

**Community Affairs Committee
Australian Senate
Canberra ACT 2610**
community.affairs.sen@aph.gov.au

24th October, 2008

Dear Sir/Madam,

The Australian Psychological Society (APS) welcomes the opportunity to comment on the *Protecting children from junk food advertising (Broadcasting amendment) Bill 2008*. Australian psychologists, along with other members of the health and professional community, are concerned about supporting the rights of children to develop into healthy people and protecting them from exploitation.

The APS has no interests or affiliations relating to the subject of the review and the representations submitted, other than our concern that the Australian Government be well-informed and effective in its health promotion strategies.

For further information about our submission please contact Dr Susie Burke on (03) 8662 3300.

Yours sincerely,



Professor Lyn Littlefield OAM
Executive Director
Australian Psychological Society

Submission to Protecting Children from Junk Food Advertising (Broadcasting Amendment) Bill 2008

Community Affairs Committee

October 2008

APS contact:

Dr. Susie Burke

s.burke@psychology.org.au

This submission was prepared for the Australian Psychological Society by
Dr. Susie Burke, Dr. Lina Ricciardelli, Ms. Heather Gridley and Ms. Hoa Pham.

Acknowledgments

This submission has been prepared by Dr. Susie Burke, Dr. Lina Ricciardelli, Ms. Heather Gridley and Ms. Hoa Pham.

Dr Susie Burke is a senior researcher, in the area of *Psychology in the Public Interest* at the Australian Psychological Society. Psychology in the Public Interest is a unit of the APS dedicated to the communication and application of psychological knowledge to enhance community wellbeing and promote social justice. The public interest team undertakes and encourages strategic research and produces position statements, submissions, tip sheets and media releases on a range of social issues, including substance use.

Dr Lina Ricciardelli is an Associate Professor in the School of Psychology at Deakin University, and Chair of the College of Health Psychologists in the Australian Psychological Society. Her main areas of research and teaching expertise are in developmental psychology, health psychology, substance use and abuse, and research methods and analysis.

Ms Heather Gridley, FAPS, is Manager of *Psychology in the Public Interest* at the Australian Psychological Society, and also coordinates the postgraduate program in community psychology at Victoria University.

Ms Hoa Pham is a research assistant in the area of *Psychology in the Public Interest* at the Australian Psychological Society.

Executive Summary

Advertisers know that their efforts influence child audiences, and they put their money on the line in support of this assumption with the placement of every commercial message they buy. (American Psychological Association, 2004, p.11)

1. Healthy eating habits in children are established in early childhood, and are related to weight, well-being, other health behaviours, and risks of developing illness and serious disease later in life.
2. Children's food patterns are influenced by a number of factors, including parental food patterns, advertising and media, sensory perception, eating environments, socioeconomic status, peer influence, knowledge about food and nutrition, school practices, and the wider food environments (prices, retail outlets, obesogenic environments).
3. The advertising media plays an active part in shaping children's perceptions of the world, and their behaviour, by cultivating acceptance of the beliefs, values and attitudes that it portrays at a broad cultural level; by social learning, whereby children come to learn which attitudes and behaviours are accepted and rewarded; and by its impact on the formation, development and maintenance of cognitive scripts for how to behave in a variety of circumstances.
4. Advertising to children is manipulative of children who are too young to discern its intent. Young children are particularly vulnerable to being deceived and exploited by advertising because they lack the cognitive skills to defend themselves against persuasive advertisements.
5. Advertising has the potential for a range of effects on children, including increasing their product awareness, their positive attitudes towards a product, their inclination or actual buying behaviour, their ideas about eating norms, their tendency to request purchases from parents, as well as arousing cues for children, cravings, thought preoccupations, snacking behaviour, and increasing the perceived value of certain products as rewards in families.
6. Healthy eating habits can be disrupted by food and drink advertising that encourages children to desire particular types of products and brands, and that creates norms for foods high in sugar, fat and salt.
7. Food and drink advertising is dominated by advertisements for foods high in sugar, fat and salt. Not all such foods are easily recognisable as 'junk food' (for example, many breakfast cereals and fruit juices are extremely high in sugar). Therefore, we refer more to 'inappropriate advertising of foods and drinks' rather than 'junk food advertising' in this submission.
8. Children exposed to foods high in salt, fat and sugar are more likely to develop a preference for these tastes.
9. Children who are exposed to food and drink advertisements can learn to associate having fun with eating junk food.
10. Parents can take an active role in teaching healthy eating in children through modelling healthy eating patterns, encouraging children to eat away from the distractions of television viewing, and through monitoring children's exposure to television advertising.
11. While it is arguable that many of the efforts to tackle obesity as a public health issue have yet to be adequately researched, lessons from other public health campaigns

