

## Opinions on banning food advertising to children

### Background

A review of the evidence conducted by the World Health Organization found that the most common type of product that is marketed to children and young people is food (Cairns, Angus, & Hastings, 2009). It was found that sugary breakfast cereals, fizzy drinks, confectionary, savoury snacks, and fast food are the foods and beverages most frequently advertised to children and young people. The review also highlights the evidence that food promotion impacts children's nutrition knowledge, food preferences, purchasing behaviour and consumption, as well as increasing the risk of adverse health outcomes such as adiposity. To address this issue, public health advocates worldwide have called for legislative policies to ensure that food marketing supports healthy diets among children (Cecchini et al., 2010; Committee on Food Marketing and the Diets of Children and Youth, 2006; Signal, 2014; World Health Organization, 2010).

The Health Promotion Agency (HPA) monitors parents and caregivers' opinions on food marketing to children in the Health and Lifestyles Survey (HLS). Results from the 2012 HLS are presented below.

### Methodology

Parents and caregivers were asked how much they generally support or oppose "a ban on food advertising at times when children watch TV". The response options include "strongly support", "support", "neither support nor oppose", "oppose", "strongly oppose", "don't know", or "refused".

For the purpose of analyses by population sub-groups, responses were grouped into two categories: *support* or *neither/oppose*.

Refusals and "don't know" responses were removed. The following demographic factors were analysed to determine whether there are any differences in support of the ban:

- gender
- ethnicity (Māori, Pacific, Asian, European/Other)
- age (15 to 24 years, 25 to 34 years, 35 to 44 years, 45 to 54 years, 55 and above)
- neighbourhood deprivation status (Low: NZDep 1 to 3, Mid: NZDep 4 to 7, High: NZDep 8 to 10)
- educational status (No formal qualification, Secondary school, Trade/Professional/ Undergraduate diploma, Bachelor's Degree/ Postgraduate).

Parents and caregivers who responded that they support or strongly support a ban were also asked "What times would you choose to ban food advertising?". The start time and end time of the ban were recorded in 30 minute intervals, and up to three time periods were collected. For reporting purposes, times were grouped into segments of 1.5 to 2 hours.

Only those group differences that are statistically significant ( $p < 0.05$ ) are reported.

### Support of a ban

Just over a third of parents and caregivers support (25.7%) or strongly support (12.1%) a ban on food advertising at times when children watch TV. Another one-third (35.6%) of parents and caregivers neither support nor oppose a ban, while 24.0% oppose it and 1.4% strongly oppose it. The percentage of respondents who didn't know or refused to answer is 1.1% or lower. The distribution of responses is found in Table 1.

**Table 1. Parents/caregivers' support of a ban on food advertising at times when children watch TV**

Response	%
Strongly support	12.1
Support	25.7
Neither support nor oppose	35.6
Oppose	24.0
Strongly oppose	1.4
Don't know	1.1
Refused	0.1

## Differences in support of the ban by demographic factors

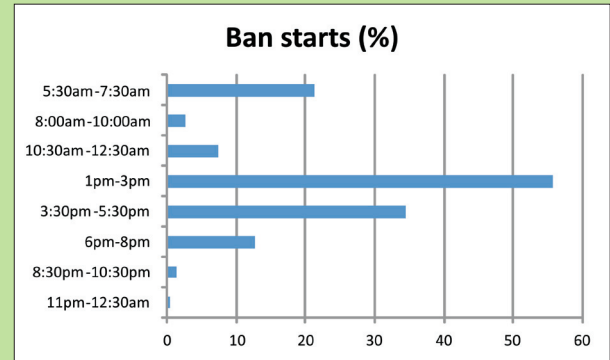
Parents and caregivers of European/Other ethnicity are more likely to support a ban (41.9%) compared with Pacific people (28.5%). Support among Māori (32.3%) and Asian parents/caregivers (32.5%) is not statistically different from the European/Other respondents.

There are no differences by gender, age, education level, or neighbourhood deprivation status.

