

**UNIVERSITY OF THE WESTERN CAPE**  
**Faculty of Community and Health Sciences**  
**RESEARCH PROPOSAL**

**Title:** A study of the content, type, style and extent of food and beverage advertising in South Africa: investigating four free-to-air television channels (SABC 1–3 and eTV)

**Student Name:** Daniel Awusi Yamoah

**Student Number:** 3755458

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**Supervisor:** Prof. Zandile J. Mchiza

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**Dedication**

This is dedicated to my parents Mr. and Mrs. Yamoah.



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## Abbreviations

ASA-	Advertising Standards Authority
BMI-	Body mass index
EDNP-	Energy dense and nutrient poor
eTV-	Electronic television
EU-	European Union
FIAB-	Spanish Food and Drinks Federation
NCD-	Non-communicable diseases
OFCOM-	Office of Communications
SABC-	South African Broadcast Corporation
TV-	Television
WHO-	World Health Organization



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## Definitions of Keywords

Body mass index (BMI): Weight of an individual in kg divided by a square of the height in meters

Normal weight: BMI of 18.5-24.9 kg/m<sup>2</sup>

Overweight: BMI of 25 Kg/m<sup>2</sup> to 29.9 kg/m<sup>2</sup>

Obesity: BMI of 30 kg/m<sup>2</sup> or greater

Primetime: The time at which a radio or television audience is expected to be the highest

Non-communicable diseases (NCD): A medical condition or disease that is non-infectious and non-transmissible among people

Advertising: the dissemination of information to the general public usually through a paid announcement with the goal of persuading people to buy goods or use a service

Sedentary lifestyle: Lifestyle involving little or no physical activities

Children: The South African Children's Act 38 of 2005 defines children as persons aged below 18years

Exposure: reach and frequency of a marketing message

Free-to-air TV: TV broadcast without encryption which can be watched for free

Movie tie-in: when a product is related to a film or TV show.

Self-regulation: where regulation of advertisement is reliant on industry players

Statutory regulation: where regulation of advertisement relies on laws, statutes and rules which are legally binding

Co-regulation: where statutory regulation is augmented by self-regulation i.e. a combination of the two to regulate advertisement

Exposure: the reach and frequency of the marketing message

Power: the creative content, design and execution of the marketing message

Power Strategy: characters or personalities used to increase the appeal of the marketing message

Core/healthy foods: they include unrefined and minimally processed foods as shown in

Appendix V

Non-core/unhealthy foods: they include highly processed foods high in sugar, salt and fat as shown in Appendix V



## **Abstract**

*Background:* Television (TV), a powerful medium used by industry for marketing, increases the popularity of certain food products and beverages. Through a range of techniques, this is done to persuade adults and children to buy these commodities, most of which are detrimental to human health. For instance, they are high in simple sugars, fructose corn syrup and refined carbohydrates; engineered to contain artificial ingredients; high in macronutrients, low in micronutrients and dietary fibre, and require less time and energy to digest. Thereby, predisposing individuals who over-consume these foods to overweight, obesity and non-communicable diseases (NCD). These health conditions have been implicated in the burden of disease in South Africa. As such, we must monitor and evaluate the advertisement of these commodities on free-to-air TV channels in the country to generate audit information. The audit findings can be communicated to the South African policymakers to motivate them to be aggressive in their initiatives directed at enforcing the limitation of advertisements of these foods and beverages. In 2010, a similar audit produced a policy brief sent to the policymakers in 2014 to inform them about the extent of food advertising on South African television.

*Aim:* We propose seeking to investigate the content, type, style and extent of food and beverage advertising in free-to-air TV channels in South Africa. Outcomes of the study will be used as a follow-up to the previous audit to see whether there has been a change in food advertising since 2010.

*Methodology:* A retrospective study design was employed using already available quantitative data independently recorded and coded by two researchers in 2017. From these data, the type and frequency of food advertised on four free-to-air South African TV channels (South African Broadcasting Corporation 1–3 and enhanced television (eTV)) were studied. Moreover, the style (i.e. the persuasive techniques) used in TV marketing were studied and graded against the food advertising guidelines of the National Department of Health (NDoH) and Advertising Standards Authority (ASA); including against the South African food industry pledge on marketing to children.

*Results:* Over seven consecutive days, 858 food and beverage-related advertisements were recorded from 15:00 to 21:00 from four free-to-air TV channels. Advertisement targeting children and family viewing times constituted over 65% of the total number, with about 35% showing non-core/unhealthy foods. The use of cartoon characters, celebrities, brand benefit claims, as well as health claims on the advertisement of non-core/unhealthy foods to appeal to children, was found to be present. Of all the alcohol advertisements, 4.8% and 39.7% were showed during child and family viewing times, respectively.

*Conclusion:* These findings seem to breach the NDoH and ASA guidelines and are in total contrast to the South African marketing pledge to children. They also re-enforce the findings of the 2010 audit and show that little has changed since then, thus signifying the need for tighter control of the TV food and beverage advertising space. Introducing a monitored enforcement statutory regulation directed at controlling TV food advertisements could ensure this.

## CHAPTER ONE

### Background

Compared with the rest of Sub-Saharan Africa, South Africa is said to have the highest prevalence of overweight and obesity in the region, and also one of the highest in the world (Ng *et al.*, 2014). According to the latest South African statistics, the highest prevalence (67%) is among women ages 15 years and older (National Department of Health (NDoH), 2019). The rates seemed to have increased since a lower prevalence (64%) was found for obesity and overweight in adult women in South Africa in 2012 (Shisana *et al.*, 2014). In children aged 1-9 years, Labadarios, Swart and Maunder (2008) found overweight and obesity for both sexes aged 1-9 years to be 14%. The first South African National Health and Nutrition Examination Survey (SANHANES-1) additionally showed that 16.2% and 23% of boys and girls, aged 2-12 years, respectively, were overweight and obese (Shisana *et al.*, 2014). Thus, it appears as though overweight and obesity are major public health problems in adults and children in South Africa.

Obesity in adults has been associated with non-communicable diseases (NCD), such as depression, type 2 diabetes, cardiovascular disease, cancer and also premature death in many studies (Shukla, Kumar, & Singh, 2014; Banjare & Bhalerao, 2016). Childhood obesity is also associated with the development of these NCD in adulthood (Hu, 2008). Several risk factors influence the development of obesity. Among these are, individual factors (such as genetics, prenatal and perinatal influences, parental food restrictions and sedentary lifestyles), socio-economic and environmental factors (Vos & Welsh, 2011, Hruby & Hu, 2015).

Sedentary lifestyles such as sitting down for more than two hours, spending more time watching TV and working on computerised equipment are said to lead to obesity in South African children (Mchiza, Goedecke & Lambert, 2007). There is also international evidence to show that more calories are consumed by adults and children while watching TV potentially causing weight gain (Henderson & Kelly, 2005 in Ok, Ercan & Kaya, 2015). He, Harris, Piche and Beynon (2009) found that about half of obese children spend more than two hours on sedentary activities (i.e. watching TV and working on a computer screen) compared to one-third of normal-weight children who spend similar screen time. Similarly, Boyland and Halford (2013) showed that TV watching in childhood has the potential of causing high body mass index in adulthood. Other international

studies on children have reiterated this positive relationship between obesity and the number of TV hours and TV food advertisements (Andreyeva, Kelly & Harris, 2011; Lobstein & Dibb, 2005). The relationship between TV food advertisements and obesity emanates from its ability to persuade children and vulnerable individuals, especially to opt for unhealthy foods, i.e. the so-called “junk foods”. These unhealthy food advertisements influence children to choose food based on taste and not on its impact on health. Gorn and Goldberg (1982 in Harris, Bargh & Brownell, 2009) compared children who are shown candy advertisements to those who are shown fruit advertisements or public service announcements (PSA’s) or those who are not shown any advertisements while watching cartoons. Those shown candy advertisements tend to gradually choose fruit or orange juice less often as their choice of snack when compared to the other groups. This situation is because children are most susceptible to the persuasive consequences of food advertisements (Bruce *et al.*, 2016). The direct effect of TV food advertisements on children’s quantity of food ingested has additionally been studied in international experiments. In a review by Boyland *et al.* (2016), it was found that food advertisements significantly increased the amount of food children who watch food advertisements consumed as opposed to those who do not. This finding is also corroborated by the findings of Harris *et al.* (2009).

### **Problem statement**

In South Africa and internationally, obesity and its NCD consequences are well-documented public health problems in adults and children (NDoH, 2019; Shisana *et al.*, 2014; Shukla, Kumar, & Singh, 2014). These health problems have been attributed to many factors, including environmental factors such as TV food advertisements (Vos & Welsh, 2011; Hruby & Hu, 2015). A sedentary lifestyle, such as spending more time watching TV, is one factor known to contribute to the development of obesity (Mchiza, Goedecke & Lambert, 2007). This has been partly ascribed to people (adult and children) consuming more calories while watching TV (Henderson & Kelly, 2005 in Ok *et al.*, 2015). Additionally, food advertising to which individuals are inevitably exposed while watching TV contributes to the problem (Andreyeva *et al.*, 2011, Lobstein & Dibb, 2005). It has been well-documented to influence dietary choices of children (Utter, Scragg & Schaaf, 2006 in Gorris, Petersen, Stamatakis & Veerman, 2009; Da Fonseca, 2010). Bruce *et al.* (2016) further showed that viewing food advertisements made children more susceptible to making food

choices based on the food shown on TV. In a South African study conducted with parents, the influence of TV advertising on children's dietary choices was also confirmed (Da Fonseca, 2010). Children are increasingly spending more time in front of the TV screen and as such, are watching more food advertisements shown before, during or after children's programme (Cezar, 2008). In the United States of America (USA), the Kaiser family foundation found that over half of the TV advertisements targeting children programmes is for food, and children aged 8-12 years are the most exposed. Gantz, Schwartz, Angelini and Rideout (2007) have shown that US children watched an average of 21 food advertisements daily in 2007. Connor (2006 in Cezar, 2008) also found that children are being introduced to watch TV early in life, as around 70% of children aged 4-6 years are exposed to TV daily.

More worrying is that TV food and beverage marketing is intentionally targeted toward children, who are vulnerable and susceptible to TV advertising and have a tremendous influence on the family's choice of food (Kapoor & Verma, 2005). Some food marketing utilises advertisements that portray people who make unhealthy food choices to appear as having desirable outcomes (Harris *et al.*, 2009). Other marketing strategies make deceptive claims that portray their products to bring about enhanced performance (Oyero & Salawu, 2014). In their bid to be more attractive to children and increase the power of their message, other strategies additionally utilise cartoon characters, popular TV and sports personalities when presenting their food and beverage advertisements to children (Mchiza *et al.*, 2013).

Television food advertising is estimated to contribute about 16-40% (US), 4-18% (Britain, The Netherlands and Scotland) and 10-28% (Italy and Australia) in childhood obesity (Gorris *et al.*, 2009). As a result, there has been advocacy for the control or sometimes calls for a complete ban on food advertisement to children by health professionals (Jones, 2006). In 2007, the South African government heeded this call and proposed a set of regulations for food advertisement in South Africa (Thompson, 2007 in Da Fonseca, 2010). The food industry players also came together to create their food advertising codes based on the International Codes of Advertising Practice in this period. The food and beverage advertising code was formally adopted in 2008 by the ASA, with a pledge to adhere to the code being signed by the members of the major food co-operations in 2009 (Consumer Goods Council of South Africa (CGCSA), 2012; Da Fonseca, 2010).

Since 2007, four studies have been conducted on the content of TV food and beverage marketing and the role it plays on children's food selection in South Africa (Temple, Steyn & Ndamane, 2008; Da Fonseca, 2010; Mchiza, Steyn, Temple & Abrahams, 2013; Delpont, 2015). In three of these studies, adherence to the TV advertising guidelines was found to be unsatisfactory, with extreme infringements on the food industry pledge (Temple *et al.*, 2008; Mchiza *et al.*, 2013; Delpont, 2015). Moreover, one study showed that food advertisements shown on TV influences the food preferences of children (Da Fonseca, 2010). Six years have since passed after the first comprehensive study on the content of food advertised on South African free-to-air TV channels, and the submission of the policy brief to the Department of Health (Mchiza *et al.*, 2013; Steyn *et al.*, 2014). Therefore, it is necessary to conduct a follow-up audit on the content (i.e. type, style and extent of food and beverage advertisements) of these free-to-air TV channels. An audit should indicate whether there has been a change (i.e. the reduction) in the advertisement of non-healthy food and beverages on these TV channels since 2010.

### **Purpose of the study**

If successful, this research will, therefore, help to extend the literature on TV food advertising in South Africa. Furthermore, it will act as a monitoring strategy that is regarded as a better way of evidence-informed policymaking, bringing intended attention to the need to monitor and prosecute irresponsible advertising by the industry. Information derived from this study could be utilised in devising strategies to halt childhood malnutrition (over-nutrition) that is associated with the food environment in South Africa. This initiative will be responding to the World Health Organization's (WHO) call that mandates children everywhere to be protected against the impact of unsafe/unhealthy food marketing on TV (WHO, 2010).

## CHAPTER TWO

### Literature review

#### *The influence of TV advertising on the choice and amount of food consumed by children*

The complexity of factors influencing one's choice of diet is well-documented. These include physiological factors, socio-demographic characteristics, behavioural and lifestyle factors, and knowledge and attitudes about diet (Slack, 1996 in De Irala-Estevez, Groth, Johansson, Oltersdorf, Prattala & Martõnez-Gonzalez, 2000). Television is an efficient tool for advertising that has an enormous effect on the choice and amount of food that is consumed by individuals (Mchiza *et al.*, 2013). Bruce *et al.* (2016) opine that children are more susceptible to the influence of TV commercials than adults, as children make food choices based on taste and appearance but not on health benefits. They also argue that watching food commercials increase children's bias towards making food choices based on taste as opposed to viewing non-food commercials.

Furthermore, a large proportion of advertised foods on TV are usually processed foods, high in fat, sugar and salt, which are unhealthy (Lobstein & Dobb, 2005). Thus, it is not far-reaching to say that the consumption of unhealthy advertised foods and the increased food intake in response to food advertisements could both be fuelling the problem of obesity.

The seeming vulnerability of children to TV food advertisements together with their influence on family food choices places them as targets of TV food marketing (Da Fonseca, 2010). Some have characterised it as a form of exploitation of children (Mackay, Antonopoulos, Martin & Swinburn, 2011). Hence, Veerman, van Beeck, Barendregt and Mackenbach (2009) argue that reducing the exposure of children to TV energy-dense food advertising could be a step towards achieving healthy diets for children. In response to the afore evidence, the World Health Assembly (WHA) in 2010 approved the WHO's recommendation for the introduction of policies that will regulate the marketing of unhealthy foods to children (MacKay, Antonopoulos, Martin & Swinburn, 2011). Following this, several countries have since adopted these WHO guidelines. However, Kelly *et al.* (2019) have shown that there is still a weak reduction in children's exposure to harmful TV food advertisements despite the enactment of these policy guidelines.

### *Advertising and its extent*

Advertising is described as the distribution of information to the general public usually through a paid announcement to persuade people to buy goods or use services (Ippolito, 2004 in Termini, Roberto & Hostetter, 2011). Advertising is now encountered in many situations of everyday life. While advertising has been criticised as being intrusive, deceptive, demeans and corrupts culture, exploits children and serves as a driver for the consumer culture (Oyero & Salawu, 2014), advertisement has come to stay. Television food advertisement is no different. With its negative impact on the development of obesity, it is not surprising that there have been calls for a complete ban on TV food advertisements to children, ages 0-12 years, by some groups such as the Coalition for Food Advertisement to Children (Marley, 2005 in Jones, 2006). Others are of the view that responsible advertisement that minimizes its adverse effects on the general public should be the goal (Galvin, 2005 in Jones, 2006).

Food advertisement policies differ from country to country. For instance, a point scoring system is utilised in the control of food and drink advertisement in the UK (Hawkes & WHO, 2007). Points are awarded based on how much energy, saturated fat, total sugar, sodium, protein, fibre, fruit and vegetable containing foods are advertised. Foods that score higher (i.e. a score of four and above) in energy; are high in saturated fat, total sugar, sodium, while low in protein, fibre, fruit and vegetables are given more imposing restrictions (Hawkes & WHO, 2007). Sweden, on the other hand, might be the country with the most restrictive form of food advertising policies in the world (Jones, 2006; Hawkes & WHO, 2007). They have placed a complete ban on food advertising directed at children.

