

MARKETING OF FOOD AND BEVERAGES TO CHILDREN

Stakeholder views on policy options in Ireland
Findings from the PolMark project

SUMMARY REPORT

December 2009



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Caution

The results discussed in this report represent the individual viewpoints of those interviewed and are not necessarily representative of the official positions of the institutions or organisations for which the interviewees work.

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OVERVIEW OF THE POLMARK PROJECT

The PolMark Project¹ is funded by the European Agency for Health and Consumers (EAHC)² and comprises a partnership of representatives from eleven EU member states. The project aims to improve understanding of the influences on children's dietary choices and to contribute to improving the nutritional status of children in Europe. Part of the work undertaken by the project comprised undertaking interviews to assess the views of over 160 key stakeholders in the eleven EU partner countries on childhood obesity and marketing and to review the likely opportunities for and barriers to developing policies in this area. These stakeholders represent those with a remit for children's health, consumer advocates and those involved with food and beverage production, marketing and promotion.

Another section of the project aims to update the 'state of the art' review of current controls and regulations on marketing to children in all EU member states which was last undertaken by the World Health Organisation in 2005-6.

The final project component will utilise the interview data to undertake further assessment of the health impact of food promotion according to the stakeholders' judgements, and to map the quantified health impact data in relation to the stakeholders' positions. This will support the use of health impact assessment techniques as one of the tools available to policy-makers.

This report is a summary of the finding of interviews conducted with 28 stakeholders in Ireland in 2008.

1 See: <http://polmarkproject.net/>

2 EAHC Project Contract No 2007325 - see <http://ec.europa.eu/eahc/>

The Partners in the PolMark Project are:

- The International Association for the Study of Obesity, **United Kingdom**
- The European Consumers' Organisation - Bureau Européen des Unions de Consommateurs (BEUC) - **Belgium**
- Research and Education Institute of Child Health - **Cyprus**
- University of Masarykova - Masarykova Univerzita - **Czech Republic**
- Suhr's University College - **Denmark**
- University of Alicante - **Spain**
- Institut de Recherche pour le Développement - **France**
- Irish Heart Foundation - **Ireland**
- Association of Polish Consumers - **Poland**
- Stockholm County Council - **Sweden**
- National Institute of Public Health - **Slovenia**

POLMARK RESEARCH IN IRELAND 2008/9

The research aimed to assess the views of a range of key stakeholders in the area of marketing of unhealthy food to children and to review the likely opportunities and barriers which exist in developing policies in this area. This report is a summary of the process of and findings from interviews undertaken with key stakeholders in Ireland.

The stakeholders included representatives of the following groups:

- Academic experts and government advisors (3)
- Consumer advocates (1)
- Children, family and school advocates (5)
- Public health and health professional advocates (5)
- Advertisers and advertising advocates (3)
- Government officers and regulators (7)
- Food, retail and caterers' representatives (1)
- Media representatives (3)

METHODOLOGY

Identification of interviewees

The first stage in the research process was the development of a list of potential stakeholders, which resulted in a total of 30 organisations being invited to participate in the interview process. There was a very positive response to requests to participate in the research and a total of 28 interviews were completed in Ireland.

Questionnaire

The questionnaire was designed to encourage interviewees to express views on different forms of regulation as well as on the challenges to and prospects for policy development. Stakeholders were also able to identify key points of resistance to and support for various types of regulatory measures on marketing of unhealthy foods. The questionnaire included questions about national controls on promotional marketing through various media (television, other broadcast media, non-broadcast media and new technology) and in different settings, such as schools, pre-school institutions and retailer outlets. Questions relating to the exposure of children to marketing and its likely effect on purchase and consumption, as well as the impact of different policy options, were also included.

Interviews

The interviews were conducted mainly on a face to face basis and were all undertaken by the same interviewer³ between November 6th and December 23rd 2008.

The majority of those interviewed completed most of the questions but a small number declined to answer some questions, mainly those which entailed ‘scoring’ or opinion scales and other opinion based questions. Reasons given for not completing these questions included:

- There was no official organisational position on the issues raised in these questions, therefore it was not appropriate to offer personal opinions.
- The stakeholder organisation works on evidence - based principle - therefore it was not appropriate to speculate, as was required by some questions.