suggest that single measures are likely to have minimal impact in the absence of related comprehensive strategies. Comprehensive, multi-faceted prevention approaches must be adopted that acknowledge the complexity of human behaviour and address the associated risk and protective factors. Responses that are likely to have the greatest impact on reducing levels of food-related harm, like increased regulation, are often more politically challenging, complex and expensive. However, achieving real results will only result from a commitment to an integrated approach that does not shy away from such challenges.

Recommendations

1. Advertising to children should not be presented in ways that are deceptive to children, with 'deception' being broadly defined to include not only misinformation, but also the presentation of information in ways that are confusing for children.
2. Given that young children inherently lack the cognitive capability to effectively recognise and defend against commercial persuasion, all television advertising should be restricted during programming directed to or seen by audiences primarily composed of children 8 years of age and under.
3. Advertising to children should not promote content that is detrimental to the health and wellbeing of children, which includes the promotion of foods high in sugar, fat and salt.
4. Children should be protected from inappropriate food and drink advertising through the prohibition of advertisements for foods high in sugar, fat and salt during C (children) and P (pre-school) programs.
5. Children should be protected from advertisements for foods high in sugar, fat and salt in schools.
6. Children need to be exposed to more media images which meet the criteria of healthy nutrition.
7. Children should be actively taught about healthy eating in ways that are separated from production, sale or distribution of any product where there is financial reward for the company.

1. About the Australian Psychological Society

The APS is the premier professional association for psychologists in Australia, representing over 16,500 members. Psychology is a discipline that systematically addresses the many facets of human experience and functioning at individual, family and societal levels. Psychologists are experts in human behaviour. Many have been trained in behaviour change techniques, and have knowledge and skills for helping people change their habits, behaviour, attitudes and values. Psychology covers many highly specialised areas, including the fields of health, community, clinical, educational and developmental psychology, all of which may provide input into the understanding of the needs of children to develop into healthy people.

Psychologists have been substantially involved in collaborative, multi-disciplinary work on social issues internationally and nationally for decades. They bring their psychological skills and knowledge to bear on trying to understand the psychological and systemic issues that contribute to unhealthy eating habits in children.

2. APS response to the *Protecting Children from Junk Food Advertising Bill*, 2008

The *Protecting Children from Junk Food Advertising (Broadcasting Amendment) Bill 2008* aims to encourage healthier eating habits among children and to prohibit the broadcasting of advertisements for junk food during certain times, and for related purposes. The Bill is for an Act to amend the *Broadcasting Services Act 1992* and the *Schools Assistance Act 2004*.

The proposed changes to the *Broadcasting Services Act 1992* are to include specific standards for the control of food or beverage advertising during (or immediately before or after) C and/or P programs. The Minister may make an exemption if the Minister considers that the food or beverage is beneficial to children's health and well-being, based on the Food Standards Australian New Zealand nutrient profiles.

The proposed changes to the *Schools Assistance Act 2004* are to make a further condition of financial assistance that all government and non-government schools do not display advertisements or sponsorship announcements for a company whose principal activity is the manufacture, distribution or sale of food or beverage. The Minister may make an exemption if the Minister considers that the food or beverage is beneficial to children's health and well-being, based on the Food Standards Australian New Zealand nutrient profiles.

In our submission, we are focussing on evidence for the effects of advertising on children's healthy eating patterns, and on their attitudes, values, behaviour and perceptions of the world and their place in it.

