature demonstrates that young children are unable to discern the persuasive intent behind advertising, then commercial practices aimed at them are inherently exploitative and provide the ASC grounds, under its own guidelines, to restrict advertising directed to children (Centre for Science in the Public Interest, 2002; International Association of Consumer Food Organizations, 2003).

Concerns about the harm of advertising to children and the ineffectiveness of industry self-regulation have led some jurisdictions to introduce statutory regulations on advertising to children. For example, since the 1970's, Quebec's *Consumer Protection Act* has banned print and broadcast advertising aimed at children under 13 years of age. Standards for determining whether advertisements are intended for children consider the nature of the goods advertised, the context of the ad's presentation and the time and place it is shown (Media Awareness Network, online). Norway and Sweden also have similar total bans, and at least 32 other countries partially restrict advertising directed at children. Table 1 below provides examples of children's television advertising regulations from around the world.

Table 1 - Advertising regulations from around the world

Type of Regulation	Jurisdiction
Bans advertising aimed at children under 13	Quebec (1980)
Bans advertising aimed at children under 12	Sweden (1991), Norway (1992)
Prohibits advertising before and after children's programs	Austria, Belgium (Flemish), Luxembourg, Norway
Prohibits advertising of toys to children between 7 a.m. and 11 p.m. and advertising of war toys at all times	Greece
Prohibits advertisements during cartoons	Italy
Prohibits advertisements that attempt to persuade a child to buy a product through a direct offer	Finland, Germany
Prohibits advertising in which sales pitches are delivered by familiar cartoon characters or children	Finland

Type of Regulation	Jurisdiction
Prohibits advertising with figures and puppets that appear in children's programs	Denmark
Prohibits children's personalities from appearing in any advertisements before 9 p.m. and restricts advertising of branded merchandise	United Kingdom
Prohibits advertising during programming for pre-school children	Australia

Source: Hawkes, C. 2004. *Marketing Food to Children: the Global Regulatory Environment*. Geneva, Switzerland: World Health Organization.

In 2004, a task force of the American Psychological Association (APA) recommended the restriction of advertising primarily directed to young children of eight years and under. Its report called for policy-makers to take steps to better protect young children from exposure to advertising because of the inherent unfairness of advertising to audiences who lack the capability to evaluate biased sources of information found in television commercials (American Psychological Association, 2004). Similarly, the U.S.-based Kaiser Family Foundation's report states that "the body of evidence indicates there is a role for media-related policies to play in a comprehensive effort to prevent and reduce childhood obesity" (Kaiser Family Foundation, 2004:10).

As discussed earlier, the Institute of Medicine recently released a comprehensive study of the science-based effects of food marketing on the diets and health of children and youth in the United States (Institute of Medicine, 2006). The study was undertaken by the Committee on Food Marketing and the Diets of Children and Youth, in response to a 2004 Congressional directive. The Committee was charged with exploring the evidence on food and beverage marketing practices and their influence on the diets and health of U.S. children and youth; and the public and private strategies that could be used to promote healthful eating to children and

youth¹. The Committee's recommendations include increased promotion of healthful diets; public private collaboration to enhance children's food marketing practice standards and enforcement; increased research on the effects of children's food and beverage marketing; and the designation of a special agency to monitor progress.

The European Public Health Commission has identified food advertising and marketing practices as well as the promotion of healthy diets among its fields for action, specifically within its EU Platform for Action on Diet, Physical Activity and Health. The Commission appears to be working primarily toward strengthening industry self-regulation in hopes that the food industry as a whole will limit the advertising of certain foods high in fat, sugar and/or salt directly to children (European Public Health Commission, online).

There is also movement by the World Health Organization (WHO) to promote global restrictions on advertising of food and beverages to children. In May 2004, the World Health Assembly adopted the WHO's *Global Strategy on Diet, Physical Activity and Health* which, among its objectives, calls for companies to practise responsible marketing. The Strategy specifically states that food and beverage advertisements should not exploit children's inexperience or credulity (WHO, 2004).