All of those interviewed, whether answering all or only some of the questions posed, gave comments on the issues raised in the questionnaire. These comments varied between long and detailed comments on the issues raised by the questions and on the subject of marketing to children to short commentary on specific aspects of marketing.

The quantitative data from the Irish questionnaire was collated and analysed using simple Excel formulas and was added to the partner wide findings to allow for more in-depth analysis. The qualitative data was collated from the notes taken by the interviewer and from the recordings of the interview and stakeholders’ comments were then grouped into common key themes.

³ Barbara Battel-Kirk of BBK Consultancy – bbkconsultancy@eircom.net

BACKGROUND TO THE PROJECT - THE OBESITY EPIDEMIC

In 1997, the World Health Organisation (WHO) formally recognised that obesity had reached epidemic proportions globally (1, 2).

Overweight and obesity pose a serious public health challenge in the WHO European Region where some 30-80% of the adult population is overweight and up to one third obese. The prevalence of obesity has tripled in many countries in the Region since the 1980s (3-7).

In Ireland, in 2007, 38% of adults were overweight and almost one-quarter (23%) were obese (8) and it is suggested that obesity in adults is increasing by at least 1% every year (9). One in five Irish boys and girls aged 5-17 years are overweight or obese (10,11). In a survey undertaken in 2003-4, 15% boys and 19% of girls aged 5-12 years were reported to be overweight and 4% of boys and 9% of girls obese (10). In 2007 a survey of teenagers aged 13-17 years indicates that 11% of boys and girls are overweight and 8% of boys and 6% of girls obese (11). Recent data on Irish children at senior infants⁴ level indicates that one in four of this age group is overweight or obese (12). Despite different ways of measuring obesity in children, all methods used show that obesity in Irish children is increasing (9).

Effects of obesity

Each year, worldwide, at least 2.6 million people die as a result of being overweight or obese and obesity is a major contributor to the global burden of chronic disease (13). Obesity is credited with accounting for 2-6% of total health care costs in several developed countries, with some estimates putting the figure as high as 7% (14) In 2005, it was estimated that about 2,000 premature deaths in the Republic of Ireland were attributable to obesity and that these deaths could have cost the state as much as €4 billion (9).

Being overweight or obese in childhood has been shown to have significant impact on both physical and psychological health across the life span (15-20). Overweight children are at risk of

⁴ Junior and senior infants are the terms used for the first two years of primary school in Ireland. Ages for senior infants would be about 5.

conditions once thought only to affect adults, for example, type 2 diabetes, high blood pressure and high cholesterol (15-20). Approximately one half of overweight adolescents and over one-third of overweight children will remain obese as adults (19-20) with continued negative impacts on their health. Overweight or obese children have a significant likelihood of having multiple risk factors for chronic ill health and early mortality related to their excessive weight before or during early adulthood (15-20).

In addition to physical illnesses, psychological disorders such as depression are reported as occurring with increased frequency in obese children (21).

Marketing unhealthy foods to children⁵

While obesity is agreed to be caused by complex interactions of genetics, lifestyle and environment, there is consensus that unhealthy diets are a key factor in the increasing levels of obesity in general and childhood obesity in particular. There is growing concern about the links between the marketing of food and beverages to children and the global rise in childhood obesity. Many of the food products and drinks marketed to children have been found to be ‘unhealthy’ i.e. high in energy and low in nutrients (22-27)

Studies conducted by Consumers International in 23 countries in Europe and Asia found that the most common food products advertised included confectionary, sweetened cereals, fast food, savoury snacks, and soft drinks (28,29)

The amount of food advertising targeting children is well documented. In the USA, for example, it is estimated that young people are exposed to anywhere from 23,000 to 40,000 television commercials in a single year, with similarly high levels of exposure recorded in many countries including in the EU countries and Australia (30-34). While much of the focus is on TV advertising of unhealthy foods, other media, such as the Internet, offer new opportunities to target such advertising to children. Estimates suggest that 98% of children’s websites permit

⁵ There is a large volume of literature on the marketing of unhealthy foods to children and the regulation of such marketing. The references used were chosen to reflect as wide a spread of opinion and regional differences as is possible in such a brief review.

advertising and that more than two-thirds of websites designed for children rely on advertising for their primary revenue (35).

