

# Childhood obesity - are food advertisers really to blame?

Marie Laver, HPI, examines the role of advertising in childhood obesity and finds the prosecution's case weak and unproven

**F**OOD AND ADVERTISING industry representatives have long been criticised by the UK government and health organisations for marketing to young children, saying it contributes to poor nutrition and childhood obesity. Recent reports suggest that Tony Blair is now prepared to take tougher action on this issue via a 'new and more robust approach'. During a broad lecture on public health the Prime Minister warned that he was now prepared to ban the advertising of 'junk' food (foods high in fat, salt or sugar) targeted at children in a bid to make Britain's children healthier.

This ban was first suggested back in 2004 but was swiftly ruled out following an in-depth investigation by Ofcom (1). Stephen Carter, Ofcom chief executive at the time, said, 'A total ban would be neither proportionate nor in isolation, effective', and the debate has raged within government ever since, now reignited by Mr Blair's announcement.

This article digs deeper into the debate about food advertising targeting children and its potential impact on rising levels of obesity. It will consider and examine the current case against a total ban on advertising and includes findings from a recent HPI study, conducted for Kellogg's, into the key drivers of childhood obesity and the extent to which advertising has any effect on children's food consumption.

## The issue of childhood obesity

The World Health Organization has described the problem as a 'global epidemic' and UK levels of childhood obesity have increased significantly over the past few decades. In 2002 almost 22% of boys and 28% of girls aged 2-15 years were considered to be overweight (see Figures 1 and 2), including 5.5% of boys and 7.2% of girls who were obese (2). Currently there are approximately one million obese children in the UK who are less than 16 years of age (3).

Obesity in childhood has serious medical and psychological consequences. Research shows a two-fold increase in the rate of cardiovascular disease and hypertension and a three-fold increase in diabetes in obese children compared to normal weight children (4).

## Food advertisers under pressure

The food industry has a global advertising budget of \$40bn, a figure greater than the gross domestic product (GDP) of 70% of the world's nations (5). In developed countries, food advertising accounts for around half of all advertising broadcast during children's TV viewing times (6). Although the scientific basis has been questioned, some pressure groups claim that this weight of food advertising towards children represents a major contributor to the rise in obesity. So it is easy to see why legislation limiting the



**A growing problem: the UK has one million obese children**

promotion of food to children represents an easy public policy prescription for tackling childhood obesity.

However, there are also many other reasons against the need for mandatory controls on TV advertising to children which seriously bring into question whether such legislation would be truly effective at influencing UK children's eating and exercise habits.

## The case against a full ban

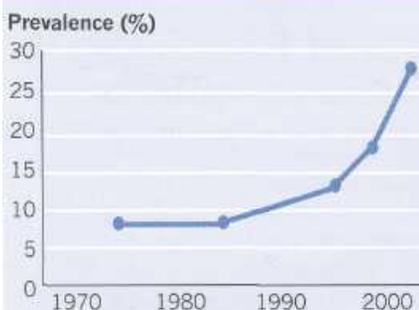
> *Impact of advertising bans in other countries*

TV advertising targeting children is already prohibited in Sweden, Norway and Quebec. Yet none of these countries has seen significant reductions in childhood obesity. In Sweden, where advertising to children has been banned since commercial television began, childhood obesity levels are in line with the rest of Europe. Conversely, levels of advertising to children have fallen in the US, while childhood obesity continues to rise. Federal Trade Commission (FTC) data show that advertising during children's programming in the US has fallen by 34% since 1977.

> *Detrimental effects on quality of children's programming*

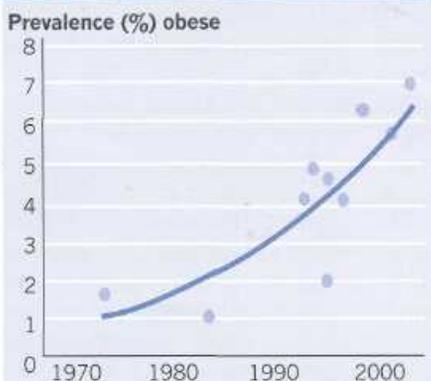
One of the main reasons for the swift dismissal of a ban on food advertising in 2004 was the fear among TV channels that it would hit children's programming. A

**FIGURE 1**  
**Overweight UK children: trends over last three decades**



Source: IOTF 2004

**FIGURE 2**  
**UK child obesity, aged 2-15**



Note: IOTF definition of obese. Source: IOTF 2004

potential ban and the subsequent loss in revenue may undermine the likely investment in children's programming on commercial television, reducing choice and innovation for younger audiences.