3. Health of Australian children

According to *A picture of Australia's children*, the third national statistical report on the health, development and wellbeing of Australia's children aged 0-14 years <http://www.aihw.gov.au/publications/index.cfm/title/10127>, Australian children are increasingly rated as overweight and obese, and this is considered to be a serious public health concern (Catford & Caterson 2003; Waters & Baur, 2003). Obesity is associated in adulthood with poor physical health including high blood pressure, dyslipidemia, elevated glycemia and type 2 diabetes, hepatic steatosis, respiratory problems, and orthopaedic complications (Teran-Garcia, Rankinen, & Bouchard, 2008); deficits in cognitive abilities, especially attention (Cserjesi, Molnar, Lumient, & Lenard, 2007); and poor mental health (CFAC, 2007). Childhood obesity in Australia has been estimated to be rising at an annual rate of 1% (Australian and New Zealand Obesity Society 2008), meaning that half of all young Australians could be overweight by the year 2025.

The causes of obesity are varied, and in addition to genetics, include many cultural, environmental, economic, familial and individual behavioural factors that result in an imbalance between energy intake and energy expended. Trends have been observed in all developed countries towards more sedentary lifestyles, including less incidental activity and low levels of active transport. On the intake side of the equation, one of the reasons for recent increases in children's energy intake, according to Zuppa et al. (2003), is a proliferation of food choices available to children. The foods marketed towards children are often highly refined and calorie dense (Zuppa et al., 2003). Parents are also reported to find processed and take away food an attractive option, for reasons such as convenience, price, and clever marketing (Catford & Caterson, 2003). Over-consumption can easily occur because not only are these foods pleasurable to eat, they are also ultimately less filling than more nutritious foods, prompting children to eat more in order to feel full.

4 Healthy eating in children

For children, the right balance of foods will give them all the nutrients they need for healthy growth and development. Healthy eating can help children to maintain an appropriate weight, improve the overall feeling of well-being, and reduce their risk of developing illness and serious disease later in life. There is also a strong association between healthy eating and other health behaviours. Healthy eating is associated with more exercise and recreational sports, higher levels of mental health, less TV viewing, lower use of the internet and computer games, more constructive leisure time, and less substance use and abuse (Jackson, Brown, & Pardun, 2008; Marcus et al., 2000; Sanigorski et al., 2008).

It is very important, therefore, that children establish healthy eating habits from an early age.

Healthy eating is based on the importance of children eating a variety of foods based on the food pyramid. This means large amounts of vegetables and fruit, medium portions of meat and bread and small amounts of fats, oils and sugars (Better Health Channel, 2008). Not all foods high in fats, oils, salt and/or sugars are easily recognisable as 'junk food' (for example, many breakfast cereals and fruit juices are extremely high in sugar). Therefore, we refer to 'inappropriate advertising of foods and drinks' rather than 'junk food advertising' in this submission.

Warren et al. (2008) reported that children's food patterns are influenced by a number of factors, including parental food patterns, advertising and media, sensory perception, eating environments, socioeconomic status, peer influence, knowledge about food and nutrition, school practices, and the wider food environments (prices, retail outlets, obesogenic environments).

For very young children, healthy eating patterns are established by significant people, usually the child's parents, who bear the responsibility of modelling healthy eating, which includes food choices, encouraging children to eat free of distractions such as television, and making food preparation and mealtime participatory activities. As children grow older (pre-school and school age), the influence of peers is greater. Once an eating habit becomes socially acceptable amongst the peer group, the habit often becomes common place.

If families do not have regulations around food choices, children tend to eat more fat and sweet foods, more snack and less-healthy food choices. However, other evidence shows that if families are very controlling of the type of food children eat, then there is more overeating among children. What is clear is that a high level of parental control does not work for all (Cartwright et al., 2007). Children who are exposed to high salt, fat and sugar are likely to develop a preference for these foods (Halford et al., 2008; Wardle et al., 2001). It is also known that foods high in sugar, salt and/or fat are often used by children and adults as 'comfort food' or as a means to cope with stressors as seen in emotional eating (Cartwright et al., 2007) and this can lead to overeating, binge eating and eating disorders.

Older children (10-11 year olds) have been found to have more control over decision making about what they eat at home than younger children (7-8 year olds) and put a lot of importance on this (Warren et al., 2008). Warren et al. argue that children might be usefully empowered to make more informed choices at an earlier age.