The key area of contention between those who can be described as ‘advertising/marketing/food industry lobbyists and ‘public health/consumer advocates’ in relation to marketing of unhealthy foods is whether it has an effect on children’s eating habits and therefore contributes to obesity rates. This disagreement is the basis for ongoing debate on the need for restrictions on marketing to children and, if it is accepted that restrictions are required, what format they should take and who should develop and monitor them. The need for restrictions on marketing and advertising unhealthy food to children has been identified in international public health reports including the Report of the WHO Forum and Technical Meeting on Child Obesity, 2006 (36), the European Charter on Counteracting Obesity (37) and the Institute of Medicine Academy of Sciences in the USA (38).

Health and consumer lobby groups have responded to the increase in obesity levels and the increasing evidence on the negative effect of marketing by calling on governments to take urgent steps to restrict marketing and advertising of unhealthy foods to prevent further escalations in the prevalence of obesity and poor diets in children. A set of underlying principles to guide national and trans-national action to substantially reduce commercial promotions that target children (39) and a proposal for a global strategy to limit marketing have been developed to underpin their message (40).

The marketing, food and beverage industries strongly disagree with suggestions that their products contribute to the rising rates of childhood obesity and robustly oppose calls for governments to restrict or ban advertising to children. Their arguments focus on the role played (or which should be played) by parents in moderating their children’s eating behaviour, the effects (or lack of effect) that advertising has on behaviour, and the multiple factors which contribute to obesity. They claim that there is no evidence of casual effects between advertising and obesity and that they are simply promoting specific brand preference in an already well-established market (41).

Existing restrictions mostly focus on TV advertising with a total ban on all marketing to children in Sweden (42). The format of regulation varies from statutory legislation to self-regulation and varying combinations of both termed ‘co-regulation’⁶ (43). Guidelines for self-regulation have been developed by a number of multinational industry bodies (44, 45) and there are examples of co-regulation in many countries and it is the approach espoused by the European Commission (42).

In Ireland, the Broadcasting Commission of Ireland Children’s Advertising Code in 2004 introduced statutory controls to regulate some aspects of TV advertising of unhealthy food to children (46). A new act of law the Broadcasting Act 2009 now makes provision for the Broadcasting Authority of Ireland to introduce regulations to protect children from advertising of foods high in fat, sugar and salt on broadcast media (47).

⁶ Defined as a specific combination of state and non-state regulation. See http://ec.europa/avpolicy/docs/library/studies/coregul/final_sum_en.pdf

FINDINGS - INTERVIEWS WITH IRISH STAKEHOLDERS

Due to the small numbers in the Irish sample and, in particular, the very small numbers in some of the groupings, the findings were analysed only for the sample as a whole, rather than attempting to compare quantitative data across dimensions such as group, gender, size or type of organisation, position in organisation, etc. This more complex level of analysis has been undertaken with the data from stakeholders from all partner countries which comprised a large enough sample for more in-depth comparative analysis and the Irish findings are compared to those from other partners across a range of dimensions.

There were, however, some key areas of agreement and disagreement among those interviewed which can be identified from the research, particularly from the stakeholder comments. These findings are very similar to those found in the international literature on similar stakeholders' views on obesity and the marketing of unhealthy foods to children.

Obesity in Ireland

There was overwhelming agreement among Irish stakeholders that childhood obesity rates were rising in Ireland and that Irish rates were above (or at best average with) rates in other European countries. This finding reflects agreement across all groups that obesity is a growing problem at regional, national and global levels noted in the literature. However, again as found in the relevant literature, this was the only major area of agreement in the Irish PolMark study.

Links between obesity and advertising of foods

The majority of those responding agreed that there was a link between advertising of fatty and sugary foods/drinks and overweight and obesity rates in children, with 14 of the opinion that there was a link and 10 considering there to be a strong link. Those who acknowledged a linkage argued that the level of resources allocated to marketing was, in itself, proof that it worked, as industry would not spend such vast sums of money in marketing and promotion to no purpose. These respondents also made reference to research which demonstrated the link. Those who repudiated any link between marketing and obesity were very clear that, in their opinion, no direct causal link had been proved. Others, who might be described as holding the middle ground, took a broader view which, while acknowledging the link between advertising and obesity,

emphasised that this was within a context of a complex matrix of causal factors, in particular decreased physical activity.

