



## Review

# Reducing the volume, exposure and negative impacts of advertising for foods high in fat, sugar and salt to children: A systematic review of the evidence from statutory and self-regulatory actions and educational measures



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## ABSTRACT

**Purpose.** To identify and review evidence on 1) the effectiveness of statutory and self-regulatory actions to reduce the volume, exposure or wider impact of advertising for foods high in fat, sugar and salt (HFSS) to children, and 2) the role of educational measures.

**Design/methodology/approach.** A systematic review of three databases (Medline, CINAHL and PsycINFO) and grey literature was carried out. Relevant evidence included studies evaluating advertising bans and restrictions, advertising literacy programmes and parental communication styles. Relevant media included TV, internet, radio, magazines and newspaper advertising. No studies were excluded based on language or publication date.

**Findings.** Forty-seven publications were included: 19 provided evidence for the results of statutory regulation, 25 for self-regulation, and six for educational approaches. Outcome measures varied in approach, quality and results. Findings suggested statutory regulation could reduce the volume of and children's exposure to advertising for foods HFSS, and had potential to impact more widely. Self-regulatory approaches showed varied results in reducing children's exposure. There was some limited support for educational measures.

**Discussion.** Consistency in measures from evaluations over time would assist the development and interpretation of the evidence base on successful actions and measures to reduce the volume, exposure and impact of advertising for foods HFSS to children.

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## Introduction

Children are exposed to advertising in a variety of media and settings, including television, radio, internet, SMS messaging, billboards, and in schools and shops. Advertisers' targeting of young children is controversial because they do not have the developmental maturity to recognise the purpose of advertising or to assess advertising claims (McGinnis et al., 2006; Wilcox et al., 2004). It is only at around 12 years old that children have the cognitive skills to evaluate advertising more critically (Boush, 2001; Peterson et al., 1984). Nevertheless, even with the development of these skills around early adolescence, evidence suggests that the persuasive intent of advertising is not understood fully until late adolescence or early adulthood (Carter et al., 2011).

### *Relationship between food and beverage advertising and children's diets*

A significant proportion of advertising is for foods and beverages, and these advertisements are often for products high in fat, sugar and salt (HFSS). High levels of dental caries and increases in weight have sharpened the focus at the national and supranational levels on the relationship between advertising and negative health outcomes. Extensive literature reviews have found an association between exposure to advertising for foods HFSS and poor diet and obesity (Cairns et al., 2013; Hastings et al., 2003; McGinnis et al., 2006). The authors concluded that the effects of advertising exposure on diet are not due to chance. Similar patterns of exposure and negative impact are also recognised in middle and low income countries (Hawkes, 2007). The World Health Organisation (WHO) has responded to this increasing evidence base by recommending that greater efforts be made to reduce children's exposure to advertising for foods HFSS at the national, cross-border and global level (Cairns et al., 2009; WHO, 2013).

### *Solutions*

To achieve a reduced volume of and exposure to advertising for foods HFSS, and to improve children's dietary habits, policies and programmes have been suggested and in some countries implemented. Similar actions are in place for tobacco and alcohol advertising. Restrictions on alcohol advertising to children and young people have been implemented in many countries, however, there is disagreement over its impact (Casswell, 2012; Nelson, 2010). For tobacco advertising, Saffer and Chaloupka (2000) report that comprehensive restrictions

are needed to reduce consumption, and that limited bans will have little or no effect. Studies on self-regulation by the alcohol industry suggest that these actions have little impact on reducing exposure to alcohol advertising in youth (Chung et al., 2010; Fielder et al., 2009; Jernigan, 2009). In relation to advertising of foods HFSS, three main forms of action are most frequently put forward to limit the influence of advertising: statutory regulation, self-regulation and educational approaches.

### *Statutory regulation*

An increasing number of statutory regulations have been implemented (see Hawkes, 2007, and Hawkes and Lobstein, 2011 for extensive reviews): bans on advertising to children under 12 or 13 years are in place in Quebec, Sweden, and Norway. In the UK, advertising for foods HFSS are prohibited during children's television programming and regulated by Ofcom. In the US there are limits on advertising more generally to children, however, these are directed towards advertisement length and misleading claims, rather than content. Overall, regulations are concentrated in high income countries (Hawkes, 2007).

### *Self-regulation*

The food industry and industry bodies have responded to criticisms of their advertising practices by developing guidelines aimed at reducing the volume of and limiting children's exposure to advertising for foods HFSS. The International Chamber of Commerce's (ICC) Framework for Responsible Food and Beverage Communications provides advertising recommendations. These include the promotion of healthy diets and lifestyles, clear delineations between advertising and programming, and prohibitions on manipulating children's naivety (Hawkes, 2007). Similar recommendations were made by the Confederation of the Food and Drink Industries of the EU (CIAA) (Hawkes, 2007). Commitments have been made by the International Food and Beverage Alliance to advertise only healthier products to children under 12, to stop advertising to children under 12 completely, and to limit advertising in schools (IFBA, 2014). Within Europe, signatory companies to the EU Pledge have made similar commitments (EU Pledge, 2014). In the US, leading food and beverage companies signed up to the Council of Better Business Bureaus Children's Food and Beverage Advertising Initiative (CFBAI) have pledged that half of child-targeted advertising is to be for healthier products or encouraging a healthy lifestyle. Independent monitoring of CFBAI commitments is undertaken by the Rudd Center at Yale University (Rudd Center, 2010a,b, 2011, 2012a,b). Trade associations in Canada and Australia have developed similar guidelines and have received commitments

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