



Research report

Medicalisation of food advertising. Nutrition and health claims in magazine food advertisements 1990–2008

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ABSTRACT

Food advertising increasingly portrays food as a type of medicine. A content analysis of magazine food advertisements in 1990 through 2008 shows that this was manifested with time more in the (a) nutrition claims and (b) health claims made in food advertisements, as well as the (c) food groups and (d) media genres to which nutrition and health claims in food advertising pertained. This so-called “medicalisation” of food advertising may promote images of the body and mind as malfunctioning unless remedied by the use of – advertised – products.

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Introduction

Food is among the most important advertising commodities and consequently attracts much research effort (e.g., Harrison & Marske, 2005; Ippolito & Pappalardo, 2002; Kean & Prividera, 2007). Current research into food advertising highlights two issues in particular. One is that food advertising tends to be dominated by “unwholesome” products such as potato chips and sweets rather than more healthy alternatives such as fruits and vegetables (e.g., Batada, Seitz, Wootan, & Story, 2008; Warren, Wicks, Wicks, Fosu, & Chung, 2008). Another assumption commonly entertained about present-day’s food advertising is that it is progressively more dominated by claims about products’ nutritional contents (e.g., fats, fibers) and/or claims about health effects (e.g., strengthening the bones, reducing risk of heart disease) (Byrd-Bredbenner & Grasso, 2000; Hickman, Gates, & Dowdy, 1993; Lohmann & Kant, 1998; Lord, Eastlack, & Stanton, 1987; Lord, Eastlack, & Stanton, 1988; Parker, 2003; Pratt & Pratt, 1995). Both issues attract considerable apprehension and research into whether food advertising practices are potentially misleading consumers, and many governments have imposed regulations under which they are allowed (Andrews, Burton, & Netemeyer, 2000; Buijzen, 2007; Hawkes, 2004; Lobstein, 2008; Zicari, Carraro, & Bonetta, 2007).

Study aims

The present research focuses on the use of nutrition and health claims (NH claims) in food advertising. We argue that food advertising over the last two decades has increasingly been carried by representations of food as a type of medicine, which we name the medicalisation of food advertising. Medicalisation (Illich, 1975) is a process whereby human conditions or behaviors that conventional medicine does not consider a medical condition (e.g., work stress, body weight, aging), are increasingly conceived as such by lay publics (Jutel, 2006; Seale, Boden, Williams, Lowe, & Steinberg, 2007; Spillane, 2008). The medicalisation of food advertising thus entails that advertisements for food products which are not medicine by conventional standards, are increasingly shaped by representations of food as a type of medicine. This gives rise to a number of expectations about changes in the NH claims employed by food advertisers, which will be put to empirical scrutiny in a content analysis of Dutch magazine food advertisements from 1990 to 2008. Together with the prevalence of advertising for unwholesome food products found in earlier research, the resulting pattern of present-day food advertising and its implications are discussed.

Method

Sample

A content analysis was conducted over food and beverage advertisements in popular Dutch print magazines from 1990,

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Table 1

Sample of Dutch magazines: number of food advertisements and magazine copies per year.

	1990		1996		2002		2008		Total	
	Adv	Copies	Adv	Copies	Adv	Copies	Adv	Copies	Adv	Copies
Health magazines ^a										
<i>Santé</i>	–	–	6	2	8	1	9	2	23	5
<i>Top Santé</i>	–	–	19	5	10	3	12	2	41	10
Women's magazines										
<i>Libelle</i>	35	7	12	3	16	4	8	2	71	16
<i>Margriet</i>	20	4	3	1	16	3	13	2	52	10
Food magazines										
<i>Allerhande</i>	60	3	55	2	44	1	43	1	202	7
<i>Boodschappen</i>	–	–	9	1	8	1	16	1	33	3
Total	115	14	104	14	102	13	101	10	422	51

^a 1990 copies are missing because both health magazine titles were launched in 1994.