> *Much of children's TV viewing also includes adult programming*

Ofcom found in 2004 that 70% of children's viewing time takes place outside officially-defined children's airtime. Findings also revealed that an average child sees only five ads every day for any food product out of a possible 28 ads for any product, and that only two of these are viewed in children's airtime (i). This suggests that the only way the government can control children's exposure to food advertising is to ban food advertising altogether from UK programming.

> *Educative aspect of exposing children to marketing messages*

Another consideration is the educative aspect of exposing children to advertising and marketing communications as part of their development in a consumer society. It is arguable that a complete ban on advertising to children actually restricts an aspect of mass media that young children need to be aware of. An in-depth understanding and first-hand experience of advertising could equip children with the ability to negotiate their way around a commercialised social environment. We live in a society that is saturated with media images and messages, so it may be just as important for children to develop 'media literacy' as well as the more 'standard literacy', by learning to process the commercial intentions of different companies.

Children who are exposed to advertising learn to decipher what advertisers are saying about their products, how they should be used and how they're supposed to make them feel. In time they also learn to deal with the disappointment of not having everything they see advertised. This last point is particularly important, because it highlights the need for parents to play a key role in this 'education process' by accompanying, and thereby managing, how their children negotiate

their way through our mass-media consumer environment.

### **HPI's research into drivers of childhood obesity**

Despite an increasingly concentrated focus on advertising as a major contributor to the poor nutritional habits of UK children the true causes of childhood obesity are acknowledged by all to be an extremely complex issue.

Ofcom found that TV advertising has a 'modest direct effect on children's food consumption'. However, critically, this was considered to be of 'little significance in relation to other factors potentially linked to childhood obesity such as exercise, trends in family eating habits inside and outside the home, and school policy' (i). These conclusions are echoed across several other studies into factors linked to childhood obesity, including a study conducted by HPI in 2004 on behalf of Kellogg's, investigating the key drivers of childhood obesity across Europe (7).

### **Children's current attitudes towards food and advertising**

As expected, nine out of every ten children in the study claimed to learn almost everything about food and healthy eating from their parents, and over two-thirds of these children said that they trusted their parents most when learning about food. However when it came to advertising, less than a fifth (16%) of all the children in the sample claimed they learned something about food and healthy eating from the ads that they see on TV. This figure dropped to just 1% of all children surveyed who said that advertising was the single source of information they trusted the most. Importantly, this small group was spread evenly across children of all weights, with no particular bias towards children who were obese.

Indeed, we found that all children have a very good understanding of which foods are considered to be 'good for you'. When they were asked to rank a broad list of over 20 different types of food in terms of being healthy, over 90% ranked fresh fruit the highest. Conversely, over



**Chocolate: over 90% of children know it is 'not good for you'**

90% of all children also ranked fizzy drinks, crisps, sweets and chocolate as being the least healthy. Importantly, again, there were no differences by weight (see Figure 3).