## Times of day when the ban should be enacted

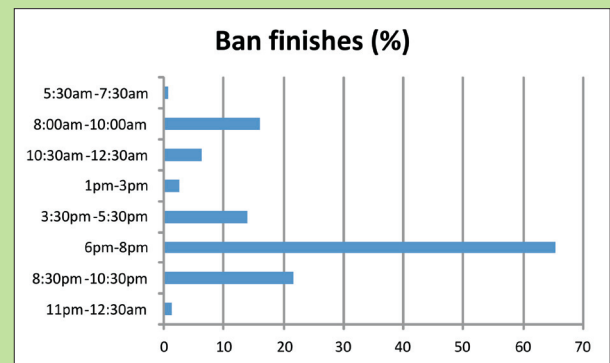
Tables 1 and 2 show the times of day when respondents in support of the ban would have it begin and end. The times most frequently reported for the ban to *begin* are 1:00pm to 3:00pm (55.7%), followed by 3:30pm to 5:30pm (34.4%) and 5:30am to 7:30am (21.3%). The times of day most frequently reported for the ban to *end* are 6:00pm to 8:00pm (65.4%), followed by 8:30pm to 10:30pm (21.7%).

**Table 2. Times of day\* when a ban on TV food advertising to children should start**



\*Multiple responses permitted.

**Table 3. Times of day\* when a ban on TV food advertising to children should end**



\*Multiple responses permitted.

## Key points

- Just over a third of parents/caregivers strongly support (12.1%) or support (25.7%) a ban on TV food advertising to children. One quarter oppose (24.0%) or strongly oppose (1.4%) a ban while the remaining (35.6%) neither support nor oppose it.
- Parents/caregivers of European/Other ethnicity are more likely to support a ban (41.9%) compared with Pacific people (28.5%).
- The times of day most frequently reported for the ban to *start* are 1:00pm to 3:00pm (55.7%), followed by 3:30pm to 5:30pm (34.4%) and 5:30am to 7:30am (21.3%).
- The times of day most frequently reported for the ban to *finish* are 6:00pm to 8:00pm (65.4%), followed by 8:30pm to 10:30pm (21.7%).

## References

- Cairns, G., Angus, K., & Hastings, G. (2009). The extent, nature and effects of food promotion to children: a review of the evidence to December 2008. *Geneva: World Health Organization*. Retrieved from [http://www.who.int/entity/dietphysicalactivity/Evidence\\_Update\\_2009.pdf](http://www.who.int/entity/dietphysicalactivity/Evidence_Update_2009.pdf)
- Cecchini, M., Sassi, F., Lauer, J. A., Lee, Y. Y., Guajardo-Barron, V., & Chisholm, D. (2010). Tackling of unhealthy diets, physical inactivity, and obesity: health effects and cost-effectiveness. *The Lancet*, 376(9754), 1775–1784.
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- World Health Organization. (2010). *Set of recommendations on the marketing of foods and non-alcoholic beverages to children*. World Health Organization. Retrieved from <http://www.who.int/dietphysicalactivity/marketing-food-to-children/en/>.

## Citation

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## About the Health and Lifestyles Survey

- The HLS is a nationwide in-home face-to-face survey conducted every two years, starting in 2008. The 2012 HLS consisted of a sample of 2,672 New Zealanders aged 15 years and over who provided information about their health behaviours and attitudes relating to tobacco, sun safety, healthy eating, gambling, and alcohol. Parents and caregivers also responded to a sub-set of questions for 806 children aged 5 to 16 years.
- In 2012, the parent/caregiver sample, with a response rate of 87.7%, included 337 people of European/Other ethnicity, 211 Māori, 213 Pacific people and 45 Asian people (prioritised ethnicity).
- The data have been adjusted (weighted) to ensure they are representative of the New Zealand population.
- For this analysis, proportions and 95% confidence intervals were produced. Odds ratios were undertaken to compare responses between groups.
- The significance level used for statistical analyses was set to  $\alpha=0.05$ .
- A full description of the 2012 HLS survey methodology and further HLS publications can be found online at <http://www.hpa.org.nz/research-library/research-publications>.

## About HPA

The HPA is a Crown entity that leads and delivers innovative, high quality and cost-effective programmes and activities that promote health, wellbeing and healthy lifestyles, prevent disease, illness and injury, enable environments that support health and wellbeing and healthy lifestyles, and reduce personal, social and economic harm.

## Research and Evaluation Unit

Health Promotion Agency, PO Box 2142, Wellington 6140, New Zealand

<http://www.hpa.org.nz/research-library/research-publications>

[research@hpa.org.nz](mailto:research@hpa.org.nz)

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