### *The content of television advertising around the world*

In some countries around the world, studies have been conducted to analyse the actual content of food advertisements on TV compared to the food and drink policies of those countries. Most of the content of the advertisements are found to be in breach of established country-specific regulations, especially those regarding advertising to children (Ok *et al.*, 2015; Zuppa, Morton & Mehta, 2003; Harris, LoDolce, Dembek & Schwartz, 2015). They have been found to contain advertisements of unhealthy foods which are prohibited from being shown to children. In their study, Ok *et al.* (2015) revealed that showing food advertisements, including those on unhealthy foods during prime time to people of all age groups, especially children, is effective in Turkey.

Most of the foods advertised in this study were basic food, junk food, meat products, beverages and fast food. The ratio of the number of junk food and beverage advertisements to essential foods was 10 to 19 and 7 to 23 times, respectively. Food advertisements were found to increase around dinner time for most Turkish families or primetime, i.e. between 19:00 and 20:00 when adults and children were most likely to be watching TV. This outcome concluded that the timing of the advertisements was targeted to influence the families' food choices during their dinnertime. Additionally, analysis by Zuppa *et al.* (2003) found that food advertisements to children in Australia did not conform to the set standards in the country. Fifty per cent of the advertised food to children consisted of fast-foods, chocolates and confectionery. They concluded that the advertisements directed at children promoted unhealthy foods high in saturated fat, sugar or sodium.

In another instance, Allemandi, Castronuovo, Tiscornia, Ponce and Schoj (2017) found that although food advertisements contained high quantities of unhealthy foods, they did not breach any particular policy since there was no regulatory policy in Argentina at the time. The study revealed that Argentinean children are exposed to high volumes of processed and ultra-processed food advertisements on five free-to-air national channels and the three most popular children's cable TV channels. These channels showed advertisements for foods such as desserts, non-alcoholic sugary beverages, fast-food and salty snacks. This situation, the researchers said, should not be allowed to continue and therefore called for a comprehensive policy on food advertisements in Argentina.

Furthermore, some TV food advertisements utilised techniques which are deemed to be unacceptable in advertising to children. The use of persuasive tactics in advertising to children was found in some studies (Kelly, Hattersley, King & Flood, 2008; Harris *et al.*, 2015). The study by Kelly *et al.* (2008) revealed that persuasive techniques, particularly promotional characters and promotional offers, were mainly used in promoting unhealthy foods to all age groups. Also, Harris *et al.* (2015) found the use of child-targeted messages along with the use of brand characters in advertising candy to children.

The use of deception has also been documented to be employed in marketing food on TV to children. Oyero and Salawu (2014:85) conducted "A Thematic Analysis of Children's Food Commercials on Nigerian TV." This study revealed that advertisements contained messages which



suggested a boost in health, performance, popularity, happiness and fun resulting from the use of the particular food product. The researchers found these claims to be unrealistic and therefore deemed them to be deceptive. They believed that food advertisers utilise this technique to manipulate children's attitudes towards the quantity or quality of foods they choose.

#### *The content of television advertising in South Africa*

The South African Advertising Research Foundation estimated that South African children from age 7 to 15 years watched an average of 2.5 hours of TV a day during 2003 through to 2005 (Van Vuuren, 2006). Thus, these children get exposed to 24 minutes of advertising daily. In response to this and the call by the WHO (WHA 60, 2007), the South African government proposed control of TV food advertising to children. The high overweight and obesity rates in the country associated with exposure to food advertising led to the foremost food corporations heeding the WHO call. Therefore, they signed a pledge to reduce non-healthy food-related advertising and started promoting healthy food choices and healthy lifestyles to children (CGCSA, 2012).

Post-signing of the pledge, the content of food TV advertising was studied by Mchiza *et al.* (2013). The study revealed that inferior quality food was being advertised to the general South African public. This finding corroborates Temple *et al.* (2008). While Temple *et al.* (2008) showed that fast-foods made up 55% of the advertisements, Mchiza *et al.* (2013) showed that 50% of advertisements included desserts and sweets, fast foods, hot sugar-sweetened beverages, starchy foods and sweetened drinks. In both studies, most of these advertisements were shown during family viewing time. Mchiza *et al.* (2013) also noted that 67% of alcohol-related advertisements were shown during this time. Furthermore, Pengpid and Pelzer (2015) analysed food advertising strategies adopted by TV food marketers on South African television and their ethical implications. They found that the top categories of food groups advertised were fast foods, convenient foods, sweetened beverages, as well as candies and sweets.

#### *Marketing techniques used by TV food marketers in South Africa*

Television food marketers have also devised creative means to target children and vulnerable groups during food advertising around the world. Of note is that they use characters that are attractive to different population groups, including cartoons and celebrities. This practice is contrary to the pledge signed by the South African food industries that are outlined in the ASA guidelines (ASA South Africa, 2011). Delport (2015) studied the use of branding and cartoon

characters to promote sales to children in South Africa. This study revealed the use of persuasion in advertisements of breakfast cereals through using cartoon characters, as a persuasive tactic that goes against responsible food marketing to children. Mchiza *et al.* (2013) also found similar outcomes in that popular cartoon characters were employed to promote sweets such as yoghurt lollipops, sugar-added cereals as well as sugar-concentrated beverages on South African TV. Evidence suggests that brand recognition is improved in young children when cartoon-related characters are utilised in food advertising or on food packaging (Connor, 2006). In the study by Mchiza *et al.* (2013), advertisements for desserts, sweets and sugar-concentrated beverages also contained portrayals of exaggerated pleasure sensations such as depictions of lovely taste, fun and addictive sensations. Pengpid and Pelzer (2015) found similar claims, including others, such as improving one's social worth and status. This form of TV food marketing is undesirable, especially when advertising to children and uninformed individuals. These individuals tend to take all these at face value and as such, are easily persuaded to buy and consume the advertised foods hoping to experience the emphasised pleasures depicted in the advertisements.

#### *Effect of persuasive TV food advertisement on children's food choices*

Persuasive TV food advertisements have been shown to influence children's food choices according to the type of food and the quantity of food they consume. Bruce *et al.* (2016) studied the influence that TV food advertisement had on children's food choices. Sixty food items were rated based on taste and health benefits by 23 children after they watched food and non-food TV advertisements. These children, aged between 8 and 14 years, were also required to choose between eating the food or not. While each child was deciding whether to do so or not, functional magnetic resonance imaging was carried out. It was revealed that children place much emphasis on taste when choosing food after watching food commercials as opposed to non-food commercials. They additionally make quicker or impulsive food choices afterwards. "Food advertisement was found to increase the brain activity in the area of the brain responsible for placing value on things," and this activity was particularly pronounced in comparatively self-reported hungrier children (Bruce *et al.*, 2016:31). Thus, food advertisements increased children's propensity to choose food based on taste alone, and food marketing appeared to "systematically alter the psychological and neurobiologic[al] mechanisms of children's food decisions."

Others have also studied this area, for instance, Boyland *et al.* (2016) carried out a systematic review analysing the effects of extreme exposure to unhealthy food and non-alcoholic beverage

advertising on children and adults' intake. This review and meta-analysis entailed 22 studies that studied experimental exposure to acute TV or internet food advertisements and its relationship with food consumption. After the review and meta-analysis, they found a significant increase in food consumption after watching food advertisements. The increase ranged from small to moderate in the case group as compared to the control group. After stratification for adults and children, the acute exposure to food advertising appeared not to influence adults, however, in children achieved a moderate increase. This finding enforces the relationship between viewing food advertising and the increase in the consumption of food by children.

### *The influence of unhealthy diets on health*

Television food advertisement has shown to contribute to bad dietary choices (Utter *et al.*, 2006 in Gorris *et al.*, 2009; Da Fonseca, 2010). Whereas the extent to which TV food advertisement influences unhealthy food choices has been questioned (Bolton, 1983 in Ashton, 2004). What is unquestionable is the extent to which bad eating habits affect overweight and obesity and the subsequent development of NCD. These advertised high-energy diets usually have poor nutritional value because of a lack of vitamins, minerals, amino acids and fibre.

Typically, these unhealthy foods also called “junk foods”, according to Ashakiran and Deepthi (2012:9) contain:

1. >35% of calories from fat (except for low-fat milk)
2. >10% of calories from saturated fats
3. Any trans fat
4. >35% of calories from sugar, unless it is made with 100% fruit and no added sugar
5. >200 calories per servings for snacks
6. >200 mg per serving of sodium (salt) for snacks
7. >480 mg per serving sodium (salt) for initial meal.

In Brazil, unhealthy foods requiring warnings about the risk to health include those that contain:

1. Saturated fat more than 5 g/100 g or 2.5 g/100 ml
2. Trans-fat more than 0.6 g/100g or 100 ml
3. Total sugar above 15 g/100 g or 7.5 g/100 ml.
4. Sodium above 400 mg/100 g or 100 ml

(WHO, 2012: 26).

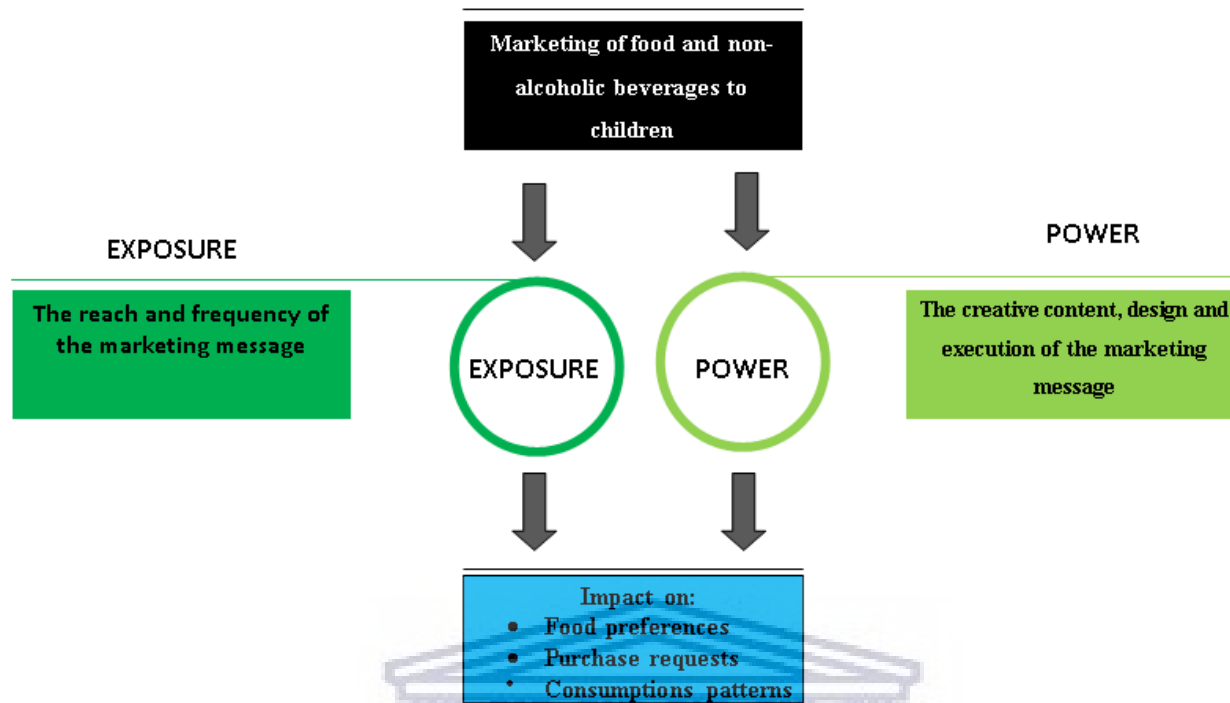
Regardless of how its contribution may be belittled, TV food advertisements promote the consumption of unhealthy meals. The unhealthy diet, which is high in calories and excessive sodium content, may result in obesity that may also eventually lead to NCDs, such as diabetes, hypertension and cardiovascular diseases (Imamura *et al.*, 2015; Bosu, 2014). Thus, the importance of improving dietary intake in preventing overweight and obesity in adults and children cannot be overemphasised. Considering the seriousness of these potential health problems, the contribution of a modifiable factor for dietary choices, i.e. TV food advertisements, cannot be neglected in the bid to provide a healthy environment for making food choices.

*The development of policies to control TV food advertising*

Advertising, including TV food advertising, is a form of marketing communications. These marketing communications are carefully planned messages intended to appeal to consumers. The WHO (2012) identified the process involved in the creation of marketing communication to entail two fundamental elements:

- a. Choosing appropriate communication mediums - This element affects how many people get the message and how often. That is, it contributes to the level of “exposure” the message achieves.
- b. Choosing the appropriate content of the message or communication – This element influences the level of impact the communication achieves on its audience. This is termed as the “power” of the message.

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**Figure 1.** Marketing communication as a function of exposure and power (WHO, 2012:11)

Therefore, for policies against the negative influence of marketing, in this case, TV food advertising to be comprehensive and efficient, they must tackle the exposure and power components of the advertisement (WHO, 2012). Based on this idea, the set of recommendations was developed for WHO member countries to develop their own set of regulations about the control of advertising to children.

*Food and Beverage Policy of advertising around the world*

Children, unlike adults, lack the intellectual capacity and skills to avoid the influence of food advertisements (Cassim, 2010; Kapoor & Verma, 2005). Therefore, it becomes important to protect them from the real harmful effects of advertisements (Cassim, 2010). In 2004, during a WHA meeting, a diet, physical activity and health strategy was adopted, which included the promotion of healthy diets and responsible advertising of food by the industry (Galbraith-Emami & Lobstein, 2013). Later in 2007, as mentioned earlier, the WHO additionally developed a set of recommendations aimed at marketing of foods and non-alcoholic beverages to children for member countries (Galbraith-Emami & Lobstein, 2013; WHO, 2010). The recommendations

implored nations to take individual actions to regulate food advertisements to children to protect them from foods containing high amounts of saturated fats, trans-fatty acids, free sugars, or salt.

In response, many countries around the world have taken different steps to regulate food advertising aimed at children. The steps range from a complete ban on all forms of advertising to children (Sweden and Canada) to other less strict measures, like in the United Kingdom and other European countries (Jones, 2006). Cassim (2010:184) identified three forms of regulations utilised in controlling advertisement around the world:

- i. Self-regulation - where regulation of advertisement is reliant on industry players.
- ii. Statutory regulation - which relies on “laws, statutes and rules” which is legally binding to regulate advertisement.
- iii. Co-regulation - is where statutory regulation is augmented by self-regulation, i.e. a combination of the two to regulate advertisement.

Of the three types of regulations for television food advertisement, co-regulation is the most common involving a combination of government and self-regulation (Cassim, 2010). Some European food industries (the Confederation of the Food and Drink Industries of the European Union (EU), 2004) follow the self-regulatory approach whereby they have developed a set of principles for food and beverage product advertising to children to harmonise standards across countries (Hawkes, 2007). Although most of these policies tackle the exposure and power of the advertisement simultaneously, as recommended by the WHO (2012), Caraher, Landon and Dalmeny (2006) showed large differences in the level enforcement and monitoring of industry self-regulatory policies across 20 different countries. However, it is important to be cognizant that, relying on industries who are profit-driven to control their advertising to children may be problematic (Cassim, 2010). Kelly *et al.* (2019) evaluated the potential exposure of children to unhealthy food advertisements on TV in 20 countries globally. Countries that practised industry self-regulation scored highest for non-compliance with advertising codes during TV prime time viewing for children.

Attempts to impose a comparatively stricter form of regulation on the food advertising industry (i.e. statutory regulation) where self-regulation has failed to yield desirable results has been resisted by food companies. These industries, in their defence, denigrated the effect of food advertising on childhood obesity and redirected attention to other childhood obesity risk factors

(Del Pino & Royo-Bordonada, 2016). They added that stricter measures trample on the freedom of choosing one's food.

Some critics of more stringent measures against food advertisement (like an outright ban), say they support measures that promote responsible advertising to children (World Federation of Advertisers, 2006 in WHO & Hawkes, 2007). They, however, oppose a ban on advertising to children as it may not influence reducing obesity. Eagle, Bulmer, de Bruin and Kilchen (2005) assert that besides the negative economic impact of an advertising ban, including raised food prices because of low competition and the reduced amount of money used for product research and development, the opportunity to advertise healthy foods will be lost. Besides, anecdotal evidence exists, suggesting that in the event of a complete ban, advertisers do not stop advertising altogether, however, they move to non-regulated media (Eagle *et al.*, 2005).

It is difficult to believe the food industry players' assertion that TV food advertisement has little influence on children's choice of food, looking at their amount of expenditure. For instance, in the USA, 95% of the advertising budget of fast-food restaurants was spent on TV food advertisement (Gallo, 1999). Also, in 1997 over a billion dollars was spent mostly on TV advertising of confectionery and snacks to children alone (Story & French, 2004). These examples show a high level of commitment to TV food advertising.