Influences on Obesity

Many of those responding considered that preventing childhood obesity was a complex issue and that, given this complexity, approaches to deal with the problem needed to be at a societal level. For example, increasing physical activity was generally viewed as of equal importance to dietary changes as a means of reducing childhood obesity but the level of physical activity/ exercise in Irish schools was considered to be below the European average. Irish attitudes to sport which focused on winning rather than participating were seen as limiting childhood activity. Changes in the physical environment which would make it safer and easier for children to walk to school and play outdoors were given as examples of required societal and policy changes.

Current controls and regulation of Food Marketing in Ireland

There were differences of opinion between Irish stakeholders on current food marketing regulations, ranging from those who considered that these were not sufficiently strict to others who considered that regulation in Ireland was too restrictive. Those who believed that there was not enough regulation considered that this meant that children were exposed to large amounts of harmful ads for foods high in fat, sugar and salt. Those who felt regulation was too strong expressed concern that this could have a negative impact on Irish industry by limiting its competitiveness in contrast to less restricted areas and ultimately cause unemployment. These stakeholders also deemed that children should be exposed to ‘real life’ situations so that they develop into discerning adults able to make sensible decisions and thus moderate their dietary intake to prevent obesity. They also strongly emphasised the central role of parents in controlling children’s food choices and intake.

Views on controls and regulation of Food Marketing in Ireland in the future

The preferred systems of regulation were strongly contested by the ‘pro and anti statutory regulation camps’. Those in favour of statutory regulation considered that self regulation had been proved to be ineffective and that it was not appropriate or useful for industry to monitor its own control systems. Some stakeholder comments reflected what might be termed a ‘middle ground’ and credited industry with making some progress in the self regulation of marketing to

children; however this was often seen to be in response to either the imposition or threat of statutory regulation and not unprompted change within industry. Some stakeholders thought that industry should be given a chance to self regulate but that the state should be ready to intervene if this did not work within a defined period of time.

It was also suggested that industry needed to be incentivised to moderate marketing to children rather than be coerced into doing so through threats. The impact that consumer demand could have in getting industry to self regulate effectively was discussed but, it was also pointed out that, for this to happen, the population as a whole would need to understand the causes of obesity and the effects of marketing and be motivated enough to give up products they and/or their children liked.

Those who considered that self regulation was effective were mixed in their opinions as to whether this should be the only form of regulation or that there should be some form of ‘co-regulation’. The stakeholders who espoused co-regulation referred to the support for this approach within the European Commission and saw this as a justification for it to be adopted as the regulation system of choice in Ireland and across the EU, if not globally.

The difficulties of regulating marketing within the now global food chain were noted, in particular, the impossibilities of limiting TV advertising which crossed national boundaries and of controlling the internet. Those stakeholders in favour of no regulation (or at least less) suggested that this showed the impossibility of effective statutory regulation while those in favour of regulation suggested that to be effective all regulation needed to be at EU, if not global, levels.

Restrictions on TV Advertising to Children

There was a general acceptance of restrictions on advertising on TV to children, although for some, this was a reluctant acceptance in that they accepted the current regulations but did not in principle believe in limiting or banning advertising. Those stakeholders who did not agree with banning advertising thought that foods which may be high in fat, sugar and salt should be viewed as treats only to be taken in moderation and, rather than banning advertising, that children should

to be taught to understand and deal with advertising and learn to self moderate their intake of unhealthy foods.

Both opponents and proponents of regulation of marketing noted that there is no formal definition in the Irish context of what 'high' means in relation to fat, sugar and salt and that there was a need, as identified in the international literature, for shared and agreed understandings of what is meant by 'unhealthy foods'.

There were differences between stakeholders in relation to the type and times of TV programmes which should be restricted. While there were differences about at what age restrictions should apply to it was noted that, in statutory terms under the Children's Advertising Code⁵⁵, the definition of a child in Ireland was up to 18 years.

Restrictions on other types of advertising in different media

There were mixed opinions on the suitability of current levels of control and the impact of a range of advertising media including internet sites with games; football shirts with fast food branding; free games in cereal packs, product placement of soft drink in children's movie; products placed at supermarket checkouts, branded logo on educational material and mobile phone text messaging. Some stakeholders did not complete these questions as they considered that they called for personal opinions rather than formal organisational views on marketing, its impact and regulation. Detailed questions on the impact of these specific types of advertising in different media and contexts and the numbers of extra items consumed as a result of exposure to different forms of marketing again provoked differing opinions between the two main opinion groups.