1996, 2002, and 2008 respectively. There were three different magazine genres: food magazines, women's magazines, and health magazines. Each magazine genre was covered by two different titles. For the food magazine genre, these were *Allerhande* and *Boodschappen*, which are monthly food magazines available to customers of the two largest Dutch supermarket groups. For the women's magazine genre, they were *Libelle* and *Margriet*, which are both issued weekly and the two most widely-read women's magazines in the Netherlands. The monthly magazines *Santé* and *Top Santé* finally were the two most popular health magazines in the Netherlands until recently.¹

Table 1 renders an overview of number of copies and advertisements per title per year that were analyzed. Magazine copies were obtained randomly across months/weeks, and were always regular issues (i.e., not holiday—or otherwise special issues). Since they were both launched in 1994, no copy from *Santé* and *Top Santé* could be obtained from 1990 however. For the same reason, a 1990 copy from *Boodschappen* was not available. The advertisements that were coded were all food and beverage advertisements in the magazine copies with at least half a page size, excluding advertorials, brand placements, recipes, or magazine supplements.

Coding

Each advertisement was first coded for following basic features: magazine title, publication year and month/week, page number on which the advertisement was placed, product name, and brand name. Further coding of each advertisement concerned the textual nutrition and health claims that were made in each advertisement, and was based on specific expectations that arose from the notion guiding the present research that food advertising has increasingly been shaped by representations of food as a type of medicine.

Firstly, it was expected that over time the advertisements would contain progressively more nutrition claims regarding the presence or augmented levels of certain ingredients assumed to boost health (such as vitamins or omega-3). On the other hand, that advertisements would not progressively more contain nutrition claims about reduced levels or absence of certain ingredients assumed to jeopardize health (such as saturated fats). This is because medicine is used for the presence of certain ingredients alleged to promote health, not for the absence of certain ingredients assumed to jeopardize health. Each advertisement was coded for whether it contained any textual claim concerning *presence/augmented levels of nutritional contents alleged*

to boost health (e.g., omega-3, more calcium). As well, whether the advertisement contained any textual claim regarding *absence/reduced levels of nutritional contents alleged to jeopardize health* (e.g., no artificial sugars, 30% less fat).

Secondly, it was expected that food advertisements over time would contain progressively more health claims concerning effects on specific bodily functions. This is because medicine is used for specific outcomes, whether to lower blood pressure, to ease insomnia, or otherwise, and not to “cure illness” or “promote health” more generally. Each advertisement was coded for whether it contained any textual *specific health claim*, which was defined as a textual claim that describes effects on explicitly named structures or functions of the body (e.g., Parker, 2003; U.S. Food and Drug Administration, 2002; Van Trijp & Van der Lans, 2007). Examples of specific health claims under this definition are “for strong bones” or “reduce your cholesterol levels”. “Makes you stronger” or “purifying” on the other hand are not examples of health claims under this definition, because the latter claims are of a general level and detail which structure of function is concerned.²

Thirdly, it was expected that NH claims would be progressively more used in advertisements for products from any food group, and not only a smaller subset of food groups typically sanctioned as “healthy” foods. Foods such as vegetables and fruits are typically endorsed by “food pyramids”—a term used here for nutritional guides and programs sanctioned by national authorities (e.g., Elmadfa & Freisling, 2007; Harvey-Berino, Ewing, Flynn, & Wick, 1998). Advertisements for these products may hence seem more apt to contain NH claims than advertisements for other food groups such as cacao or alcohol. Medicalisation of food advertisement however would entail that NH claims would progressively more be found in advertisements for non-pyramid food groups also. Each advertisement was therefore also coded for featuring a *pyramid food group*, defined as fruits, vegetables, whole grain products, dairy products, fish and meat that are not heavily processed (i.e., mixed with other ingredients to create a manufactured food product), or a *non-pyramid food group*, defined as all other food products. The product as advertised was taken as coding entity, so for instance an advertisement for a yogurt was coded as a pyramid food group (dairy), but an advertisement for a chocolate bar containing yogurt was coded as non-pyramid food group.

² It could not be reliably coded whether an advertisement contained general health claims (as opposed to specific health claims). This is because it could not be disambiguated on objective grounds whether general-level claims such as “good for you” or “eating well” can be seen as health claims or other types of claims referring to taste, the environment, costs, and so on.

¹ *Top Santé* has been withdrawn from the market in the summer of 2008.

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