Undoubtedly, enforcing stricter statutory regulations reduces the exposure of children to unhealthy food advertisements on TV as shown by Kim, Lee, Yoon, Chung, Lee and Kim (2012). They found that government's stricter enforcement of food regulations (Special Act on Safety Management of Children's Dietary Life) which controls the advertisement of food to children in Korea was effective and resulted in reducing children's exposure to unhealthy food advertisement. Also, in the Canadian Province of Quebec, banning food advertisements directed at children, not only reduced the consumption of energy-dense foods effectively, it additionally positively impacted the prevalence of childhood obesity in the province (Dhar & Baylis, 2011). This province has one of the least prevalence rates of childhood obesity in Canada despite its children being more sedentary compared to other parts of the country. Thus, it is apparent that stricter measures like statutory regulations impact positively on the fight against childhood obesity.

## *Closer look at international policies to control TV food advertisement*

### *The Canadian policy*

As mentioned earlier, Quebec's strict control policy through the Consumer Protection Act of 1978 has been effective in reducing unhealthy TV food advertisements to children (*Office de la Protection du Consommateur*, 2012). Thus, it appears to have contributed to the relatively low patronage of fast food in French-speaking households in Quebec compared to other states in Canada such as Ontario, which lacks such as an advertising ban (Dhar and Baylis, 2011). The effect is being solely seen in French-speaking households impacted by the ban since the English-speaking region households and their children have access to other TV stations including the USA. These results are more remarkable as they indicate the effect of the media ban on French-speaking children living in the same environment with English-speaking children who are not affected by the policy.

The policy states that advertising in general to children (younger than 13 years) is prohibited (*Office de la Protection du Consommateur*, 2012), and applies to all merchants and advertisers. The advertisers are defined as persons who "design, distribute, publish or broadcast the advertisement and persons who request the advertisement's design, distribution, publication or broadcast" (*Office de la Protection du Consommateur*, 2012:18). This policy is all-inclusive and thus completely bans advertising to children and not just TV food advertisements. For instance, a violation of the policy may attract the:

1. Notification of the offender to draw attention to the policy governing advertising to children.
2. Signing a voluntary undertaking to change practices.
3. A criminal lawsuit could be brought up against the offender (*Office de la Protection du Consommateur*, 2012).

### *The Swedish policy*

Sweden is another country that has statutory regulations for controlling food advertisements to children under the age of 12 years (Hawkes & WHO, 2007; WHO, 2013). The policy of this country entails banning radio and TV advertisements before and during child programmes and prohibits using children's radio and TV personalities in these advertisements (WHO, 2013). Sweden is also leading 12 member states pushing for tighter reforms to European policies on



advertising (i.e. European Commission's Television Without Frontiers Directive) (Hawkes & WHO, 2007).

### *The Spanish policy*

In 2004, a self-regulatory code for advertising to children was put together by the deputy prime minister of Spain and four major TV stations in the country which was to regulate advertising to children within the time slot 06:00-22:00 (Hawkes & WHO, 2007). Also, in 2005, the Spanish Ministry of Health advocated for an additional self-regulatory code for the food industries. Thus, leading to the adoption of the Spanish Self-Regulatory Code on Food Advertising to Children with the Ministry of Health, Spanish Food and Drinks Federation (FIAB) and the Spanish Advertising Auto-control (Self-regulatory organisation) being the signatories (WHO, 2013; Hawke and WHO, 2007). Although a voluntary code, as a result of the 2009 pledge by all the national and regional TV stations, it became binding to manufacturers who intended using their medium to advertise food and beverage products aimed at children (Del Pino & Royo-Bordonada, 2016). True to the character of self-regulatory practices across the globe, compliance with Spain's policy by the TV channels has been poor. It has been ineffective in reducing children's exposure to unhealthy food advertisements (Del Pino & Royo-Bordonada, 2016).

### *Food and Beverage Policy in South Africa*

In South Africa, regulations on food existed only on alcohol and tobacco until 2007 when the government proposed regulations for the control of food advertisements to the Foodstuffs, Cosmetics & Disinfectants Act 39 (Da Fonseca, 2010). The government proposed:

1. Foods that are considered non-essential to healthy living should not be advertised to children in any way.
2. Prohibition of the use of cartoon-type characters, puppets, animation, tokens or gifts in advertisements to children less than 16 years of age
3. A ban on the use of the words "health" and "healthy", "wholesome" and "nutritious" on product labelling (Thompson, 2007 in Da Fonseca, 2010:41).

On 1 August 2008, the Advertising Standards Authority (ASA) of South Africa heeded the WHO (2003) call and introduced the Foods and Beverage Advertising Codes (Appendix I). These were adapted from International Code of Advertising Practice by the International Chamber of Commerce and was put together by the Consumer Goods Council of South Africa (Appendix II-Members of the group as at May 2009) and the Department of Health in South Africa (CGCSA,

2012). The core principle was to publicly pledge “to commit to marketing communications to children twelve years old and under with a view to promoting healthy dietary choices and healthy lifestyles” (CGCSA, 2012:5). The pledge (The South African Pledge on Marketing to Children- Appendix III) as the sole policy for the control of food advertisement puts South Africa in the group where food industries regulate themselves (self-regulation). The adherence to this pledge by food TV food marketers like in many countries where self-regulation is practised has been weak, as various infringements on the principles of the pledge have been found. Mchiza *et al.* (2013) found 67% of alcohol-related adverts falling within family viewing time. Based on their findings, the following recommendations were made:

1. The prohibition of advertising of foods and beverages high in fat, sugar and salt following the WHO recommendations.
2. The prohibition of alcohol advertisements when children are watching TV.
3. Restriction on the use of advertising techniques that appeal to children. Advertisements should not use cartoon characters and or animation or include promotional offers and gifts or tokens (Steyn *et al.*, 2014:2).

In 2015, Delport (2015) found that only 1.4% of food advertisements aimed at children composed healthy foods. Most recently, Kelly *et al.* (2018), evaluated children’s potential exposure to unhealthy food advertisement on TV involving 20 countries globally. They found countries that practised industry food advertising self-regulation, including South Africa, scored higher for non-compliance in terms of adherence to advertising codes during television prime-time child viewing.

### **Aim of the study**

The proposed study seeks to investigate the content, type, style and extent of food and beverage advertising on four free-to-air TV channels (South African Broadcasting Corporation (SABC) 1–3 and enhanced television (eTV)) in South Africa.

### **Objectives**

Objective 1: To study the frequency of food and beverage advertisements on four free-to-air South African television channels (SABC 1–3 and eTV).

- a. To measure the number of food and beverage advertisements.
- b. To identify the time and the date when these food and beverage advertisements are shown.

Objective 2: To study the content, type and style of food and beverage advertising used by TV food marketers on four free-to-air South African television channels (SABC 1–3 and eTV).

- a. To identify the type and category of food and beverages being advertised.
- b. To identify the target age group of food and beverage advertisements.
- c. To identify the type of health claims made in the food and beverages advertisement, if any.
- d. To identify the brand benefit claims made in the food and beverages advertisement, if any.
- e. To identify the kinds of characters used to promote food and beverages advertisements.

Objective 3: The outcomes of this study will be used as a follow-up on the previous audit (Mchiza *et al.*, 2013), to see whether there has been a change in food advertising over seven years since 2010.



## CHAPTER THREE

### Methodology

#### *Procedures*

For this study, we did not utilise questionnaire(s) since we followed a retrospective data collection methodology using data already captured at a once-off time interval (i.e. 23 to 29 April 2017). The data collected were on TV advertisements shown on free-to-air South African television channels (SABC 1–3 and eTV). Collecting data retrospectively helped to observe the advertisement outcomes that had already happened, i.e. by the time of the study's initial data collection (Martyn & Belli, 2002; StatsDirect, n.d.). This method allowed the researcher to use the existing observational data to formulate the main aim and objectives for the current study.

For the existing data mentioned above, the advertisements were recorded from the TV channels and coded independently by two researchers. Data from the first coder were compared with those of the second coder. Recoding occurred until there was 100% agreement between the two coders.

The following information was collected:

- (i) television channel;
- (ii) name and type of programmes in which advertisements were shown;
- (iii) date and time of the day the advertisements were shown;
- (iv) the target audience for the advertisements;
- (v) the company that placed the advertisement;
- (vi) a description of the product advertised;
- (vii) brand benefit claims, if any were present;
- (viii) the description of a health claim if present, and
- (ix) the personality who presented the advertisement.

For the current study, data were extracted from the afore-mentioned previously recorded database, using a newly developed Excel collection tool (as shown in Appendix IV).

This tool allowed the researchers to collect data on the specific TV channel; date and time of the advertisement; the target audience; company placing the advertisement; classification of the advertised product; a description of the health claim if present; the brand benefit description if any; and the personality presenting the advertisement (power strategy).

### *Inclusion criteria*

In the current study, TV food advertisements were recorded from the four free-to-air South African television channels (SABC 1– 3 and eTV) for six hours (from 15:00 to 21:00) each day for seven consecutive days within four weeks. Only advertisements that could be categorised as, (i) core/healthy food or beverages; (ii) non-core/unhealthy food or beverages; and (iii) miscellaneous were included in this analysis. Food/beverage-related items included in each category are presented in Appendix V.

### *Exclusion criteria*

Food advertisements that were recorded from 06:00 to 15:00 and after 21:00 from the aforementioned TV channels were excluded from the analysis. All the advertisements not regarded as core/healthy food or beverage, non-core/unhealthy food or beverage and miscellaneous were all excluded from this analysis.

### *Statistical analysis*

Required data (advertisement information) were input into a new Excel spreadsheet (see the data capturing tool attached, Appendix IV) and statistical analyses were done using IBM SPSS Statistics Version 25. All captured advertisement information on the Excel spreadsheet was divided into three groups, (i) those advertisements aimed at children (appearing during the time slot 15:00–17:00 within and between the infomercial and cartoon programmes); (ii) those advertisements aimed at children and adults (family) (appearing between 17:00 to 19:00 within and between educational, cartoon and non-restriction soap operas (family drama)), and (iii) those advertisements aimed at adults (appearing during the time slot 19:00–21:00 within and between the late news and semi- to full-restriction movies). All this information was exported to the SPSS database. All information needing recoding were recoded and prepared for analysis. Then, descriptive statistics were used to analyse the data. In this case, the analysed data are presented as numbers and percentages.

### *Reliability and validity*

In coding the recorded data, two (2) coders were used who carried out the coding independently. A high consistency was maintained, as there was a good inter-observer agreement. In the rare cases where 100% agreement between the two coders was lacking, recoding was undertaken until the

match between them was 100%. This minimized observer error and could potentially have done away with it completely leading to the high reliability of this study.

With high reliability almost guaranteed, validity was also ensured. As the data collection tool used in this study is fixed, this is likely to be achieved, with the categories measured also stated explicitly. Thus, the data collected were most likely consistent. Additionally, no data or entry was lost throughout the study. All these factors are likely to positively influence the validity of this study, leading to a potentially high validity.

### **Limitations**

While the findings of the current research appear to be very useful, because of the specificity of the TV channels targeted, they cannot be generalised to other countries internationally. However, they may be useful and specific for neighbouring regions and countries, especially those African countries that can access the four free-to-air TV channels freely. Moreover, because of the reach of these four most popular free-to-air TV channels, they may be disproportionately targeted by food marketers. As such, the frequency or volume of food and beverages advertised may differ significantly from less popular ones. Finally, the purposive sampling of the most popular free-to-air stations may not be a true representation of all the advertisements that are shown on all South African TV channels.

### **Ethical considerations**

The Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology, and the current research was exempted from having to obtain ethics approval (Reference Number: HS19/6/6). Because data collection did not include any form of contact with individuals or personal information of any kind, the researchers did not require consent to view the advertisements. These advertisements are can be viewed for free on South African television. The current project is also registered with the Higher Degrees Committee of the University of the Western Cape.

## CHAPTER FOUR

### Results

Overall, a total of 5724 advertisements were shown on the four free-to-air TV channels (SABC 1–3 and eTV), which were recorded from 06:00 to 21:00 for seven consecutive days during April 2017. Of these, 2283 (39.9%) advertisements were recorded within the time frame 15:00 to 21:00, with the rest (n=3441; 60.1%) recorded outside of these hours. Of these 2283, the largest proportion (1425; 62.4%) constituted non-food/beverage product advertisements. As such, only 858 (37.6%) advertisements were suitable for inclusion in the current analysis and is presented in Table 1. Most of these food/beverage-related advertisements (35.5%) were shown on SABC 3, with SABC 1 and eTV almost equally showing 21.3% and 27.2%, respectively, while only 16.0% were shown on SABC 2 during this stipulated period.

**Table 1.** The distribution of advertisements by television channel

Television channel	Food/drink advertisements	
	n	%
SABC 1	183	21.3
SABC 2	137	16.0
SABC 3	305	35.5
eTV	233	27.2
Total	858	100.0

SABC: South African Broadcasting Corporation

There was a total of 100 food companies who placed the 858 food/beverage-related advertisements. Six of these companies (Willards, Checkers, Shoprite, Wimpy, Flora and Danone) shared top place, with their advertisements being shown 24 to 31 times (3.6%, 3.4% and 2.4% of the total advertisements) during this time (Table 2).

**Table 2.** The distribution of advertisements by the top food companies

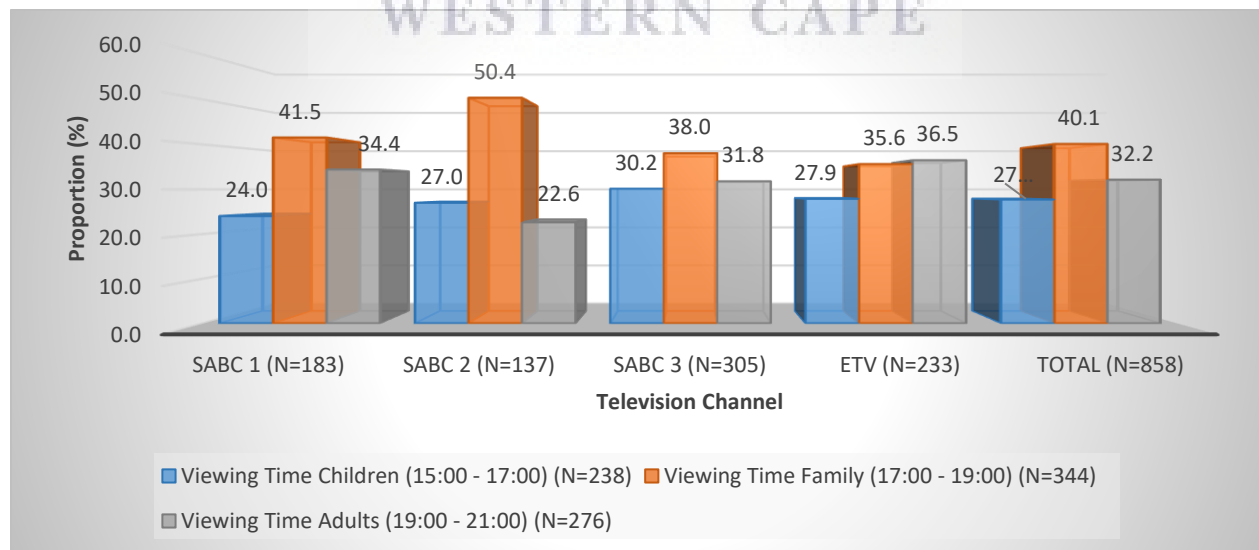
Top six companies	Count of advertisements	
	n	%
Willards	31	3.6
Checkers	31	3.6
Wimpy	31	3.6
Danone	29	3.4
Flora	24	2.4
Shoprite	24	2.4

Miscellaneous food items constituted almost half (49.9%) of the total food/beverage-related advertisements (Table 3). These were followed by non-core/unhealthy food/beverage advertisements (37.2%), and then the core/healthy food/beverage advertisements (12.9%).

**Table 3.** The distribution of advertisements by the food categories

Food categories	n	%
Core/healthy foods/beverage	111	12.9
Non-core/unhealthy food/beverage	319	37.2
Miscellaneous	428	49.9

In Figure 2, overall, the most advertisements (40.1%) were shown during the family viewing time (i.e. when children and adults view TV), followed by 32.2% shown during adult viewing time and then 27.7% shown during children’s viewing time. The SABC 2 showed the highest proportion of advertisements (50.4%) during the family viewing time, which was more than twice that of the adult viewing time (22.6%). The SABC 1 then followed with 41.5% of advertisements shown during the family viewing time, while SABC 3 and eTV (38.0% and 35.6%, respectively) showed advertisements almost evenly during this time. The highest proportion of advertisements shown during the children’s viewing time was on SABC 3 (30.2%). Then an almost equal spread (27.0% and 27.9%) of advertisements were shown on SABC 2 and eTV, with 24% shown on SABC 1 during children’s viewing time. Overall, the proportion of all food/beverage-related advertisements shown during the child and family viewing time represented 67.8%.



