



Worth Noting

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Childhood obesity seems to be one of the most talked about social and health issues in modern, developed societies.

This is not surprising. In the 1960s, child obesity levels in Australia, U.S. and U.K were negligible. Yet, some two decades later in the 1980s, child obesity levels reached double percentage figures. Two decades later after that to the present, levels have doubled. Health experts are now talking about a pandemic of childhood obesity.

Advertising of snack and junk foods especially on television to kids is starting to wear much of the blame. From a historical context, it is easy to see why this is the case. Child obesity levels began to become a problem in the 1980s. In the U.S., this was the time when the Reagan Administration lifted many restrictions on advertising to children, including the advertising of snack and junk foods aimed directly at child TV viewers. As child obesity threatens to become a genuine epidemic, food advertising directed at children has become a major advertising category over the period.

The statistical correlation between increased advertising to children and rise in child obesity is a fact. However, this does not in itself prove that advertisers and the brands they advertise should accept most of the blame.

One of the leading studies investigating the causal connection between advertising and child obesity was recently concluded by UK organization Ofcom, an independent regulator and competition authority for UK communication

industries (covering TV, radio, telecommunications and wireless communications.)

In this edition of Worth Noting, we thought it might be interesting to look briefly at the findings of this report and several other authoritative findings on the connection between the rise in child obesity and TV advertising in particular.

Unmistakable increase in bad eating habits

The primary fact that cannot be diminished is that there is an unmistakable increase in bad eating habits by children. This is defined by foods that are high in fat, salt and sugar (HFSS) – the three evils when it comes to bad eating and causes of obesity.

The factors are all well known: **1.** Lifestyle trends that support a quick, convenience food culture leading to increased demands for take-way foods, ready-meals; **2.** Increase in consumption of processed foods and food ingredients which are easier and quicker to cook with, eat and tastier; **3.** Rise in affordable take-away meal options or alternately rise in disposable income able to be spent on non-home cooked meals.

There are also a series of factors that might not be as well known based on social, economic and behavioural aspects: **1.** The ‘knock on’ effect of eating out meaning fresh fruit and vegetables are less likely to be eaten with the meal or after the meal; **2.** A decline in the habit of eating at home together with the whole family meaning children are subject to less restrictions as they help themselves; **3.** Increase in the spending power of children and less supervision of what they spend their money on.

Factors influencing choice of food - advertising

Now that the eating habits are clear, what factors influence the choice of foods?

A whole host of them have been put forward and investigated. This is where we have to be careful about the makeup of the survey or research which can often prejudice the results.

For instance, in surveys which ignore other factors and ask only about the role of TV or advertising in the food eating habits of children, the results tend to be quite damning for TV and advertising. This is because TV and advertising clearly are the only factors being examined and respondents have no opportunity to assess these factors compared to other factors. Denied the opportunity to consider other factors, respondents tend to agree that TV advertising to children should bear much of the blame.

However, it is worth noting that in surveys and research reports that look at other factors such as the role of parents, schools, education, biological tendencies, peer pressure and so on, only about a third of respondents tend to name TV and advertising as a key factor leading to child obesity.

Our interest now lies in looking at the conclusion of these reports with respect to only TV and advertising.

Multiple research efforts confirm that hours spent watching TV correlate with degrees of poor diet, poor health and obesity in children. Three explanations are possible for this:

1. TV viewing is a sedentary activity that reduces metabolic rates and displaces exercise.
2. TV viewing is associated with frequent snacking, pre-prepared meals and fast food consumption.
3. TV viewing includes exposure to advertisements for HFSS food that targets children.

So do we attribute blame predominantly to TV watching or is it the ads on TV that we should target?

Obviously, no report can be absolutely certain about this as it is impossible to perfectly disentangle the two factors. What we can do is separate the effects of advertising into immediate and indirect ones and explore these.

A. Immediate effects

The evidence that advertising has a significant direct effect on the eating habits of children is thin when this is compared to other factors. In other words, it is relatively rare that if a child sees an ad for a brand of ice cream, they will immediately go out and buy, or demand, that brand of ice cream.

The exception is when a brand of ice cream carries with it an attractive promotion or an association with a child's favourite character (e.g., the Simpsons). This tends to significantly increase the tendency for the child to want that product.

B. Indirect effects

The indirect effects of advertising is a more murky and uncertain area. Because indirect effects are by nature much more ambiguous as causal connections are much less clear, the conclusions here are highly inconsistent.

Practical and academic fields in social and developmental psychology, and in consumer and marketing research point to a whole myriad of indirect effects of advertising: influences on views of the child's parents and peers about diets, food preferences and tastes; normalizing particularly bad eating habits; irrationally demonizing particular HFSS foods whilst unquestioningly accepting others that are just as unhealthy (e.g., preferring corn chips to potato chips on unfounded health grounds) ...

The problem with these assertions is that they are either untested or not testable at all. We therefore enter into controversial ground if we wholeheartedly advocate bans on advertising to children.

Another statistic tells us that we should be careful about putting the blame on advertising.

The total spent on advertising on junk and fast foods in the UK and US has decreased since 1999 by 15 percent. The proportion of that spend invested in TV advertising has decreased even more by 22 percent over this period. Yet, child obesity levels have increased by 10-15 percent in the same period in those countries.

Significantly, the amount of TV watching in the age group between 5-12 years has remained fairly constant during this period. Also, children in this age group actually watch more TV in adult airtime (about 10-12 hours / week) than they do in children airtime (about 3-5 hours / week.)

These figures may not tell us as much as we would like to know but they do strongly suggest that reducing advertising by HFSS foods directly to children is not the fix all solution that some have portrayed it to be.

Research on the relationship between advertising to children and childhood obesity is surprisingly thin given the readiness of many to demand restrictions and even compensation from advertisers and HFSS brands.

There are two concluding points here.

First, advertising and especially the very visible TV advertising is always an easy target. It is easier to blame advertisers than it is to blame parents who do not take an active part in the diets of their children, or broad trends in lifestyle changes that are not conducive to spending time preparing healthier foods.

Second, the assumption that there is a simple direct causal connection between advertising and consumer behaviour is not always correct. For example, would advertising only healthy foods during prime time TV significantly change the eating habits of children and arrest the rise in childhood obesity? If not,

advocating the banning of advertising to address complicated social phenomena with multiple causes is not the ideal response to what is a genuine problem.