The WHO identifies voluntary industry self-regulation as inadequate (Le Galès-Camus, 2004). As a solution, it proposes a collaborative, co-regulatory approach between governments, industry and consumers. The WHO makes it clear though that its member states have the authority to develop legislation to control advertising of unhealthy nutritional products, and cautions that there is growing a desire for regulatory action in many countries. Its message to the food and beverage industry is to tighten regulatory controls or governments are likely to regulate for them (WHO, 2004).

What Action Has Been Recommended to Address Overweight/Obesity?

Several international bodies have issued reports, based on extensive reviews of the best available evidence, which describe actions that are needed to address the epidemic of overweight/obesity, especially in relation to children and youth (see Connolly, 2005). These include:

¹ The findings of the Institute of Medicine report are summarized in the Background section of this paper.

- *The International Obesity Task Force's causal web of obesity* that schematically organizes the determinants of obesity, which are interrelated and require interventions at multiple levels, as follows: international factors (e.g., globalization of markets, media programs and advertising), national/regional factors (e.g., transport, urbanization, media and culture), community/locality factors (e.g., public transport, manufactured/imported foods, agriculture/gardens/local markets), work/school/home factors (e.g., leisure activity/facilities, family and home, school food and activity) and individual factors (energy expenditure and food intake/nutrient density) (Kumanyika et al. 2002).
- *The WHO Global Strategy on Diet, Physical Activity and Health* outlines a set of principles for action related to obesity which identifies that strategies need to be comprehensive, multisectoral, multidisciplinary and participatory, and consistent with principles contained in the Ottawa Charter for Health Promotion. It also states that strategies must recognize the complex interactions between personal choices, social norms and economic and environmental factors (WHO, 2004).
- *The Institute of Medicine's report "Preventing Childhood Obesity"* calls for changes at many levels and in numerous environments, including: homes, schools, the marketplace and media environments, communities, and at the state and national levels. The report emphasizes the importance of involving many stakeholders from diverse segments in society (Institute of Medicine, 2005), and preceded the aforementioned report on food and beverage marketing.

These reviews and others consistently point to television viewing and the heavy marketing of fast food outlets and energy-dense, micronutrient-poor foods as causally related to children's food selections and strongly implicated in the causal pathway to overweight/obesity (Canadian Population Health Initiative, 2004).

The Canadian Context

The federal government's commitment to public health has included the establishment of the Public Health Agency of Canada in 2003. Its commitment to promoting healthy living has also been demonstrated by the joint federal/provincial/ territorial Pan-Canadian Healthy Living Strategy.

There has also been some indication of openness to regulatory action in relation to advertising to children in Canada. In 1989, the Supreme Court of Canada upheld Quebec's ban, ruling that advertising directed at young children is *per se* manipulative and that such advertising aims to promote products by convincing those who will always believe (Canadian Human Rights Commission, online).

The issue of advertising to children gained profile in Canada in May 2004 when Senator Mira Spivak announced plans to introduce a Private Members Bill in the Senate that would prohibit advertising directed at children under the age of 13 (Spivak, 2004). Key stakeholders on this issue also include:

- The Canadian Paediatric Society (CPS). CPS has issued a statement entitled *Children and the Media* which identifies the contribution of excessive television viewing and the promotion of “unhealthy” dietary practices to the increased incidence of childhood obesity (Canadian Pediatric Society, 2003).
- The Canadian office of the Centre for Science in the Public Interest (CSPI), a consumer advocacy organization. CSPI has spearheaded a coalition of two-dozen groups in support of a ban on children's advertising. CSPI has been very actively involved in bringing this issue to the attention of government and the general public and continues to advocate for regulation (Centre for Science in the Public Interest, online).
- The Media Awareness Network (MNet), a Canadian non-profit organization. MNet has been pioneering the development of media literacy programs since its incorporation in 1996. MNet promotes media and Internet education by producing online programs and resources, working in partnership with Canadian and international organizations, and speaking to audiences across Canada and around the world. MNet focuses its efforts on equipping adults with information and tools to help young people to understand how the media work, how the media may affect their lifestyle choices and the extent to which they, as consumers and citizens, are being well informed. MNet also provides reference materials for use by adults and youth in examining media issues from a variety of perspectives. (Media Awareness Network, http://www.media-awareness.ca/english/corporate/about_us/index.cfm)