**Figure 2.** The proportion of food/beverage-related advertisements shown on different television channels according to the target audience



The most shown foods/beverage-related advertisements were those from supermarkets (non-core and unhealthy foods advertised), fast foods, vitamin/mineral or other dietary supplements and sugar-free chewing gum, alcohol, and supermarket (food and drinks advertised) with 13.2%, 11.3%, 8.2%, 7.3% and 6.8%, respectively (Table 4). The least advertised were meat and meat alternatives, high fat and salt meals, baby and toddler milk formula with 0.1%, 0.2% and 0.2% respectively. Sugar-sweetened beverages (SSB) constituted 5.7% of the total food/beverage-related advertisements.

**Table 4.** The number of advertisements for food/beverage-related items and their proportions

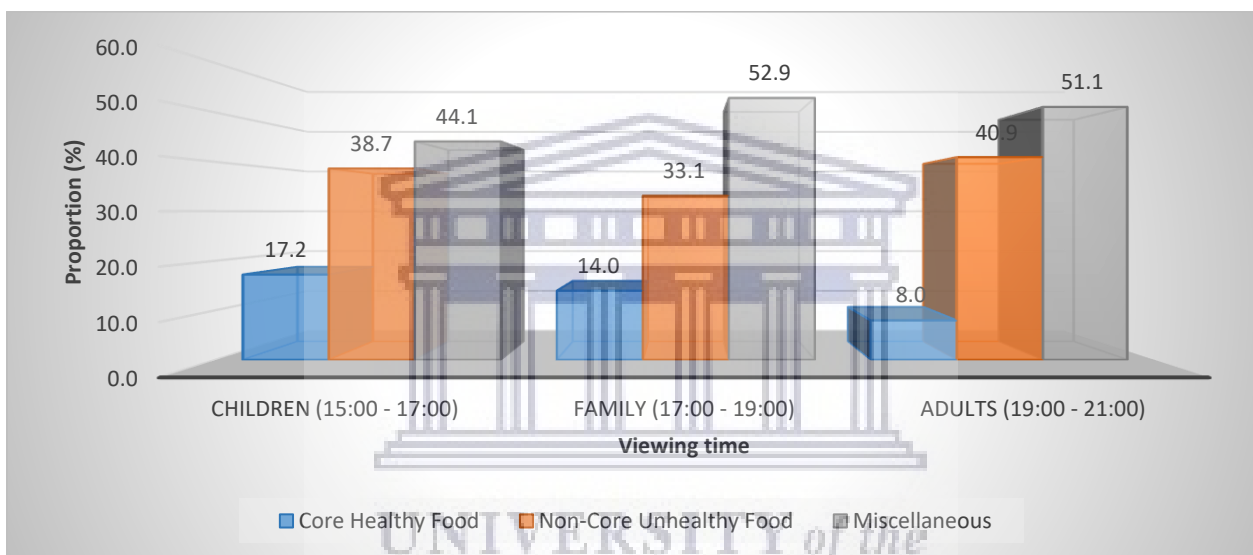
Food/beverage-related items	n (%)
Bread, rice and rice products without added fat, sugar or salt, noodles	37 (4.3)
Low-sugar and high-fibre breakfast cereals (<20 g sugar/100 g and >5 g dietary fibre/100 g)	30 (3.5)
Vegetables and vegetable products without added fat, sugar or salt	5 (0.6)
Milk and yoghurt ( $\leq 3$ g fat/100 g), cheese ( $\leq 15$ g fat/100 g) and their alternatives	3 (0.3)
Meat and meat alternatives	1 (0.1)
Oils high in mono- or polyunsaturated fats, low-fat savoury sauces	35 (4.1)
High-sugar and or low-fibre breakfast cereals (>20 g sugar/100 g or <5 g dietary fibre/100 g)	32 (3.7)
Sweetened bread, cakes, muffins, sweet buns	22 (2.6)
Meat and meat alternatives processed or preserved in salt	5 (0.6)
Sweet snack foods	4 (0.5)
Savoury snack foods (added salt or fat)	42 (4.9)
Fruit juice/drinks (<98% fruit)	21 (2.4)
Full-cream milk and yoghurt	13 (1.5)
Ice cream, iced confection and desserts	29 (3.4)
Chocolate and candy	37 (4.3)
High-fat/salt meals	2 (0.2)
Sugar-sweetened beverages	49 (5.7)
Alcohol	63 (7.3)
Recipe additions (including soup cubes, oils, dried herbs and seasonings)	27 (3.1)
Vitamin/mineral or other dietary supplements, and sugar-free chewing gum	70 (8.2)
Tea and coffee (excluding sweetened powder-based teas or coffees)	48 (5.6)
Baby and toddler milk formulae	2 (0.2)
Fast food (not only healthier options advertised)	97 (11.3)
Fast-food restaurant (NO foods or drinks advertised)	10 (1.2)
Supermarkets (only core and healthy foods advertised)	3 (0.3)
Supermarkets (non-core and unhealthy foods advertised)	113 (13.2)
Supermarkets (both foods and drinks advertised)	58 (6.8)
Total	858 (100.0)

Table 5 presents the most advertisements shown during the child viewing time of food/beverage-related items as bread and cereals (43.2%), savoury snack foods (fat or salt added, 31.0%), <98% fruit juice beverages (52.4%), full-cream milk and yoghurts (38.5%), ice creams, iced confectioneries and desserts (51.7%), SSB (42.9%), recipe additions such as soups (44.4%), vitamin/mineral or other dietary supplements (21.4%), tea and coffee (excluding sweetened powder-based teas or coffees; 35.4%), supermarkets (non-core and unhealthy foods advertised; 23.0%), and supermarkets (several foods or drinks broadcast in one advertisement; 32.8%). During the family viewing time, the most advertised food/beverage-related items were low-sugar and high-fibre cereals (56.7%), oils and low-fat sources high in mono and poly-unsaturated fats (42.9%), sweetened bread, cakes and muffins (45.5%), savoury snack foods (added fat or salt, 40.5%), full cream milk and yoghurts (53.8%), ice creams (37.9%), chocolates and candy (37.8%), SSB (34.7%), alcohol (39.7%), vitamins/minerals and dietary supplements (47.1%), tea and coffee (41.7%), unhealthy fast foods (51.5%) as well as supermarket food that are not necessarily healthy(42.5%). Finally, the most advertised foods/beverages directed at adults were high-sugar and low-fibre cereals (46.9%), <98% fruit juice beverages (42.9%), chocolates and candy (54.1%), SSB (25.0%), alcohol (55.6%), vitamin/mineral or other dietary supplements (31.4%), tea and coffee (excluding sweetened powder-based teas or coffees; 22.9%), fast food (unhealthy options advertised; 36.1%), supermarkets (non-core and unhealthy foods advertised; 34.5%) as well as supermarkets (several foods or drinks broadcast in one advertisement; 32.8%). Worth noting is that 4.8% and 39.7% of advertisements for alcoholic beverages as well as 42.9% and 34.7% of those for SSB were shown when children and families were watching TV.

**Table 5.** The proportion of food/beverage shown according to the target audience (age group; viewing time)

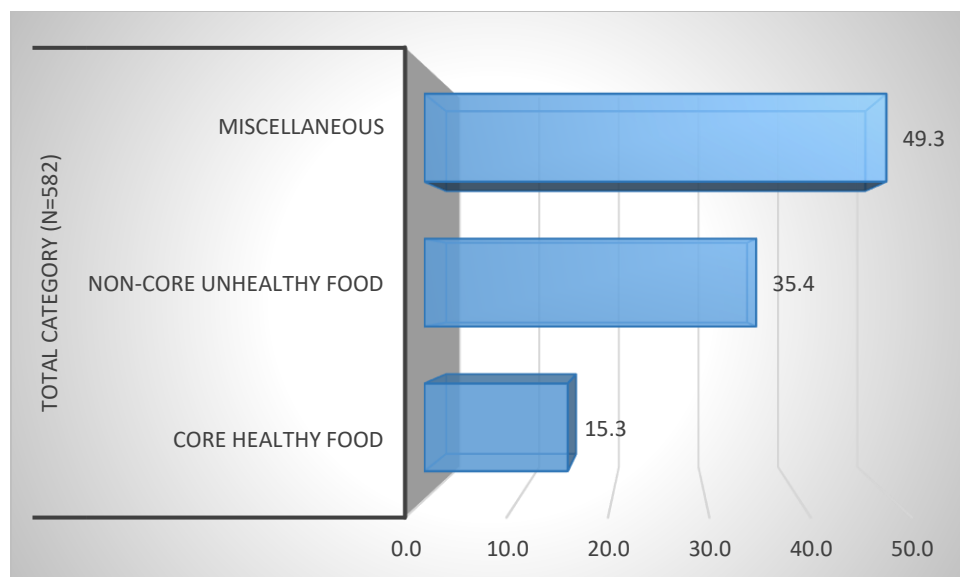
<b>Food/beverage-related items</b>	<b>Child viewing time (%)</b>	<b>Family viewing time (%)</b>	<b>Adult viewing time (%)</b>	<b>Total (N)</b>
Bread, rice and rice products without added fat, sugar or salt, noodles	43.2	35.1	21.6	37
Low-sugar and high-fibre breakfast cereals (<20 g sugar/100 g and >5 g dietary fibre/100 g)	20.0	56.7	23.3	30
Vegetables and vegetable products without added fats, sugars or salt	60.0	40.0	0	5
Milk and yoghurts ( $\leq 3$ g fat /100 g), cheese ( $\leq 15$ g fat/100 g) and their alternatives	66.7	0	33.3	3
Meat and meat alternatives	0.0	100.0	0	1
Oils high in mono- or polyunsaturated fats, low-fat savoury sauces	40.0	42.9	17.1	35
High-sugar and or low-fibre breakfast cereals (>20 g sugars/100 g or <5 g dietary fibre/100 g)	21.9	31.3	46.9	32
Sweetened bread, cakes, muffins, sweet buns	27.3	45.5	27.3	22
Meat and meat alternatives processed or preserved in salt	100.0	0	0	5
Sweet snack foods	25.0	50.0	25.0	4
Savoury snack foods (added salt or fat)	31.0	40.5	28.6	42
Fruit juice/drinks (<98% fruit)	52.4	4.8	42.9	21
Full-cream milk and yoghurts	38.5	53.8	7.7	13
Ice cream, iced confection and desserts	51.7	37.9	10.3	29
Chocolate and candy	8.1	37.8	54.1	37
High-fat/salt meals	100.0	0.0	0.0	2
Sugar-sweetened beverages	42.9	34.7	22.4	49
Alcohol	4.8	39.7	55.6	63
Recipe additions (including soup, stock cubes, oils, dried herbs and seasonings)	44.4	25.9	29.6	27
Vitamin/mineral or other dietary supplements	21.4	47.1	31.4	70
Tea and coffee (excluding sweetened powder-based teas or coffees)	35.4	41.7	22.9	48
Baby and toddler milk formulae	0	50.0	50.0	2
Fast food (unhealthy options advertised)	12.4	51.5	36.1	97
Fast-food restaurant (healthy foods or drinks advertised)	30.0	30.0	40.0	10
Supermarkets (only core and healthy foods advertised)	33.3	0	66.7	3
Supermarkets (non-core and unhealthy foods advertised)	23.0	42.5	34.5	113
Supermarkets (several foods or drinks broadcast in one advertisement)	32.8	34.5	32.8	58

In Figure 3, the most advertised food category shown is that of miscellaneous during child, family and adult viewing times, (44.1%, 52.9 and 51.1%, respectively). Then this was followed by the non-core/unhealthy food/beverage advertised during children, family and adult viewing times (38.7%, 33.1% and 40.9%, respectively). Finally, the core/healthy food/beverage had the least advertisements during child, family and adult viewing times (17.2%, 14.0% and 8.0%, respectively). Worth noting is that the highest proportion of core/healthy food/beverage advertisements was recorded during children’s viewing time (17.2%), whereas that for non-core/unhealthy food/beverages was recorded during adult viewing time (40.9%).



**Figure 3.** The proportion of food/beverage shown according to the target audience (age group; viewing time)

Of the 858 advertisements, 111 (12.9%) were found to be on core/healthy food/beverages, of which, 89 (about 10% of the total) were shown during child and family viewing time constituting 15.3% of the advertisement in this group (Figure 4). Non-core/unhealthy food/beverage advertisements counted 206, representing 35.4% of all the food/beverage-related advertisements shown during the child and family viewing time (Figure 4).



**Figure 4.** The proportion of advertisements shown during child and family viewing time

As seen in Table 6, of the 858 TV food/beverage-related advertisements, only 37 (4.3%) did not use brand benefit claims to appeal to consumers. Of the advertisements that did not use brand benefit claims were those advertised by Supermarkets (non-core/unhealthy foods advertised) ( $n=32$ ; 28.3%) with the rest consisting of 4 (14.8%) recipe additions (including soup cubes, oils, dried herbs and seasonings) and SSB 1 (2.0%). Besides these, all the other 821 (95.7%) food/beverage-related advertisements made brand benefit claims.

**Table 6.** Number of food/beverage-related advertisements that used brand benefit claims

Food/beverage-related items	Brand benefit claims used (n)		
	No claim	Claim used	Total
Bread, rice and rice products without added fat, sugar or salt, noodles	0	37	37
Low-sugar and high-fibre breakfast cereals (<20 g sugar/100 g and >5 g dietary fibre/100 g)	0	30	30
Vegetables and vegetable products without added fat, sugar or salt	0	5	5
Milk and yoghurt ( $\leq 3$ g fat/100 g), cheese ( $\leq 15$ g fat/100 g) and their alternatives	0	3	3
Meat and meat alternatives	0	1	1
Oils high in mono- or polyunsaturated fats, low-fat savoury sauces	0	35	35
High-sugar and or low-fibre breakfast cereals (>20 g sugar/100 g or <5 g dietary fibre/100 g)	0	32	32
Sweetened bread, cakes, muffins, sweet buns	0	22	22
Meat and meat alternatives processed or preserved in salt	0	5	5
Sweet snack foods	0	4	4

Savoury snack foods (added salt or fat)	0	42	42
Fruit juice/drinks (<98% fruit)	0	21	21
Full-cream milk and yoghurt	0	13	13
Ice cream, iced confection and desserts	0	29	29
Chocolate and candy	0	37	37
High-fat/salt meals	0	2	2
Sugar-sweetened beverages	1	48	49
Alcohol	0	63	63
Recipe additions (including soup, stock cubes, oils, dried herbs and seasonings)	4	23	27
Vitamin/mineral or other dietary supplements	0	70	70
Tea and coffee (excluding sweetened powder-based teas or coffees)	0	48	48
Baby and toddler milk formulae	0	2	2
Fast food (unhealthy options advertised)	0	97	97
Fast-food restaurant (healthy foods or drinks advertised)	0	10	10
Supermarkets (only core and healthy foods advertised)	0	3	3
Supermarkets (non-core and unhealthy foods advertised)	32	81	113
Supermarkets (several foods or drinks broadcast in one advertisement)	0	58	58
Total	37	821	858

As shown in Table 7, all of the core/healthy foods/beverages (100%) advertised claimed a sensory-based characteristic as a brand benefit, with 92% of the non-core/unhealthy food/beverages claiming same. Additionally, advertisements where the children and the whole family were promoted as users of the product were also used in the core/healthy (89.9%), non-core/unhealthy (91.6%) and miscellaneous (40.3%) categories. Price was an unused brand benefit description by non-core/unhealthy foods/beverages. Some advertisements made multiple brand benefit claims.

**Table 7.** The count of advertisement by the brand benefit description and food category

Brand benefit description	Food category		
	Core/healthy n (%)	Non-core/unhealthy n (%)	Miscellaneous n (%)
Sensory-based characteristic	109 (100.0)	286 (92)	182 (46.7)
New brand development	42 (38.5)	117 (37.6)	124 (31.8)
Suggested use	51 (46.8)	44 (14.1)	55 (14.1)

Suggested users children and whole family	98 (89.9)	285 (91.6)	157 (40.3)
Emotive claims	57 (52.3)	264 (84.9)	167 (42.8)
Puffery	57 (52.3)	86 (27.7)	129 (33.1)
Convenience	9 (8.3)	64 (20.6)	24 (6.2)
Price	12 (11.0)	0	158 (40.5)

In Table 8, one sees multiple brand benefit claims used in one advertisement to target children. For instance, sensory-based characteristics were the highest utilised brand benefit description appearing in 74.1% of all advertisements aimed at children. Advertisers also suggested that most of the advertised foods (68.9%) could be used by children and the whole family. Moreover, the food/beverage marketers emphasised emotive claims (suggesting feelings of exaggerated fun and popularity) in 136 (59.6%) advertisements directed at children.