Views on the impact of TV advertising and other types of marketing listed above on children's purchases and consumption of food followed the pattern of divided opinion found in the literature. Some stakeholders felt that this series of questions were simplistic and believed that it was impossible to judge the effectiveness of marketing even when using the sophisticated research undertaken by the marketing industry itself. Two participants declined to complete this set of questions. While those involved in marketing and advertising generally held that advertising mainly impacted on brand choice, most of those in public health and consumer

stakeholders rated TV ads for fast food shown twice daily for a week; products at supermarket checkout and product placement in a children's movie and many of the other types of marketing as high. Wearing of branded football shirts was not rated moderate to high impact and text messaging and branded logos on educational materials while having high impact were considered not to be very widely used in Ireland.

Opinions on how differing marketing activities should be restricted, on the effectiveness of industry voluntary action on regulation, the monitoring and self regulation of voluntary regulation, again generally follow the pattern of a division between the 'public health/consumer' lobby and the 'advertising/marketing' advocates.

Level of support or opposition to statutory regulation

There was strong support from public health, consumer and family advocates and academics, for statutory regulation which would ban advertisements for fatty sugary food in child attractive TV shows between 6-9pm. There was also strong support from this group for all other forms of marketing of unhealthy food and drinks to children. Some respondents indicated conditional support for statutory legislation as although they generally supported such legalisation, they considered that issues such as the need for more specific advice on what exactly considered 'unhealthy food' and what levels of these were acceptable were required before a clear and effective action could be taken. Those who did not support the introduction of more legislation believed that this would not be effective as all media channels could not be regulated within the state and also referred to their previous comments on the lack of evidence of a link between marketing and obesity. One respondent stated clearly that they would oppose openly any complete ban on fatty sugary food ads in child attractive TV shows between 6-9pm.

Public Trust

The responses to questions on perceptions of levels of influence and public trust across a range of sectors and agencies were more varied across the groups. Some of organisations rated by respondents as having high levels of influence (for example, supermarket and food retailer associations) were also considered to have low level of public trust. In contrast, parent and children's associations were considered to have low levels of influence but high levels of public trust. The national consumer organisation and public health doctors' group scored high in both levels of trust and influence.

CONCLUSION

Overall the findings of the research reflect very closely the debate and divisions reported in the international literature on marketing of unhealthy foods to children. There were clear divisions between what might be termed the ‘public health/consumer’ champions and the ‘industry/marketing/advertising’ advocates. Those who hold the ‘public health’ viewpoint generally consider that the health of the child should be paramount, that obesity is heavily impacted by the marketing of unhealthy foods and therefore such marketing should be more regulated. Their focus is on the welfare and rights of the child and on society at large which, they claim, is adversely affected by high obesity rates which cause increased morbidity and mortality and a consequent drain on limited health service resources.

On the other hand, those who might be described as the ‘food industry/advertising/marketing’ lobbyists generally argue that the causal link between rising obesity and marketing is not proven and that there are many other issues with equal or greater effect on the global obesity epidemic. They consider that industry can (and should) regulate itself where regulation is required, although they also refer to co-regulation as a positive way forward. They consider that children need to be exposed to what they consider ‘real life’, including marketing and advertising, in order to develop the ability to make informed choices on food and lifestyle. They consider that parents should control children’s food choices and intake. Their arguments are based on the concepts of freedom of speech and the right of the consumer to choose. They also expressed concern that over-restriction of marketing could have an adverse effect on commerce and ultimately on society through potential loss of jobs and income, as Ireland becomes more regulated and therefore less competitive.

The research in Ireland undertaken as part of the PolMark project shows little convergence of opinion between the public health/consumer advocate and industry/marketing/advertising approaches on the regulation of marketing of unhealthy foods to children and it is likely that this division will prove to be the case across Europe. The stakeholders interviewed were, however, committed to working to implement the recommendations of the National Taskforce on Obesity which provides a framework for dialogue and multi-sectoral action on tackling obesity.

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