Statutory regulation of advertising to children may be supported by concerned parents, consumers and other citizens. In a survey conducted by Environics Omnibus for the Heart and Stroke Foundation of Canada in 2004, 73% of respondents agreed that governments in Canada should prohibit or restrict advertising of unhealthy or ‘junk foods’ aimed at children, to help reduce obesity and improve the health of Canadians (Heart and Stroke Foundation of Canada, 2004).

Another relevant organization is the Concerned Children’s Advertisers (CCA), a non-profit organization of 25 Canadian advertisers, broadcasters and agencies. CCA supports compliance with the Broadcast Code for Advertising to Children and aims to “combine marketing to children with the social responsibility of caring for children”. The activities of CCA include the development of programs designed to: help children “to build healthy lives; support parents in the healthy development of their children; and, support educators in the teaching of media literacy and life coping skills to their students” (CCA, online).

Policy Options

Given the dire health and economic consequences of obesity, there is a critical need for effective public health interventions to address growing childhood obesity rates. Building healthy public policy is a key component of public health strategies (WHO, 1986). Public policy has been used to successfully protect citizens from products or behaviours that are harmful through such measures as tobacco control, injury prevention, prohibition of under-age alcohol use, gun control (Institute of Medicine, 2005) and motor vehicle safety (Smedley et al., 2000).

Because of the strength of the evidence that links television advertising and marketing of food and beverages to children with overweight/obesity and poor eating habits, many now argue that efforts are needed by a broad range of partners and stakeholders to protect children from the influence of marketing messages that encourage unhealthy eating behaviours (Institute of Medicine, 2005; WHO, 2004).

Numerous sources have identified policy options for addressing media advertising of food and beverages to children, in order to reduce its contribution to escalating overweight/obesity rates (see Appendix 1 for detailed table of Canadian and International Recommendations). Identified policy options include:

1. ***Regulation of advertising and marketing to children***

This could entail either a total ban on all children's advertising as outlined in 1a below or specific restrictions as outlined in 1b.

- a. A total ban on all child-targeted marketing and advertising would entail a broad approach that goes beyond television advertising to encompass other marketing vehicles, such as school-based marketing, the Internet and text messaging. An amendment to the federal *Competition Act* has been suggested as a potential regulatory mechanism to capture all marketing activities.
- b. Specific restrictions, or a partial ban, would entail targeting specific types of food and beverage marketing to children. For example, specific restrictions could ban advertisements in certain types of media (e.g., TV, print media, Internet) and/or restrict advertising of specific types of products (e.g., junk food). Two examples of specific

restrictions are:

- i) A ban of all television advertising to children. According to a report published by the WHO (Hawkes, 2004), there are three precedents for a statutory ban on all television advertising directed at children (Quebec, Sweden, Norway).
- ii) Restrictions on certain specified types of television advertising to children. Many EU countries have implemented targeted restrictions on the timing and content of television advertising directed to children (see Table 1).

2. *Corporate tax incentives/disincentives*

This option would involve creating corporate tax disincentives for “junk food and beverage” advertising and tax incentives for advertisements for healthy foods and beverages.

3. *Health promotion campaigns*

This option would involve utilizing marketing techniques to promote nutritious food choices and physical activity. These activities could be undertaken by health agencies, government, and/or through public private collaborative efforts.

Next Steps for CDPAC

In September 2005, the CDPAC Steering Committee agreed to explore the issue of food and beverage advertising and marketing to children. This action is consistent with CDPAC’s role as a leader in coordinating collaborative action to prevent and reduce overweight/obesity in Canada, and CDPAC’s broader efforts to foster policy change that supports and enables healthy living and chronic disease prevention. It is also congruent with CDPAC’s overall mission to support the implementation of an integrated system for chronic disease prevention.