**Table 8.** The count of advertisements by the brand benefit description and the children’s viewing time

Brand benefit description	Children’s viewing time	
	n	%
Sensory-based characteristic	169	74.1
New brand development	85	37.3
Suggested use	45	19.7
Suggested users children and whole family	157	68.9
Emotive claims	136	59.6
Puffery	67	29.4
Convenience	39	17.1
Price	34	14.9

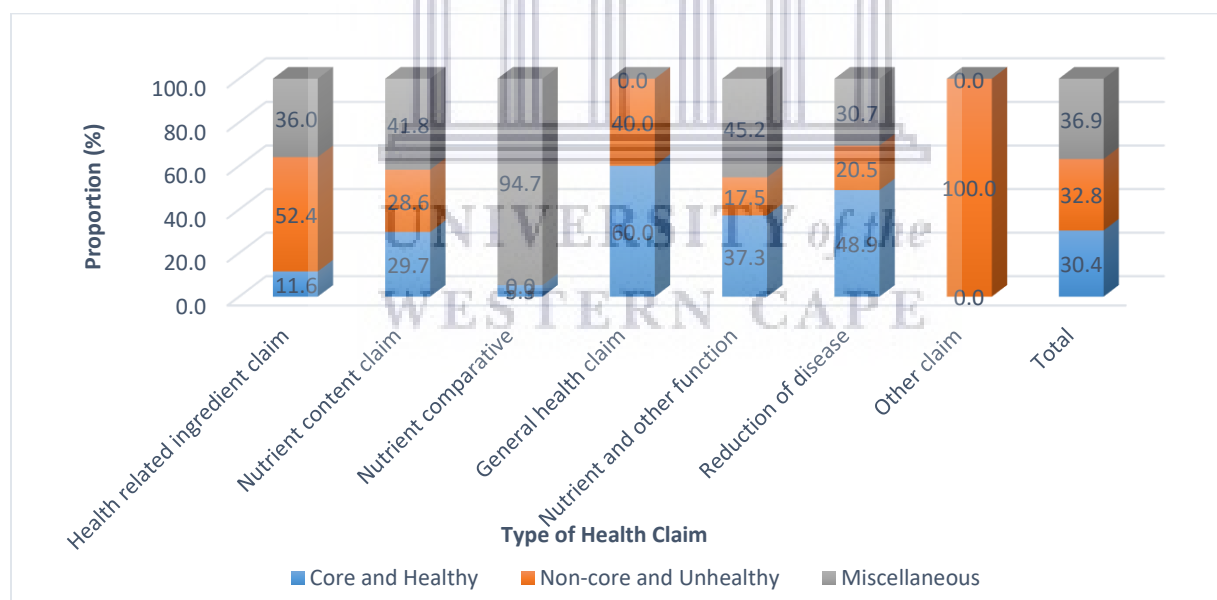
In terms of health claims, overall, of the 858 advertisements, 540 (62.9%) used health claims. The mostly utilised health claim (n=164; 30.4% of the total health claims) referred to health-related benefits of specific ingredients of the food/beverage item (Table 9). Moreover, the claims referring to the nutrient content were also often used, and these constituted “nutrient and other functions” (126; 23.3%) and “nutrient content” (91; 16.9%). Of the claims, 88 (16.3%) referred to the ability of the food/beverage items to reduce diseases.

**Table 9.** The count of advertisements by the type of health claim and food/beverage category

Type of health claim	Core/healthy (n)	Non-core/unhealthy (n)	Miscellaneous (n)	Total (n)
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Health-related ingredient claim	19	86	59	164
Nutrient content claim	27	26	38	91
Nutrient comparative	1	0	18	19
General health claim	27	18	0	45
Nutrient and other functions	47	22	57	126
Reduction in disease	43	18	27	88
Other claims	0	7	0	7
Total	164	177	199	540

When looking at the health claims often used in food categories, most were for miscellaneous items (n=199; 36.9%) (Figure 5). The health-related ingredient claim was used 86 times in non-core/unhealthy food/beverage advertisements (i.e., comprised 52.4% of the 164 claims). For the core/healthy food/beverage category, the popular health claims were “nutrient and other functions” as well as the “reduction in disease” representing 47 (37.3%) and 43 (48.9%) of the health claims, respectively (Figure 5). The health-related ingredient claim was also popular (n=59; 36.0%) when advertising miscellaneous food items.



**Figure 5.** The proportion of advertisements by the type of health claim and food/beverage category

As seen in Table 10, 517 (60.3%) individual advertisements of the 858 carried brand benefit claims. Alcohol, fast foods, supermarkets with non-core and unhealthy foods as well as supermarkets advertising more than one item in one advertisement carried more than 10% of the brand benefit claims (i.e. 12.2%, 16.1%, 18.4%, and 11.2%, respectively). Noteworthy is that all



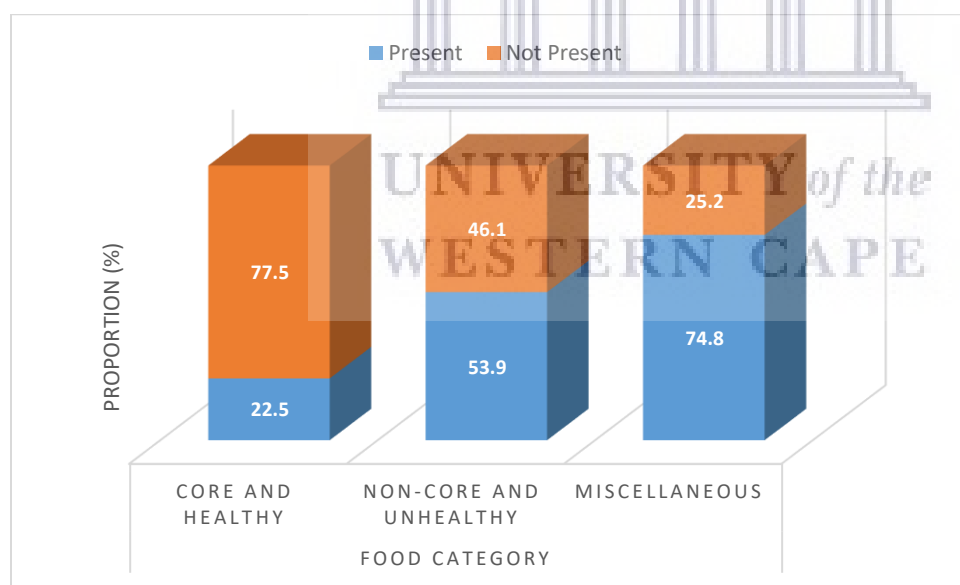
63 alcohol advertisements carried brand benefit claims. Of the advertisement that carried no brand benefit claims, “vitamin/mineral or other dietary supplements, and sugar-free chewing gum” constituted the highest percentage (n=56; 16.4%).

**Table 10.** The count of advertisements by the types of food/beverage-related items that carried brand benefit claims

Food/beverage-related items	Brand benefit claim		
	Claim present n (%)	No claim present n (%)	Total n (%)
Bread, rice and rice products without added fat, sugar or salt, noodles	20 (3.9)	17 (5.0)	37 (4.3)
Low-sugar and high-fibre breakfast cereals (<20 g sugar/100 g and >5 g dietary fibre/100 g)	0	30 (8.8)	30 (3.5)
Vegetables and vegetable products without added fat, sugar or salt	5 (1.0)	0	5 (0.6)
Milk and yoghurt (≤3 g fat/100 g), cheese (≤15 g fat/100 g) and their alternatives	0	3 (0.9)	3 (0.4)
Meat and meat alternatives	0	1 (0.3)	1 (0.1)
Oils high in mono- or polyunsaturated fats, low-fat savoury sauces	0	35 (10.3)	35 (4.1)
High-sugar and/or low-fibre breakfast cereals (>20 g sugar/100 g or <5 g dietary fibre/100 g)	22 (4.3)	10 (2.9)	32 (3.7)
Sweetened bread, cakes, muffins, sweet buns	1 (0.2)	21 (6.2)	22 (2.6)
Meat and meat alternatives processed or preserved in salt	0	5 (1.5)	5 (0.6)
Sweet snack foods	4 (0.8)	0	4 (0.5)
Savoury snack foods (added salt or fat)	11 (2.1)	31 (9.1)	44 (5.1)
Fruit juice/drinks (<98% fruit)	0	21 (6.2)	21 (2.5)
Full-cream milk and yoghurt	13 (2.5)	0	13 (1.5)
Ice cream, iced confection and desserts	0	29 (8.5)	29 (3.4)
Chocolate and candy	32 (6.2)	5 (1.5)	37 (4.3)
High-fat/salt meals	0	2 (0.6)	2 (0.2)
Sugar-sweetened beverages	26 (5.0)	23 (6.7)	49 (5.7)
Alcohol	63 (12.2)	0	63 (7.3)
Recipe additions (including soup, stock cubes, oils, dried herbs and seasonings)	27 (5.2)	0	27 (3.2)
Vitamin/mineral or other dietary supplements, and sugar-free chewing gum	14 (2.7)	56 (16.4)	70 (8.2)
Tea and coffee (excluding sweetened powder-based teas or coffees)	30 (5.8)	18 (5.3)	48 (5.6)
Baby and toddler milk formulae	0	2 (0.6)	2 (0.2)
Fast food (unhealthy options advertised)	83 (16.1)	14 (4.1)	97 (11.3)

Fast-food restaurant (healthy foods or drinks advertised)	10 (1.9)	0	10 (1.2)
Supermarkets (only core and healthy foods advertised)	3 (0.6)	0	3 (0.4)
Supermarkets (non-core and unhealthy foods advertised)	95 (18.4%)	18 (5.3)	113 (13.2)
Supermarkets (several foods or drinks broadcast in one advertisement)	58 (11.2)	0	58 (6.8)
Total	517 (60.3%)	341 (39.7%)	858 (100%)

In Figure 6, it is seen that the core/healthy food/beverage category constituted the least proportion (22.5%) of advertisements that carried brand benefit claims. Additionally, within this category (core/healthy), food and beverage advertisements with no brand benefit claims were more than three times (77.5%) of those with brand benefit claims. For non-core/unhealthy food/beverages, advertisements with brand benefit claims were slightly higher than those without (53.9% vs 46.1%). More than two-thirds (74.8%) of advertisements for miscellaneous food items carried brand benefit claims.



**Figure 6.** The number of individual advertisements by the food categories and brand benefit claims

Overall, 813 advertisements used power strategies such as cartoon or company-owned characters, licensed characters, celebrities, movie tie-ins, non-sport/historical events, best food awards or sports events, as shown in Table 11. Cartoon characters/company-owned characters were the most utilised strategy constituting about 580 (71.5%) of all the power strategies used. Whereas, 233

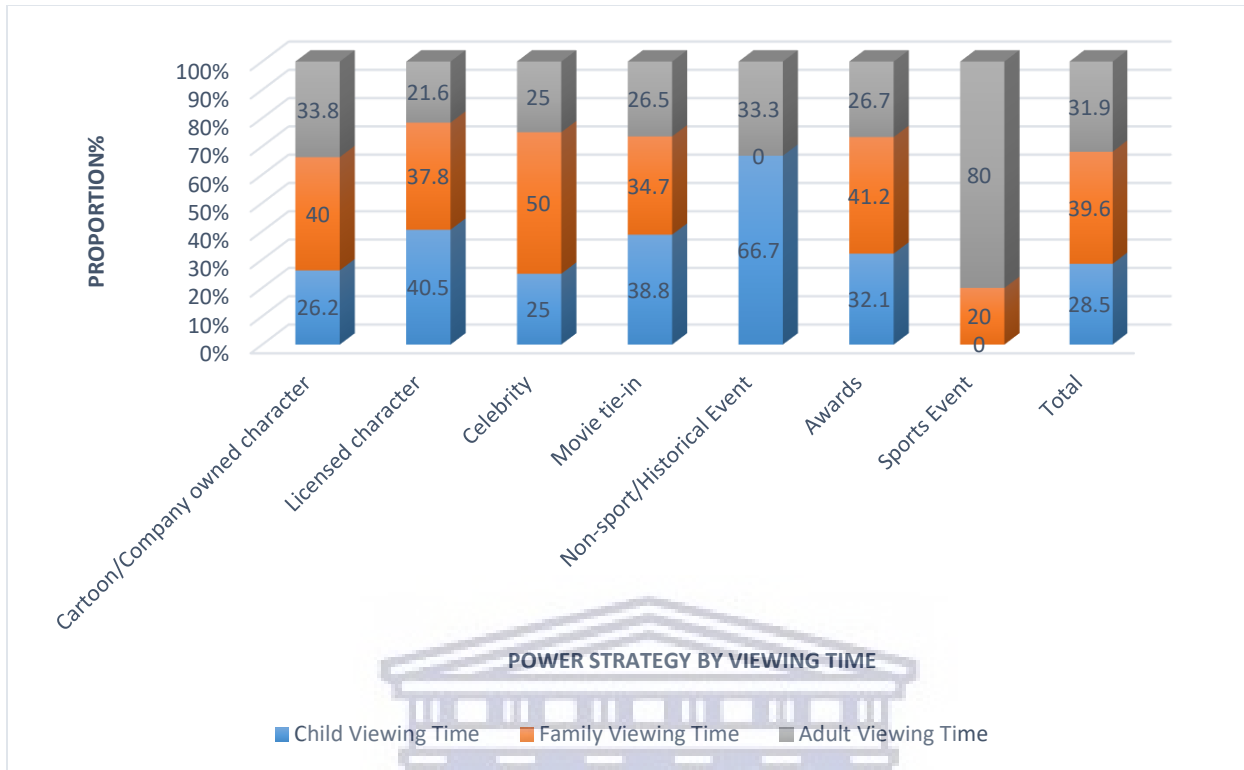
(28.5%) used other strategies, including licensed characters, celebrities, movie tie-ins, non-sport/historical events, best food awards or sports events. Of these 233 advertisements, 131 (56.2%) emphasised that the food items advertised had previously won awards (best food awards). Noteworthy is the fact that power strategies were also used in advertising alcohol, i.e. 43 and seven advertisements using cartoon/company-owned characters and movie tie-ins, respectively.