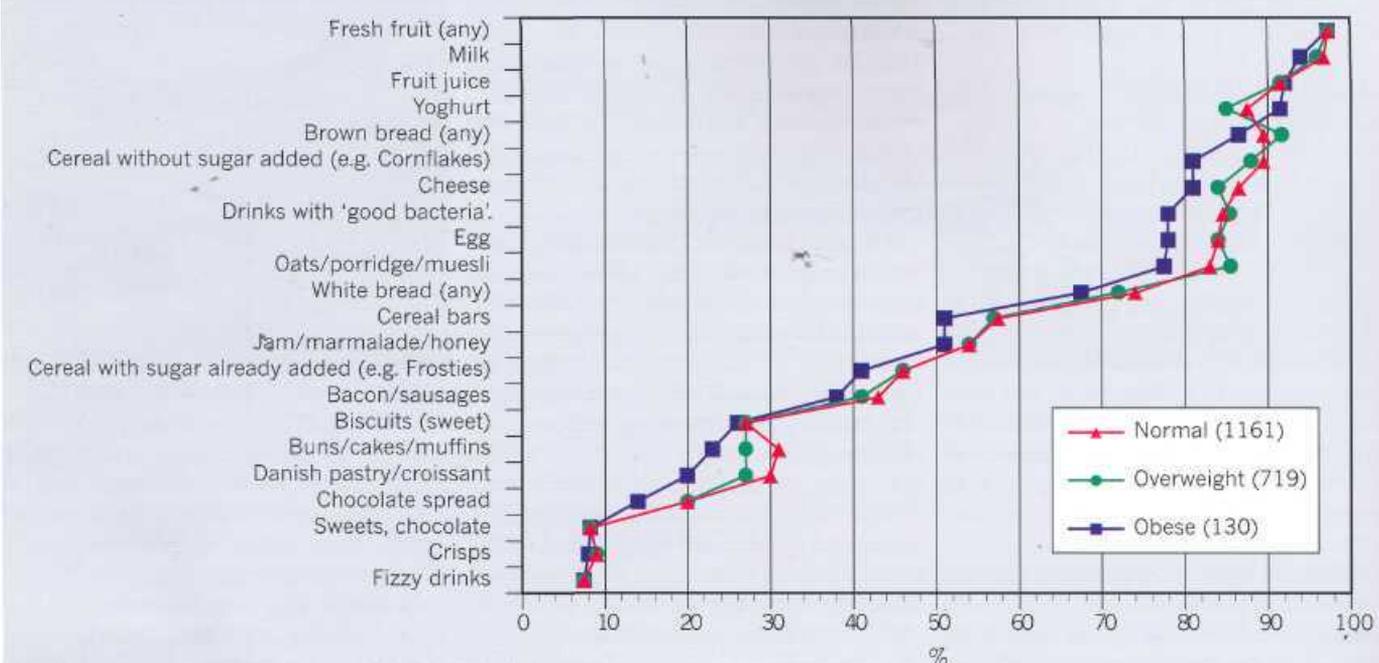
So our findings suggest that children of all weights have a sound understanding of which foods are considered to be good for them, and many also apply a healthy cynicism towards advertising.

Similar to Ofcom's conclusions, our research also suggested that the primary drivers of childhood-obesity actually consist of a number of complex, yet inter-related social, emotional and physical factors.

**'Many food and drink manufacturers have already responded to pressures by offering healthier alternatives with low-to-no fat/sugar, fresher ingredients or added vitamins and minerals'**

FIGURE 3

Which of these foods are healthy?



The vicious circles that lead to childhood obesity

We found that there were two main vicious circles that drive current behaviour: the Performance and Participation circle and the Confidence and Motivation circle. These vicious circles, which also overlap with each other, result in an ongoing downward spiral of behaviour leading to obesity in childhood (see Box i).

Obese children are more likely to cite both physical and emotional barriers to participation in any physical activity. When asked about different reasons for non-participation they are significantly more likely to agree that they 'get tired quickly' or are 'worried about letting the team down'. So, not only do they physically feel that they would not perform as well as the rest of their friends, but emotionally they also feel that they would not be able to keep up. These children are already beginning to feel socially isolated and 'different' from others, so participation in physical activity provides yet another opportunity to be openly rejected by their peers.

In time, actual or perceived poor performance leads to less physical activity, particularly in group or social situations. There are many studies that support this; and certainly we found that obese children were already less likely to participate currently in any physical activity compared to the overweight and normal-weight children in the sample (37% of obese children do physical activity less often, compared to 24% of normal weight and 27% of overweight children).

So the vicious circle gathers momentum: the less they participate in sports, the more concerned they are about their performance, the more weight they gain and so it goes on until eventually they stop participating in any physical activity altogether and find alternative interests. These interests could then be used to rationalise their non-participation:

'I like my films, that's what I really love to do, watch films' (obese child, France)

'I don't like games. I get teased a lot by the other kids and my parents say that I don't have to do it' (obese child, Italy).

This last quote is particularly important, as it alludes to the finding that parents of overweight/obese children are also more likely to be complicit in supporting their children in reducing levels of exercise. These parents were more likely to agree that their children just preferred to take part in more sedentary activities or that they didn't enjoy taking part. Further to this, they are also significantly less likely themselves to join in any form of physical activity, thereby not representing a positive role model.

This theme ran throughout the rest of the study - that through a lack of active control, parents of overweight/obese children actually contribute to this downward spiral and, worse still, may act as a barrier to making any positive changes.