In the coming months, CDPAC will be further engaging experts and stakeholders to collaborate on moving this work forward. For more information, please contact info@cdpac.ca, or check the CDPAC website at www.cdpac.ca for updates as this project progresses.

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Appendix 1

Table 1 Canadian and International Recommendations Regarding the Regulation of Advertising of Food and Beverages to Children

Body	Recommendations
<p>International Obesity Task Force</p> <p>[See reference list Kumanyika et al., 2002]</p>	<p><i>Media:</i> Reduce advertising and marketing practices that promote over-consumption of food and drink, e.g., regulate television advertising aimed at children.</p>
<p>WHO Global Strategy on Diet, Physical Activity and Health</p> <p>http://www.who.int/</p>	<p><i>Government action:</i> Food advertising affects food choices and influences dietary habits. Food and beverage advertisements should not exploit children's inexperience and credulity. Messages that encourage unhealthy dietary practices or physical inactivity should be discouraged, and positive, healthy messages encouraged. Governments should work with consumer groups and the private sector (including advertising) to develop appropriate multisectoral approaches to deal with the marketing of food to children, and to deal with such issues as sponsorship, promotion and advertising.</p> <p><i>Private sector:</i> practise responsible marketing that supports the strategy, particularly with regard to the promotion and marketing of foods high in saturated fats, trans-fatty acids, free sugars, or salt, especially to children.</p>
<p>Eat Well Australia</p> <p>http://www.health.gov.au/</p>	<p>Proposed action related to improving nutrition for children: review research on food advertising and adequacy of TV Advertising Code for Children and recommend future directions.</p>
<p><i>Nutrition Australia</i> Position</p>	<p>Believes that all television advertising of food</p>

Body	Recommendations
<p>Statement: Food Advertising Directed at Children</p> <p>http://www.nutritionaustralia.org/</p>	<p>during children’s viewing hours (early morning, post school and early evening) should meet minimum standards. These standards should include restrictions on the number of minutes of food advertising allowed per hour, prohibition of any false or misleading messages that a child could reasonably be expected to draw from advertising, and the appropriate placement of advertised food in the context of the whole diet. Guidelines for advertisers should include the requirement that advertised foods are consistent with the spirit of the Australian Dietary Guidelines, and the ‘eat most’ section of the Healthy Eating Pyramid, and that these healthy eating principles are promoted as part of the advertisement. In the circumstances where appropriate television advertising guidelines and standards are not developed and followed, Nutrition Australia considers that a prohibition on television advertising of food during children’s viewing hours is a better alternative to the current situation where television food advertising is inconsistent with the development of healthy eating habits.</p>
<p>New Zealand Healthy Eating – Healthy Action Oranga Kai – Oranga Pumau</p> <p>http://www.moh.govt.nz</p>	<p>Build healthy public policy in the area of nutrition and physical activity to create supportive environments – investigate and analyse policy options regarding the advertising of foods to children.</p>
<p>UK Department of Health</p> <p>http://www.dh.gov.uk</p>	<p>The UK Choosing Health consultation revealed that people in the UK feel it is wrong for children to be bombarded with sophisticated marketing that might confuse</p>

Body	Recommendations
	<p>them and reduce their ability to make healthy choices about the food choices on offer. A key theme that emerged from the consultation was the need to place some form of restriction on food and drink advertising to children to protect those who cannot be expected to make informed choices for themselves.</p> <p>The UK Choosing Health White Paper included a commitment to develop a comprehensive strategy to further restrict the advertising and promotion of foods high in fat, salt and sugar to children.</p> <p>The UK Department of Health is developing a five strand approach that will include:</p> <ul style="list-style-type: none">• Broadcast media• Non-broadcast media• Sponsorship and brandsharing• Point of sale advertising including vending in schools• Labels, wrappers and packaging. <p>The Department of Health is working closely with the Food Standards Agency (FSA), Department for Culture, Media and Sport, Department for Education and Skills, Department for Trade and Industry, Department for Environment, Food and Rural Affairs and the Office of Communications (Ofcom). They also recognize the importance of engaging fully with industry, advertisers, consumer groups, experts and other key stakeholders in the food and drink advertising and promotion field. Thus, they have established a Food and Drink Advertising and Promotion Forum for non-broadcast media, which includes</p>