**Table 11.** The count of advertisements by the type of power strategy

Food/beverage-related advertisements	Power strategy						
	Cartoon/company-owned characters n (%)	Licensed characters n (%)	Celebrity n (%)	Movies tie-in n (%)	Non sport/historical events n (%)	Awards e.g. best food awards n (%)	Sport events n (%)
Bread, rice and rice products without added fat, sugar or salt, noodles	32 (5.5)	0	0	0	0	5 (3.8)	0
Low-sugar and high-fibre breakfast cereals (<20 g sugar/100 g and >5 g dietary fibre/100 g)	1 (0.2)	0	0	0	0	29 (22.1)	0
Vegetables and vegetable products without added fat, sugar or salt	5 (0.9)	0	0	0	0	0	0
Milk and yoghurt (≤3 g fat/100 g), cheese (≤15 g fat/100 g) and their alternatives	0	0	0	0	3 (100)	0	0
Meat and meat alternatives	1 (0.2)	0	0	0	0	0	0
Oils high in mono- or polyunsaturated fats, low-fat savoury sauces	24 (4.1)	11 (29.7)	0	0	0	0	0
High-sugar and or low-fibre breakfast cereals (>20 g sugar/100 g or <5 g dietary fibre/100 g)	12 (2.1)	0	0	0	0	20 (15.3)	0
Sweetened bread, cakes, muffins, sweet buns	1 (0.2)	0	0	0	0	21 (16.0)	0
Meat and meat alternatives processed or preserved in salt	5 (0.9)	0	0	0	0	0	0
Sweet snack foods	0	4 (10.8)	0	0	0	0	0
Savoury snack foods (added salt or fat)	31 (5.3)	0	0	0	0	0	0
Fruit juice/drinks (<98% fruit)	21 (3.6)	0	0	0	0	0	0
Full-cream milk and yoghurt	0	0	0	0	0	13 (9.9)	0
Ice cream, iced confection and desserts	0	0	0	29 (52.9)	0	0	0
Chocolate and candy	36 (6.2)	1 (2.7)	0	0	0	0	0

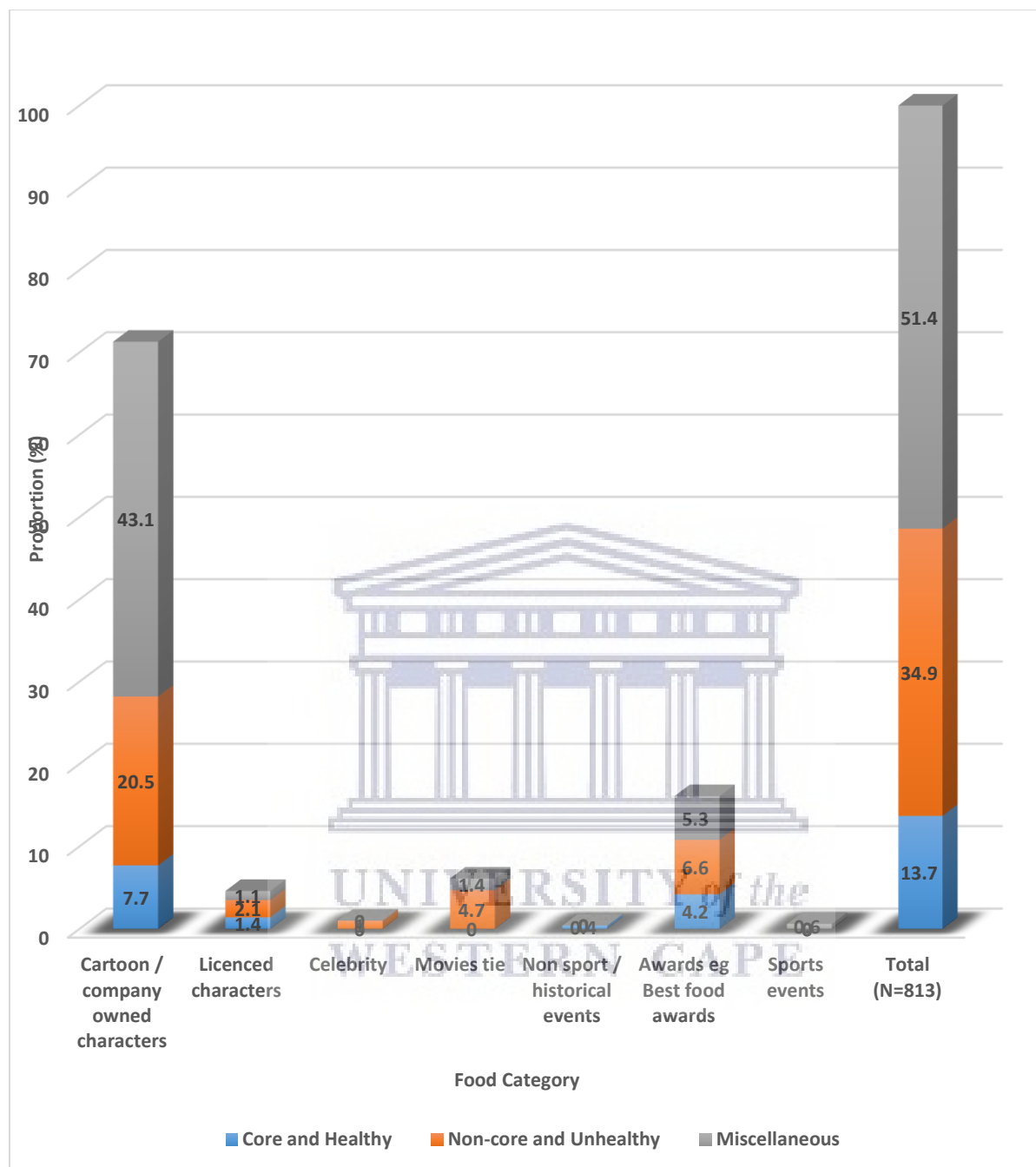
High-fat/salt meals	2 (0.3)	0	0	0	0	0	0
Sugar-sweetened beverages	16 (2.8)	12 (32.4)	8 (100)	2 (4.1)	0	0	0
Alcohol	43 (7.4)	0	0	7 (14.3)	0	0	0
Recipe additions (including soup, stock cubes, oils, dried herbs and seasonings)	23 (4.0)	0	0	0	0	0	0
Vitamin/mineral or other dietary supplements	51 (8.8)	0	0	0	0	8 (6.1)	5 (100)
Tea and coffee (excluding sweetened powder-based teas or coffees)	45 (7.8)	0	0	3 (6.1)	0	0	0
Baby and toddler milk formulae	0	2(5.4)	0	0	0	0	0
Fast food (unhealthy options advertised)	82 (14.1)	7 (18.9)	0	8 (16.3)	0	0	0
Fast-food restaurant (healthy foods or drinks advertised)	10 (1.7)	0	0	0	0	0	0
Supermarkets (only core and healthy foods advertised)	3 (0.5)	0	0	0	0	0	0
Supermarkets (non-core and unhealthy foods advertised)	113 (19.5)	0	0	0	0	0	0
Supermarkets (several foods or drinks broadcast in one advertisement)	23 (4.0)	0	0	0	0	35 (26.7)	0
Total (n=813)	580	37	8	49	3	131	5

As shown in Figure 7, 580 (71.5%) of the 813 food advertisements that utilised power strategy, used cartoons or company-owned characters, whereas 233 (28.5%) used other approaches, including licensed characters, celebrities, movie tie-ins, and non-sport/historical, awards or sports events. Cartoons/company-owned characters were the highest power strategy used to appeal to all the target audiences and a lesser extent the awards strategy. In figure 7, the highest proportions of power strategy utilised for children's viewing time are seen as non-sport/historical events, licensed characters, movie tie-ins, awards and cartoon/company-owned characters (i.e. 66.7%, 40.5%, 38.8%, 32.1% and 26.2%, respectively). Celebrities, awards, cartoon/company-owned characters and licensed characters made up the power strategies with highest proportions (i.e. 50%, 41.2%, 40% and 37.8%, respectively) during the family viewing time. During the adult viewing time, sports events, cartoon/company-owned characters, non-sport/historical events and awards were the highest proportion of power strategies (i.e. 80%, 33.8%, 33.3% and 31.9%, respectively) used.



**Figure 7:** The number of advertisement by the power strategy and targeted audience

In Figure 8, it can be seen that 813 advertisements used power strategies. Of these, 13.7% was for core/healthy, 34.9% for non-core/unhealthy, and 51.4% for miscellaneous food/beverages. Cartoons/company-owned characters were markedly utilised 580 times (i.e. in 71.3% of the total advertisements). These characters were also mostly used for advertising in the non-core/unhealthy food/beverage category, with a count of 167, representing 20.5% of the total power strategies used. The least represented strategy was non-sport/historical events with a count of three representing 0.4% of the total power strategies utilised.



**Figure 8.** The proportion of advertisements by the power strategy

The cartoons/company-owned characters were the most utilised power strategy in advertising food and beverages to children for all the food groups as shown in Table 12. Among the healthy food category, this strategy had a disproportionately high representation (n=25; 61%), followed by that on licensed characters (n=4, 9.8%). Within the non-core and unhealthy category, the

cartoons/company-owned characters were utilised 47 times (53.4%) and followed by movie tie-ins which were used 16 times (18.2%) within this target audience.

**Table 12.** The count of food advertisements for children’s viewing time by the power strategy and food categories

Power strategy directed at children	Food categories		
	Core/healthy, n (%)	Non-core/unhealthy, n (%)	Miscellaneous, n (%)
Cartoon/company-owned characters	25 (61.0)	47 (53.4)	80 (77.7)
Licensed characters	4 (9.8)	8 (9.1)	3 (2.9)
Celebrity	0	2 (2.3)	0
Movie tie-in (e.g. Shrek)	0	16 (18.2)	3 (2.9)
Non sport/historical events	2 (4.9)	0	0
Awards e.g., Best food awards	10 (24.4)	15 (17.0)	17 (16.5)
Total	41 (100.0)	88 (100.0)	103 (100.0)

## Discussion

This discussion particularly focuses on children because of their vulnerability and susceptibility to TV food advertising, unlike adults (Kapoor & Verma, 2005; Boyland *et al.*, 2016). This study examined data on the content of TV food advertising on four free-to-air TV channels, i.e. SABC 1, SABC 2, SABC 3 and eTV in South Africa. Although the advertisements that fell between 06:00 and 21:00 were recorded, only those that appeared between 15:00 and 21:00 were included. There were 2283 advertisements in this time range, with 858 (37.6%) found to be for food and beverages.

This showing an overall increase in the number of advertisements, including those since the 2010 study of Mchiza *et al.* (2013). In that study, overall, 1512 advertisements were recorded from SABC 1–3 and eTV within the same time frame, of which 665 (44%) were for food and beverages.

In the current study, a large proportion of the advertisement was shown on SABC 3, with almost the same amount between SABC 1 and eTV, with the latter showing slightly more than the former. SABC 2 showed the least proportion of advertisement. All this differs from the findings of Mchiza *et al.* (2013), where SABC 3 and SABC 2 were the TV channels with the highest proportion of advertisements among the four channels.

The possible explanation for the shift of focus by TV marketers from targeting SABC 2 could be because of the role played by the advocacy initiatives by non-governmental organisations like the Healthy Living Alliance (HEALA) and ASA. These initiatives are at the core of a drive to address weight gain and non-communicable diseases like cancer, hypertension and type 2 diabetes (DoH, 2013). In the current study, we observed a few advertisements commissioned by HEALA on SABC 2 and 3. These advertisements promoted the reduction of consumption of SSB. Moreover, there is an assumption that the policy documents, specifically the policy brief by Steyn *et al.* (2014) sent to policymakers (i.e. the DoH and ASA), may have impacted on the scaling up of policy enforcement to regulate industry on what is permissible to be advertised on South African TV.

*Categories and types of food/beverage-related advertisement: a focus on children*

The most shown foods/beverage-related advertisements were those advertised by supermarkets. These foods and beverages were not only core or healthy foods but were also unhealthy. Looking at the number of unhealthy compared to healthy foods and beverages

Looking at the number of unhealthy as compared to healthy foods and beverages, especially the most advertised top six, it was not surprising to discover there were almost three times as many advertisements for non-core/unhealthy compared to core/healthy foods. The disproportionately high amount of advertising of non-core/unhealthy foods as compared to core/healthy foods has previously been reported in South Africa by Mchiza *et al.* (2013). However, we have to be cognizant that this is not just a South African problem. There have been similar reports in other countries (Lobstein & Dobb, 2005; Ok *et al.*, 2016). For instance, Ok *et al.* (2016) found advertisements for fast foods and beverages to be significantly higher than those of basic foods.

In the current study, fast foods were shown to be most advertised instead of foods rich in vitamins and minerals and low in added sugar, fats and salt. Moreover, the poor nutritional quality of the foods advertised (i.e. non-core/unhealthy food advertisements) was reflected in those aimed at children (child and family viewing time). These were disproportionately higher (about 35%) compared with core/healthy food (about 15%) advertisements. Thus, children in South Africa are at an increased risk of exposure to high amounts of unhealthy food advertisements. Although not as high as those proportions of 82.1% and 85.4% recorded for unhealthy food advertisements on broadcast and cable TV aimed at children in the USA (Stitt & Kunkel, 2008), our levels are



unacceptable and violate the foods and beverages advertising code of ASA South Africa (2011; Appendix I).

Besides the poor nutritional content of foods advertised to children, they were also the target of high amounts of food advertising, which is supported by the findings of previous South African studies by Mchiza *et al.* (2013) and Delpont (2015). Another disturbing finding was the increase in the proportion of food advertisements targeting child and family viewing time, which went up from around 50% in 2013 (Mchiza *et al.*, 2013) to over 65% in the current study. Thus, it is an indication that a lot has changed since Cassim (2010) asserted that the exposure of South African children to food advertisements was limited and at a safe level. The increase in the concentration of advertisements around child and family viewing times suggest an increase in the targeting of children by TV food marketers. Worth noting is that this worrying trend is not peculiar to South Africa, as similar findings have been reported outside South Africa (Kapoor & Verma, 2005).

Non-core/unhealthy food/beverage advertisements were also high for adults (about 40%) compared to those on core/healthy food (8%). Although there is no code prohibiting this as adults are regarded as mature enough to understand the intent of advertising messages, unhealthy food advertisement during adult viewing time is also problematic. Thus, vulnerable adults could be influenced, especially more deprived individuals who may not have the necessary information about health. These individuals may take this information (especially misleading health claims) at face value and trust it as correct and suitable information. Moreover, this form of irresponsible advertising, even though directed at adults, may find its way to children. There is international evidence to suggest that children watch TV beyond 19:00 (WHO, 2012). A study conducted in the UK found that children spent 67.2% of their TV-viewing time during adult programmes (High fat, sugar and salt food advertising restrictions: Final Review, 2010 in WHO, 2012). Moreover, the WHO (2012) has shown that advertisements directed at young adults always find their way to children. Thus, children are not insulated from the unhealthy food advertising aimed adults in this study, which compounds the already worrying situation.

Despite the remarkable decrease in overall alcohol advertisements from 21% to 7.3% since the Mchiza *et al.* (2013) study in 2010, the proportion of those shown when the children and family were viewing TV of 4.8% and 39.7%, respectively, is concerning. Anderson (2007:39) believes

that young people are susceptible to influences from alcohol advertisements as it shapes their “attitudes, perceptions and expectancies about alcohol use”. Moreover, Austin and Nach-Ferguson (1995) found that children, age 7 to 12 years, who enjoyed the alcohol advertisements to which they were exposed, were more likely to try these. Showing appealing alcohol advertisements (especially using celebrities and popular individuals) to children will more likely motivate them to drink (Austin & Nach-Ferguson, 1995). Not only was alcohol advertised during child and family viewing times, but all the advertisements carried various brand benefit claims which were such that they appealed to all target audience groups in the current study. In this case, power strategies, such as cartoon/company-owned characters as well as movie tie-ins, were also used during alcohol advertising. Showing alcohol advertisement when children watch TV is not a new phenomenon and is consistent with findings of Mchiza *et al.* (2013) where 10% of these were shown using movie actors, sportsmen and TV personalities.

Similarly, worthy of mentioning is 42.9% and 34.7% of SSB advertisements that were shown during child and family viewing time respectively. These beverages have been widely known to contain excessive amounts of added sugar and are implicated in the development of sugar addiction when overconsumed (Gosnell, 2005; Wiss, Avena & Rada, 2018). Although the effects of the intake of a potentially addictive substances like sugar may not be immediately apparent as other addictive substances (e.g. alcohol or cocaine) or when taken moderately, the threat of severe health complications still exist over time. The detrimental effects of overconsumption of SSB on the body size status and health of children internationally is already well documented (Bremer & Lustig, 2012; Cairns, Angus & Hastings, 2009). Hence, the persistence of a high number of SSB advertisements during child and family viewing times should be regarded as irresponsible.

#### *Persuasive techniques utilised*

Persuasive techniques have been reported to be usually targeted at children’s programmes and are often utilised in advertising non-core foods (Kelly *et al.*, 2008). In this study, several power strategies (using popular personalities) were deployed as a form of persuasive technique. Cartoons/company-owned characters, licensed characters, celebrities, movie tie-ins, non-sport/historical events, best food awards or sports events were the power strategies used generally to appeal to all consumers. Cartoons/company-owned characters were the markedly utilised power strategy used to appeal to all the target audience groups. For children, they were used twice as

much for non-core and unhealthy foods as for core/healthy foods. Interestingly, they were also used in the advertisement of alcohol. Movie tie-in (e.g. Shrek), celebrities and awards (e.g. for best food) were also used to appeal to children in non-core/unhealthy food advertisements. The use of cartoon characters in advertising to children in South Africa has already been documented (Mchiza *et al.*, 2013; Delpont, 2015). Delpont (2015) highlighted that these strategies are employed to create imagery of fun and excitement that appeals to children. Moreover, doing this creates favourable expectations for these products by children who are unable to discern the intent of these advertisements and fall for the sale-oriented messages (Neeley and Schumann, 2004; Rovirosa, Zapata, Gomez, Gotthelf, & Ferrante, 2017; Kapoor & Verma, 2005).