Via a series of projective statements we found that obese children were significantly more likely to lack confidence compared to overweight and normal-weight children. However, crucially, this did not apply to all obese children in the study. Using a number of different attitude statements we were >



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able to split the sample of children into those who were 'more confident' and those who were 'less confident'. The more confident obese children were significantly more likely to want to lose weight (77% of confident obese children vs 52% less confident obese children). Further to this, they are also more likely to feel that their current size and weight is an important issue and that it was something they were 'always thinking about'. Conversely, around half of the less confident obese children stated that

their weight was not important and a quarter claimed to be 'not bothered about my weight'.

It is clear that confidence is a principal driver to motivation leading to positive behavioural changes. We therefore recommended that the instilling of confidence lies at the heart of any plan to tackle or prevent childhood obesity. Given that the role model of parents is key to developing and maintaining self-confidence, the most effective solution is likely to involve working with the family as a whole.

So how else can we begin to tackle this obesity 'epidemic' and is there a way for advertising to become part of the solution rather than being condemned as the major cause?

### Can advertising be a part of the solution?

Our study confirms that parents of all children represent the best possible role models for developing and carrying positive eating and exercise habits throughout life. Yet Ofcom found that most parents do not support an outright ban on TV advertising to children. What they do support is the need for better information about the nutritional content of advertised products, which is why Ofcom also raised fears that a ban would remove the right to advertise products that could potentially have a positive impact on health.

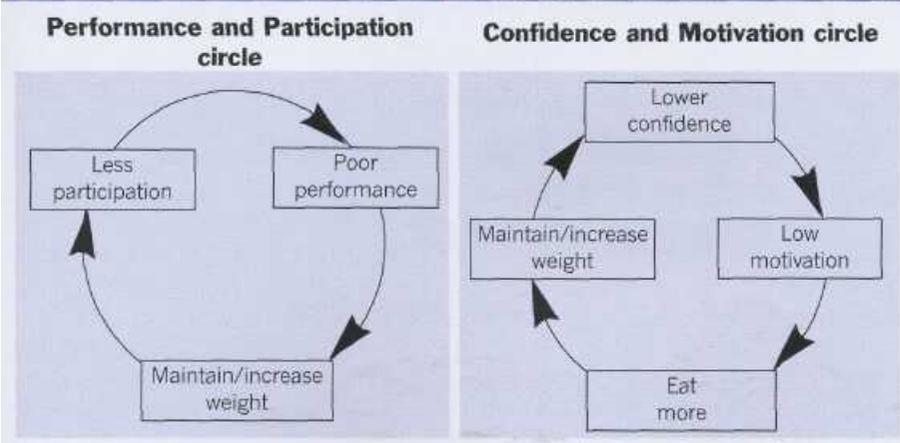
Many food and drink manufacturers have already responded to pressures by offering healthier alternatives with low-to-no fat/sugar, fresher ingredients or added vitamins and minerals. Companies like McDonald's now include more 'socially responsible' additions to their range, such as salad and fresh fruit, alongside their standard fried fare in order to provide customers with a choice.

Similarly, it should be just as important to ensure that children are exposed to a balance of food and drink messages in order to be able to develop their own considered decisions about what they choose to eat and do. In light of this, it is therefore arguable that food advertising targeted at children is actually less of a threat and may even be more of a missed opportunity.

1. Ofcom commissioned 2000+ interviews with children, parents, teachers and nutritionists to explore why children choose the food they do, how food promotion influences this, and the key messages children take from television, [www.ofcom.org.uk](http://www.ofcom.org.uk).
2. The International Obesity Task Force, [www.iof.org](http://www.iof.org).
3. Children, young people and health related decisions: a review of the research literature and discussion of the implications for health education of children and young people. Educari, 2004.
4. H. Mossberg: 40 year follow-up of overweight children. *Lancet* 1988; 2:491-493.
5. T. Lang and E. Millstone: The Atlas of Food. GDP based on 2002 GDP figures from the World Bank Statistical Indicator.
6. Survey data from: A Spoonful of Sugar: Television food advertising aimed at children, an international comparative survey. Consumers International Programme for developed economies, 1996.
7. HPI study consisted of Qualitative and Quantitative investigation. Quantitative sample included 2000+ interviews with children aged 6-16 years and their parents in UK, France, Italy and Sweden. Sample spread across Normal weight, Overweight and Obese children classified using the BMI index for children. Full study findings also presented at the MRS Conference 2006.

BOX 1

### Behaviour leading to obesity in childhood



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