Body	Recommendations
	representation of a wide range of stakeholders.
<p data-bbox="188 405 537 478">European Public Health Commission</p> <p data-bbox="188 506 594 747"> http://europa.eu.int/comm/health/ph_determinants/life_style/nutrition/nutrition_policy_en.htm </p>	<p data-bbox="727 405 1385 856">The European Public Health Commission has identified food advertising and marketing practices as well as the promotion of healthy diets among its fields for action, specifically within its EU Platform for Action on Diet, Physical Activity and Health. The Commission seems to be working primarily toward strengthening industry self-regulation in hopes that the food industry as a whole will limit the advertising of certain foods high in fat, sugar or salt directly to children.</p>
<p data-bbox="188 905 513 1083">Institute of Medicine's Report Preventing Childhood Obesity</p>	<p data-bbox="727 905 1352 1062">Federal government – develop guidelines regarding advertising and marketing to children and youth by convening a national conference</p>
<p data-bbox="188 1136 578 1293">Institute of Medicine: Review of Food Marketing and the Diets of Children and Youth</p> <p data-bbox="188 1320 586 1394"> http://www.iom.edu/project.asp?id=21939 </p>	<p data-bbox="727 1136 1385 1791">The IOM, through the Food and Nutrition Board and the Board on Children, Youth and Families, has undertaken a comprehensive study of the science-based effects of food marketing on the diets and health of children and youth in the United States. The work is funded by the Centre for Disease Control and Prevention. The study found that food and beverage marketing influences the diets and health prospects of children and youth. The report contains several recommendations, including greater government and industry cooperation to use the power of marketing practices to improve the health and diets of American youth and children.</p>
<p data-bbox="188 1839 537 1873">Pan-Canadian Nutrition</p>	<p data-bbox="727 1839 1295 1873">Build healthy public policy and develop</p>

Body	Recommendations
<p>Strategy for Health Promotion and Disease Prevention http://www.cdpac.ca/</p>	<p>legislation – advocate for the development of intersectoral policies, e.g., guidelines for food marketing and advertising in place</p>
<p>Healthy Eating Nova Scotia http://www.gov.ns.ca/health/</p>	<p>Children and Youth – policy options include increasing restrictions on advertising of “junk” food to children.</p>
<p>Quebec http://www.msss.gouv.qc.ca</p>	<p>The <i>Consumer Protection Act</i> bans print and broadcast advertising aimed at children less than 13 years of age</p>
<p>2005 Ontario Medical Association www.oma.org</p>	<p>The Ontario Medical Association (OMA) recommends that governments address legislation to restrict advertising to children under 13 years of age for certain food products that are obesogenic. The OMA also recommends that governments sponsor a media-related education campaign to promote healthy choices and portion sizes for children and youths. These recommendations are part of a set of 12 recommendations for addressing increasing child obesity rates, set out in a September 2005 Position Paper entitled <i>An Ounce of Prevention or a Ton of Trouble: Is there an Obesity Epidemic?</i> (cited http://www.oma.org/Health/Obesity/ObesitySep2805.pdf October 2005)</p>
<p>2004 Ontario Chief Medical Officer of Health Report – Healthy Weights, Healthy Lives http://www.health.gov.on.ca/</p>	<p>Government of Ontario – develop policies and programs that promote healthy eating, including exploring policy options to control food advertising targeting children similar to those now in place in Quebec, where advertising of some products to children</p>

Body

Recommendations

under 13 is prohibited.