The persuasive appeals of these messages manipulate children to opt for the foods they have seen being advertised (Bruce *et al.*, 2016; Zuppa *et al.*, 2003; Delpont, 2015). The opinions of some parents in South Africa have re-enforced this (Da Fonseca, 2010). They reported that TV food advertising makes children desire food products they do not necessarily require (Da Fonseca, 2010). The use of cartoon characters and celebrities in advertising unhealthy foods to children does not only represent irresponsible food advertising, but it also violates the food and beverage advertising code (ASA South Africa, 2011). Additionally, it violates the South African marketing pledge to children (CGCSA, 2012), which makes it clear that there should be no use of celebrities and licensed characters (such as cartoons) in advertising unhealthy foods to children. Opting for unhealthy foods and the increased consumption of food both contribute to weight gain, and the subsequent development of obesity in children, who are then more likely to develop into obese adults.

In 2007, the South African government proposed regulations to control food advertisements. Among the central elements of the proposal to reduce health claims in unhealthy food advertisements, was a ban on the use of words like healthy, wholesome and nutritious (Thompson, 2007 in Da Fonseca, 2010). This portion of the proposal was incorporated into the food and beverage advertising codes, which puts forward that nutritional or health claims should not be made during the advertisement of unhealthy food products. However, in the current study, the non-core/unhealthy foods showed a high proportion of advertisements with health claims compared to those without claims. These outcomes are similar to the findings of Mchiza *et al.* (2013). Surprisingly, on the other hand, the core/healthy foods showed a markedly high proportion of

advertisements without health claims compared to those with health claims. Oyero and Salawo (2014) assert that the use of health claims by non-core/unhealthy foods in advertisements represents a derogation of the importance of core foods. For instance, it would appear as though the unhealthy advertised foods are all that is needed to achieve health claims without the core foods. With the lack of intellectual capacity and skills to deal with the appeal of these messages (Cassim, 2010; Kapoor & Verma, 2005), children are more likely than adults to fall for this “deception” and accept these “false” health claims as the truth. This practice by food marketers again violates the Foods and Beverages Advertising codes (ASA South Africa, 2011) which admonishes the signees to be honest in their advertisements and not to take advantage of the lack of experience of children or knowledge in advertising foods to them.

Brand benefit claims were utilised overall to advertise both core/healthy and non-core/unhealthy food and beverages to all target audience groups. Those found employed during this study included those on sensory-based characteristic (e.g. great taste, texture, appearance) which were the most represented, emotive claims (e.g. depictions of fun, feelings, popularity) and puffery (e.g. claims of being advantageous over other products). Brand benefit claims have previously been found to be used to appeal to children in South Africa, particularly those brand benefits that portray fun (Pengpid & Peltzer, 2015; Mchiza *et al.*, 2013). In international studies, such as the one by Stitt and Kunkel (2008), the use of fun and excitement in food advertisements directed at children was also found. According to Harris *et al.* (2010), the use of fun and excitement imagery in food advertisements caused increased consumption of food in those exposed. The food and beverages code asserts that children are easily influenced, and so they should not be misled with false or exaggerated advertising claims. Thus, claims such as the emotive claims recorded in this study go against the social values of advertising under the food and beverage advertising codes (ASA South Africa, 2011).

#### *Why are advertisers continuously targeting children?*

In various studies, it has been shown that South African children spend a lot of time watching TV. Savahl *et al.* (2014) in their study conducted in 2014, showed that South African children, ages 8, 10 and 12 years, spend at least 63%, 70% and 72% of their free time every day or almost every day, respectively watching TV or music videos. The South African Advertising Research Foundation also estimated that South African children between 7 and 15 years old, watched an

average of 2.5 hours of television a day from 2003 to 2005 (Van Vuuren, 2006). As such, they got exposed to 24 minutes of advertising daily (Van Vuuren, 2006).

Children do not only influence family food choices but also utilise pestering power to continuously ask for a particular product they have seen advertised (Jholly, 2011). Additionally, children through nagging demand these unhealthy foods, making their well-meaning parents believe they are refusing them a needful item (Jholly, 2011). These tendencies are exploited by food marketers who target children's TV viewing times to gain brand recognition, preference and loyalty from children (Herédia, Hipólito, Nunes, Ribeiro, Moura & Laneiro, 2017). Therefore, it is not a fluke that their food choices follow those of advertised foods but rather a consequence of their exposure to advertised foods (Zuppa *et al.*, 2003; Bruce *et al.*, 2016).

#### *The apparent failure of self-regulation*

With the many violations of the food and beverage advertising codes and the South African marketing pledge to children, it would by no means be a stretch to say that the self-regulatory approach adopted by South Africa has failed. Therefore, this comes as no surprise, as self-regulation around the world has proven to be ineffective in limiting unhealthy food advertising to children. According to Cassim (2010), the practice of self-regulation by industry players usually results in these regulations not being enforced. Also, during the development of these codes, policy developers do not include penalties for noncompliance. All of this contributes to the ineffectiveness of self-regulation, which is precisely the problem in South Africa.

To the best of our knowledge, the current voluntary self-regulatory codes in South Africa do not have penalties for noncompliance attached to them. Also, the persistent flouting of these codes, as revealed by Mchiza *et al.* (2013), Delport, (2015), Kelly *et al.* (2018), and also in the current study, points to laxity in enforcement of the self-regulatory codes. This laxity appears to be borne from the desire of industry players to make large profits which limits their ambition to put in place and enforce effective policies. Although some defaulters on advertising often get caught, they end up not being punished; not punishing results in a vicious cycle of lawlessness. Thus, it creates a situation where self-regulatory policies make it appear as though advertising is being controlled, while in reality there is evidence to suggest that these policies have stifled change (Kelly *et al.*, 2018).

### *Limitations of the study*

The findings of this study can be utilised for the specific regions or African countries that have unlimited access to the four TV stations but cannot be extrapolated to the rest of Africa. Another limitation was the absence of previous research in South Africa that used the same food/beverage-related items as in this study, which would have allowed for easier comparisons. Thus it shows the need for a follow-up study to include all the food categories used in this study along with employing the same methodology. A further limitation was that some published studies related to this topic were inaccessible because they were either available to registered members on the website only, or required payment.



## CHAPTER 5

### Conclusion

In conclusion, in this study, similar outcomes to those of Mchiza *et al.* (2013), Delpont (2015) and Kelly *et al.* (2018) were found. Children are still being targeted with non-core/unhealthy food advertising, which constitutes a little over 35% of advertisements shown to child audiences (child and family viewing time). The use of cartoons, celebrities, brand benefit claims as well as health claims as marketing strategies for non-core/unhealthy foods aimed at children continues to persist. Also, targeting children with alcohol and SSB advertisements continues unabated. Another concern is the overall increase in food advertisements targeting programmes with a child audience to over 65% in this study, an increase of the almost 50% found by Mchiza *et al.* (2013). These findings are disturbing considering the contribution of TV food advertisement to unhealthy dietary choices, which have been shown to contribute to obesity and subsequently NCD (Cairns *et al.*, 2009; Boyland & Halford, 2013). Thus, it shows the need for tighter control of the TV food advertising space to ensure a safe and healthy environment for children in South Africa. Also, to foster choices of healthy diets that will aid healthy growth and development in this population group.

### Recommendations

Based on the findings of this study, the following recommendations have been compiled:

1. The introduction of statutory regulations to control TV food advertisements especially to children: The results of this study and those of Mchiza *et al.* (2013), Delpont (2015), Kelly *et al.* (2018) and the opinions of some South African parents in that of da Fonseca (2010) all indicate an apparent failure of the current regulations. In places where self-regulation has failed, like in the case of the USA, the government has been called upon to do more to protect children (Mikaloiva, 2014). The role of the government (Department of Health) as a leader in the development of new policies such as the statutory regulations and the subsequent implementation of these cannot be overemphasised. The WHO (2012) advocates that governments should lead a working group with representation from all government agencies that will interact with all stakeholders in consensus building by developing and implementing new policies to control food advertisements. Thus, this will

increase the potential for successful implementation and enforcement of the developed policy guidelines regarding food and beverage advertisements. There is a strong case for the South African government to consider this recommendation and work towards the introduction of statutory regulations.

2. The review of the definition of the age of children from 12 years and younger to those, aged below 18 years: For statutory regulations to achieve its maximum effect if introduced in South Africa, there may also be the need to review the age range used in the new policy. The current food and beverages code defines children as persons aged 12 years and younger. This age range is considerably narrow and even falls short of the government's earlier proposed age of 16 years and younger (Thompson, 2007 in da Fonseca, 2010). Moreover, in South Africa, children are classified as persons younger than age 18 years by the Children's act 38 of 2005 (Department of Justice, 2005). As such, a review of the current definition of children by the food and beverages advertising code or any new policy in South Africa will be in order. This problem is not only applicable to South Africa. In Spain, there have been similar calls for advertising bans to be in effect until 16 or 18 years (Del Pino & Royo-Bordonda, 2016). Shifting the age range definition of children to "persons below the age of 18 years" will ensure that any person who is legally defined as a child by the South African constitution will be protected from the manipulation of TV food marketers.
3. The prohibition of alcohol advertisements during child and family viewing time: This recommendation will be in line with that of Steyn *et al.* (2014), who made a similar call for banning alcohol advertisements during child and family viewing time in South Africa.
4. The promotion of healthy foods and habits: Since advertisement has the power to influence food choices and habits especially in children, marketers should be encouraged to promote healthy foods and healthy eating habits, to exert a positive influence on children.
5. The introduction of a watershed time beyond which advertising of unhealthy foods is permissible: Del Pino and Royo-Bordonada (2016) called for the implementation of a watershed period of 22:00 in Spain, after which unhealthy food advertisements can take place to minimize exposure of children, that is, if they watch TV beyond child hours. This call is in line with the WHO (2012) recommendations.



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## Appendix I

### *Advertising standards authority (Food and beverage Advertising codes)*

#### 1. Preamble

1.1 Food and beverage advertising to children should not bring advertising into disrepute or reduce confidence in advertising as a service to the industry and to the public.

#### 2. Scope

2.1 This code is intended to regulate the advertising of food and beverage products in general, and in particular advertising of such products to children.

2.2 This Code is not intended to duplicate or be a substitute for any regulations effecting the labelling and advertising of products relating to health and nutrition.

### 3. Interpretation

3.1 Nutrition information and claims should be judged by the likely perception of the reasonable person at whom the advertising is directed or who is likely to be exposed to advertising.

### 4. Legality

4.1 Food and beverage advertising should adhere to all legal requirements.

### 5. Honesty

5.1 Food and beverage advertising should not be so framed as to abuse the trust of consumers at whom it is directed or who are likely to be exposed to it, or exploit their lack of experience or knowledge or their credulity.

### 6. Responsibility

6.1 Food and beverage advertising, including promotions, should not encourage poor nutritional habits or an unhealthy lifestyle in children, or encourage or condone excess consumption.

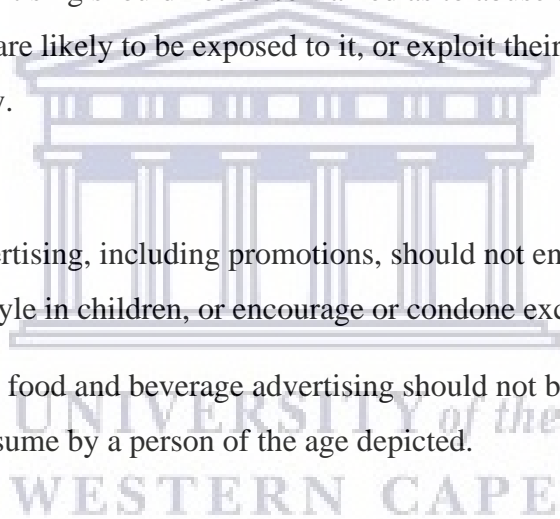
6.2 Portion sizes featured in food and beverage advertising should not be excessive or more than would be reasonable to consume by a person of the age depicted.

### 7. Misleading

7.1 Presentations in advertising for food and beverage products should accurately represent the material characteristics of the product featured, in particular, but not exclusively, with regard to taste, size, nutritional content, health benefits, nature, composition, method and date of manufacture, range of use, efficiency and performance, quantity, commercial or geographical origin or environmental impact.

### 8. Social values

8.1 As it is recognised that children of twelve years old and under are impressionable, food and beverage advertising should not mislead children about product benefits from use of the product.



Such benefits include, but are not limited to, the acquisition of strength, status, popularity, growth, proficiency and intelligence.

8.2 Food and beverage product advertising should not undermine the role of parents or others responsible for a child's welfare in guiding diet and lifestyle choices.

8.3 Food and beverage product advertising should not directly appeal to children of twelve years old and under to persuade their parents or others to buy advertised products for them; or suggest any negative consequences of not purchasing the product.

## 9. Product endorsement

9.1 Advertisers promoting food and beverage products that do not represent healthy dietary choices and a healthy lifestyle, consistent with established scientific standards acceptable in terms of Section II, Clause 4.1 of the Code of Advertising Practice, shall not use celebrities or characters licensed from third-parties (such as cartoon characters) in television advertisements targeted at children of twelve years old and under.

9.2 Clause 9.1 does not apply to company-owned characters.

9.3 Clause 9.1 does not apply to the use of characters on packaging, provided that the packaging does not appear in television advertising directed at children of twelve years old and under.

## 10. Inexperience and credulity

10.1 Advertising directed towards children of twelve years old and under for food and beverage products should not create a sense of urgency.

10.2 Subject to the provisions of clause 9 dealing with product endorsement, it is recognised that fantasy, including animation, may be appropriate in communication with children.

10.3 Care should, however, be taken not to exploit the imagination of a child of twelve years old and under in a way that could create expectations of unattainable product benefits or exploit a child of twelve years old and under difficulty in distinguishing between real benefits and fanciful benefits

## 11. Substantiation

11.1 All claims, including nutritional information and claims about nutrition and health benefits, should be substantiated in accordance with Clause 4.1 of Section II.

11.2 Claims about nutrition and health benefits should be conveyed in a manner easily understood by the reasonable consumer.

11.3 Nutritional or health claims in television advertisements targeted at children of twelve years old and under, may not be made in respect of products that do not represent healthy dietary choices and a healthy lifestyle, consistent with established scientific standards acceptable in terms of Section II, Clause 4.1.

## 12. Disclaimers

12.3 All disclaimers targeted at children of twelve years old and under should be understandable to them, taking into account their limited vocabularies and level of language skills.

## 13. Testimonials

13.1 Testimonials should not contain any claim or implication to efficacy which is not substantiated in accordance with Section II, Clause 4.1.

## 14. Marketing promotions

14.1 Food and beverage products that do not represent healthy dietary choices and a healthy lifestyle, consistent with established scientific standards acceptable in terms of Section II, Clause 4.1 should not use promotional activity in television advertisements primarily targeted at children of twelve years old and under.

14.2 Whenever promotions are used the means of entry, the products to be purchased, if any, and the conditions of the promotion, should be clearly communicated.

14.3 Advertising targeted at children of twelve years old and under should clearly communicate the likelihood of winning in wording readily understandable to them.

14.4 The prize(s) and the number of prizes should be clearly communicated.

14.5 All prizes should be appropriate to the child audience.

## 15. Marketing communications on pre-school and primary school premises

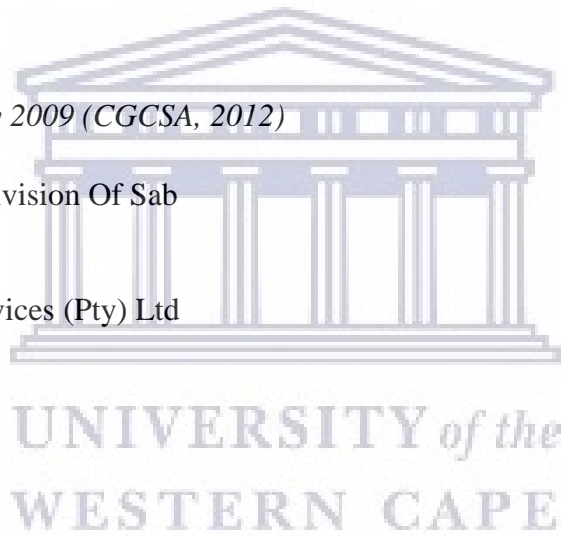
15.1 Food and beverage products that do not represent healthy dietary choices and a healthy lifestyle, consistent with established scientific standards acceptable in terms of Section II, Clause 4.1, shall not advertise on, or in close proximity to, pre-school and primary school premises.

15.2 Food and beverage products that do not represent healthy dietary choices and a healthy lifestyle, consistent with established scientific standards acceptable in terms of Section II, Clause 4.1, shall not use any form of promotional activity, such as free gifts, on pre-school and primary school premises.

## **Appendix II**

*CGCSA members as at May 2009 (CGCSA, 2012)*

- A B I, Soft Drink Division Of Sab
- A S M C
- A V I Financial Services (Pty) Ltd
  - I and J
  - Entyce
  - Indigo
  - Snackworks
- Acnielsen Marketing and Media (Pty) Ltd
- Amka Products Pty Ltd
- Barloworld Logistics
- Bayer (Pty) Ltd
- Beiersdorf Consumer Products
- British American Tobacco S A (Pty) Ltd
- Cadbury
- Chep S A
- Clover / Danone S A
- Coca Cola South Africa



- Dairybelle
- D H L Exel Supply Chain Pty Ltd
- Edek Manufacturing Cc
- Epic Foods (Pty) Ltd
- Famous Brands Franchise Co (Pty) Ltd
  - Steers
  - Wimpy
  - Debonairs
- Glaxosmithkline Beecham
- Illovo Sugar Ltd
- Internet Solutions
- Kellogg Company of S A (Pty) Ltd
- Kimberly Clark of S A (Pty) Ltd
- Kraft Foods South Africa
- Mars Africa (Pty) Ltd
- Massmart Services (A Div of Masstores (Pty) Ltd)
- Mcdonald's S A (Pty) Ltd
- Metcash Trading Africa Pty Ltd
- Nestle
- Nola
- Oceana Brands Limited
- Pakco (Pty) Ltd
- Philip Morris South Africa (Pty) Ltd
- Pick 'N Pay Retailers (Pty) Ltd
- Pioneer Foods (Pty) Ltd
  - Sasko
  - Bokomo
  - Heinz
  - The Ceres Beverage Company
  - Bowman Ingredients Sa



- Agri Business
- Premier Foods
- Procter & Gamble S A (Pty) Ltd
- S C Johnson and Son Pty Ltd
- Sara Lee Household and Body Care Pty Ltd
- Simba (Pty) Ltd
- Spar Group Limited
- Tiger Consumer Brands Limited
- Tongaat Hulett Sugar Limited
- Trenstar
- Unilever South Africa (Pty) Ltd
- Vital Health Foods
- Willowton Oil
- Woolworths
- Yum Foods Restaurant (Pty) Ltd



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### **Appendix III**

*The South African pledge on marketing to children (CGCSA, 2012)*

The South African Pledge on Marketing to Children confirms that a number of concerned South African companies in the food, beverage, retail, and quick service restaurant (QSR) sectors wish to commit to:

- (Food and beverage code) to the code of advertising practice as administered by the Advertising standards authority of South Africa (see [www.asasa.org.za](http://www.asasa.org.za)). Moreover;
- The signatories agree that there will be no advertising of products to children twelve years old and under, except where
  - These products represent healthy dietary choices; and / or

- The advertising and/or marketing communication activities reference, or are in the context of, a healthy lifestyle designed to appeal to the intended audience through messaging that encourages:
  - Good dietary habits, consistent with established scientific standards; and
  - . Physical activity.
- The signatories voluntarily agree not to use celebrities or characters licensed from third-parties (such as cartoon characters) in television advertisements targeted at children of twelve years old and under unless those products represent healthy dietary choices and a healthy lifestyle.
- The signatories voluntarily agree to limit marketing promotions targeted at children of twelve years old and under unless those products represent healthy dietary choices and a healthy lifestyle.
- The signatories voluntarily agree to limit marketing communications on or in close proximity of preschool and primary school premises
- The signatories also agree not to communicate on product that do not represent healthy dietary choices and a healthy lifestyle in primary schools.
- The signatories agree to a transparent compliance monitoring programme or study to measure the industry’s response, determine the nature of the improvements in performance and to report on the findings. However, all consumer, trade and government complaints may be lodged directly with the Advertising standards authority of South Africa ([www.asasa.org.za](http://www.asasa.org.za)).
- For the purpose of this initiative, advertising to “children twelve years old and under” means advertising to media audiences with a minimum of 50 % of children twelve years old and under.

For the purpose of this initiative, advertising to “children twelve years old and under” means advertising to media audiences with a minimum of 50 % of children twelve years old and under.

The Signatories still acknowledge and agree to bind themselves to the processes as stipulated by the Advertising standards authority for compliance to the code

Commitment to this Pledge

Name: \_\_\_\_\_ Company: \_\_\_\_\_



Designation: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## Appendix IV

### *Data collection tool*

Company	Productdesc	Foodcategory	WHO	PAHO	Powerad	Powerstrategy	Powerdesc	Premium
		See Table 2			1= strategy used 0= no strategies used	1= Cartoon/Company owned character e.g. M&Ms=1 2= Licenced character e.g. Dora the explorer =2 3= Amateur sportsperson e.g. person playing a sport=3 4= Celebrity (non-sports) e.g. Jamie Oliver =4 5= Movie tie-in e.g. Shrek=5 6= Famous sportsperson/team e.g. All Blacks 7= Non-sports/historical events/festivals e.g. Christmas, Anzac Day 8= 'for kids' e.g. image of a child, 'great for school lunches', 'for school lunchboxes' 9= Awards e.g. Best Food Award 2014, award winning, number one best-selling 10= Sports event		1= premium offers prese 0= no premium offers pr
Fast food -McDonalds	burgers/fries	32	0	0	0			0
Kelloggs corn flakes	cereals	12	2	0	0			0
Checkers	no foods advertised	37	0	1	8		miniatures, of products	1
Royco	seasonings	27	2	0	0			0

## Appendix V

### *Food/Beverage-related items and their categories*

<b>FOOD CATEGORY</b>
<b><u>CORE/HEALTHY FOOD CATEGORIES</u></b>
1. Breads, rice and rice products without added fat, sugar or salt, noodles (exclude fried), plain starch products (e.g. starch balls), plain biscuits and crackers
2. Low sugar and high fibre breakfast cereals (<20g sugar /100g <i>and</i> >5g dietary fibre /100g)
3. Fruits and fruit products without added fats, sugars or salt (include fresh, tinned in natural juice, and dried), include fruit juices containing ≥98% fruit
4. Vegetables and vegetable products without added fats, sugars or salt (include fresh, tinned, and dried), including plain seaweed
5. Milks and yoghurts (≤3g fat /100g), cheese (≤15g fat /100g) and their alternatives e.g. Soy (include probiotic drinks).
6. Meat and meat alternatives - include meat, poultry, fish, legumes, tofu, eggs and raw unsalted nuts
7. Oils high in mono- or polyunsaturated fats, (olive oil, sunflower oil, soyabean oil, plant based margarines and spreads), and low fat savoury sauces (<10g fat /100g).
8. Low fat/salt meals - include frozen or packaged meals (≤6g saturated fat /serve, ≤900mg sodium /serve), soups (<2g fat /100g, exclude dehydrated), sandwiches, mixed salads. Also include steamed buns (exclude sweet buns), wontons and dumplings <b><i>not usually fried before consumption.</i></b>
9. Healthy Snacks – must be based on <b>core foods</b> (i.e. fruit, vegetables, grains, dairy, soy, meats or alternatives) <b>and contain</b> < 600kJ / serve, <3g saturated fat /serve and <200mg sodium /serve
10. <u>Baby foods (exclude milk formulae)</u>
11. Bottled water (include unflavoured mineral and soda waters)
<b><u>NON-CORE/UNHEALTHY FOOD CATEGORIES</u></b>
12. High sugar and/or low fibre breakfast cereals (>20g sugars /100g <i>or</i> <5g dietary fibre /100g)
13. Flavoured/fried instant rice and noodle products
14. Sweet breads, cakes, muffins, sweet buns (e.g. lotus seed, custard, red bean), sweet biscuits (include egg rolls), sweet glutinous rice balls or cakes, high fat savoury biscuits, pies and pastries, sweet sticky rice or rice pudding.

15. Meat and meat alternatives processed or preserved in salt – include frankfurts, seafood sticks, jellyfish salad, tinned meats, and all preserved ready to eat meats, poultry, fish, tofu and egg products.
16. Sweet snack foods - include jelly, sugar-coated dried fruits or nuts, nut or seed based bars and slices, sweet rice bars, and tinned fruit in syrup
17. Savoury snack foods (added salt or fat) - includes chips, dried spicy peas, fruit chips, savoury crisps, extruded snacks, popcorn (exclude plain), salted or coated nuts, other fried snacks (e.g. shrimp crackers)
18. Fruit juice/drinks (<98% fruit)
19. Full cream milks and yoghurts (> 3g fat /100g) and cheese (>15g fat /100g, and high salt cheeses, including haloumi and feta) and their alternatives e.g. Soy
20. Ice cream, iced confection and desserts
21. Chocolate and candy - includes marshmallows, sugar (all types), and chewing gums (exclude sugar free varieties)
22. Fast food ( <b>not only</b> healthier options advertised), e.g. burgers, fries, soft drinks <i>Include if some but not all the foods/drinks advertised are healthier options</i>
23. High fat/salt meals - frozen or packaged meals (>6g saturated fat /serve, >900mg sodium /serve). Also include steamed buns (exclude sweet buns), wontons and dumplings <i>usually fried before consumption.</i>
24. Other high fat/salt products – include meat/fish/bean pastes, XO sauce, butter and animal fats, high fat savoury sauces (>10g fat /100), soups (>2g fat /100g and all dehydrated).
25. Sugar-sweetened beverages - include soft drinks, sweetened tea drinks, sports/electrolyte drinks, powdered flavour additions (e.g. Nesquik, sweetened tea or coffee powders).
26. <u>Alcohol</u>
<b><u>MISCELLANEOUS</u></b>
27. Recipe additions (including soup cubes, oils, dried herbs and seasonings) <i>Note: these foods are not usually consumed alone. They are added to flavour meals</i>
28. Vitamin/mineral or other dietary supplements, and sugar-free chewing gum
29. Tea and coffee (excluding sweetened powder-based teas or coffees)
30. Baby and toddler milk formulae

31. Fast food ( <b>only</b> healthier options advertised), e.g. grilled chicken wrap, water, fruit slices
32. Fast food ( <b>not only</b> healthier options advertised), e.g. burgers, fries, soft drinks <i>Include if some but not all the foods/drinks advertised are healthier options</i>
33. Fast-food restaurant ( <b>NO</b> foods or drinks advertised)
34. Local restaurant
35. Supermarkets ( <b>only</b> core and healthy foods advertised)
36. Supermarkets ( <b>not only</b> core and healthy foods advertised)
37. Supermarkets ( <b>NO</b> foods or drinks advertised)

## Appendix VI

*The set of recommendations on the marketing of foods and non-alcoholic beverages to children by the WHO (2012)*



### Rationale

1. The policy aim should be to reduce the impact on children of marketing of foods high in saturated fats, trans-fatty acids, free sugars, or salt.
2. Given that the effectiveness of marketing is a function of exposure and power, the overall policy objective should be to reduce both the exposure of children to, and power of, marketing of foods high in saturated fats, trans-fatty acids, free sugars, or salt.

### Policy development

3. To achieve the policy aim and objective, Member States should consider different approaches, i.e. stepwise or comprehensive, to reduce marketing of foods high in saturated fats, trans-fatty acids, free sugars, or salt, to children.
4. Governments should set clear definitions for the key components of the policy, thereby allowing for a standard implementation process. The setting of clear definitions would facilitate uniform implementation, irrespective of the implementing body. When setting the key definitions Member States need to identify and address any specific national challenges so as to derive the maximal impact of the policy.
5. Settings where children gather should be free from all forms of marketing of foods high in saturated fats, transfatty acids, free sugars, or salt. Such settings include, but are not limited to,

nurseries, schools, school grounds and pre-school centers, playgrounds, family and child clinics and paediatric services and during any sporting and cultural activities that are held on these premises.

6. Governments should be the key stakeholders in the development of policy, and provide leadership, through a multi-stakeholder platform, for implementation, monitoring and evaluation. In setting the national policy framework, governments may choose to allocate defined roles to other stakeholders, while protecting the public interest and avoiding conflict of interest.

#### Policy implementation

7. Considering resources, benefits and burdens of all stakeholders involved, Member States should consider the most effective approach to reduce marketing to children of foods high in saturated fats, trans-fatty acids, free sugars, or salt. Any approach selected should be set within a framework developed to achieve the policy objective.

8. Member States should cooperate to put in place the means necessary to reduce the impact of cross-border marketing (in-flowing and out-flowing) of foods high in saturated fats, trans-fatty acids, free sugars, or salt to children in order to achieve the highest possible impact of any national policy.

9. The policy framework should specify enforcement mechanisms and establish systems for their implementation. In this respect, the framework should include clear definitions of sanctions and could include a system for reporting complaints. Policy monitoring and evaluation

10. All policy frameworks should include a monitoring system to ensure compliance with the objectives set out in the national policy, using clearly defined indicators.

11. The policy frameworks should also include a system to evaluate the impact and effectiveness of the policy on the overall aim, using clearly defined indicators.

#### Research

12. Member States are encouraged to identify existing information on the extent, nature and effects of food marketing to children in their country. They are also encouraged to support further research in this area, especially research focused on implementation and evaluation of policies to reduce the impact on children of marketing of foods high in saturated fats, trans-fatty acids, free sugars, or salt.

## Appendix VII

### *The Nutrient Profiling Model used in the United Kingdom*

(Department of Health, Nutrient Profiling Technical Guidance January 2011)

The nutrient profiling model was developed by the Food Standards Agency (FSA) in 2004-2005 to provide Office of Communications (Ofcom), the broadcast regulator, with a tool to differentiate of foods on the basis of their nutritional composition, in the context of television advertising foods to children

.The model uses a simple scoring system where points are allocated on the basis of the nutrient content of 100g of a food or drink. Points are awarded for 'A' nutrients (energy, saturated fat, total sugar and sodium), and for 'C' nutrients (fruit, vegetables and nut content, fibre and protein). The score for 'C' nutrients is then subtracted from the score for 'A' nutrients to give the final nutrient profile score. Foods scoring 4 or more points, and drinks scoring 1 or more points, are classified as 'less healthy' and are subject to Ofcom's controls on the advertising of foods to children on TV. The model applies equally to all food and drink; there are no exemptions or category-specific criteria.

#### Application of the Agency's Nutrient Profiling Model

There are 3 steps to working out the overall score of a food or drink.

##### 1. Work out total 'A' points

A maximum of ten points can be awarded for each nutrient.

Total 'A' points = (points for energy) + (points for saturated fat) + (points for sugars) + (points for sodium)

The following table indicates the points scored, depending on the amount of each nutrient in 100g of the food or drink:

Points	Energy(kJ)	Saturated fat(g)	Total Sugar(g)	Soduim(mg)
0	≤335	≤1	≤4.5	≤90
1	>335	>1	>4.5	>90
2	>670	>2	>9	>180
3	>1005	>3	>13.5	>270
4	>1340	>4	>18	>360
5	>1675	>5	>22.5	>450
6	>2010	>6	>27	>540
7	>2345	>7	>31	>630

8	>2680	>8	>36	>720
9	>3015	>9	>40	>810
10	>3350	>10	>45	>900

If a food or drink scores 11 or more 'A' points then it cannot score points for protein unless it also scores 5 points for fruit, vegetables and nuts.

## 2. Work out total 'C' points

A maximum of five points can be awarded for each nutrient/food component.

Total 'C' points = (points for % fruit, vegetable & nut content) + (points for fibre [either NSP or AOAC]) + (points for protein)

The following table indicates the points scored, depending on the amount of each nutrient/food component in 100g of the food or drink:

Point	Fruits,vegs and nuts	NSP fibre(g)	Or AOAC fibre(g)	Protein(g)
0	≤40	≤0.7	≤0.9	≤1.6
1	>40	>0.7	>0.9	>1.6
2	>60	>1.4	>1.9	>3.2
3	-	>2.1	>2.8	>4.8
4	-	>2.8	>3.7	>6.4
5	>80	>3.5	>4.7	>8.0

## 3. Work out overall score

- If a food scores less than 11 'A' points then the overall score is calculated as follows:

Total 'A' points (energy + saturated fat + sugars + sodium)

Minus

Total 'C' points (fruit, veg and nuts + fibre + protein)

- If a food scores 11 or more 'A' points but scores 5 points for fruit, vegetables and nuts then the overall score is calculated as follows:

Total 'A' points (energy + saturated fat + sugars + sodium)

Minus

Total 'C' points (fruit, veg and nuts + fibre + protein)

• If a food scores 11 or more 'A' points, and less than 5 points for fruit, vegetables and nuts, then the overall score is calculated as follows :

Total 'A' points (energy + saturated fat + sugars + sodium)

Minus

Points for fibre + points for fruit, vegetables and nuts (not allowed to score for protein)

A food is classified as 'less healthy' where it scores 4 points or more.

A drink is classified as 'less healthy' where it scores 1 point or more







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