Research from the UK shows that the average portions of fruit consumed by children in 24 hours is 2.54 but the average portions of sweets, chocolate and biscuits is 3.95, and of crisps, 1.60 (Moore & Tapper, 2008). Children's fruit and vegetable intake is often lower than the nutritionally recommended intake, and when given the choice, children tend to select unhealthy food options (Warren et al., 2008).

5 Impact of media on children

In considering the issues of food advertising directed at children, it is important first to understand the impact of media on children. The average Australian child watches 2.5 hours a day of television (Catford & Caterson, 2003). In Australia, young people see on average 75 advertisements per day, or 25 000 per year (RACP, 2001). A significant proportion of primary school age children (54% from one study in regional Victoria) now have a TV set in their bedroom, contributing to the 'privatisation' of media consumption out of the range of parent supervision (CFAC, 2007).

The Australian Psychological Society's position paper on media representations and responsibilities (APS, 2000) was written as a response to community concerns about the impact of media on people and society, and particularly children. The paper examines several psychological theories as to how the media influence changes in values, attitudes, beliefs and behaviours, as well as the impact of advertising on children.

The media play an indispensable role in modern life, providing information, education and entertainment. It is now widely acknowledged that the media are not a simple mirror of society. Rather, active decisions are made at every stage of media production as to what should be included, omitted, and when and how to present the material. The media plays an active part in shaping our perception of the world, and our behaviour. Debate has raged about the nature and extent of the negative impact of some aspects of media on individuals' values, beliefs attitudes and behaviour. At the same time, there is also debate over the ongoing struggle to find the appropriate balance between control of media (with censorship being an extreme end of control), and people's rights to freedom of expression and choice.

Theories about how the media might lead to changes in values, beliefs, attitudes and behaviours include:

Cultivation theory - the theory that media tends to cultivate acceptance of the beliefs, values and attitudes that it portrays, at a broad cultural level. Proponents of this theory agree that, to the extent that TV dominates children's sources of entertainment and information, continued cumulative exposure cultivates the beliefs, agenda, values and perspectives that it portrays (Signorelli & Morgan, 1990). They see television as a powerful cultural force that produces stable, resistant and widely shared assumptions, images, values and concepts. Media has the potential to cultivate a mainstream view of what issues are important (e.g., body image), what the world is like, specific value systems, ideologies and perspectives (e.g., materialism, consumerism), as well as gender, minority, and age-role stereotypes, and the meanings of social, personal or cultural contexts. Media can also shape people's conceptions of their own as well as other's identities (Gerbener et al., 1994).

Social learning theory and social-cognitive accounts - through observing the behaviour of televised models, children come to learn which attitudes and behaviours are accepted and rewarded and which are punished, and will be motivated to imitate media models whose behaviour is rewarded.

Social developmental model - TV content has an important impact on the formation, development and maintenance of cognitive scripts for how to behave in a variety of circumstances. Scripts are like mental programs that are acquired in childhood, stored in memory, then used at some time later as a guide for behaviour. Young children (under 8) are particularly susceptible, and more susceptible if parents or siblings watching with them provide tacit approval of the content as worthy of attention.

Models of persuasion - Some literature has concentrated on the effects of media campaigns or television advertising that is explicitly intended to alter attitudes and behaviour. In some cases, the intentions of television commercials can be positive, if they are trying to promote healthy lifestyles. However, the intentions and likely outcomes of others, like product advertising, are more questionable. Classic models of persuasion (e.g. Hovland et al., 1953) explain changes in attitudes and behaviour to be result of a combination of factors, including characteristics of the people delivering the message (attractiveness, credibility etc), incentives of the message appeal (e.g. social acceptance, correct knowledge), and repetition and placement of the message.

6. Advertising to children

Research into the effects of advertising is multidisciplinary, with contributions from diverse disciplines such as communication studies, semiotics, sociology and politics. However many of the core questions about the impact of advertising are psychological in nature.

In understanding the potential effects of commercial advertising on children, special concerns arise because of cognitive developmental issues that affect message comprehension. Concerns over the effect of advertising on children are based on the assumption that children are particularly vulnerable to being deceived and exploited by advertising because they lack the cognitive skills to defend themselves against persuasive advertisements. Young children have difficulty distinguishing television advertising from other program content, recognising the persuasive intent of advertising, and understanding the language of advertising (Dickinson, 1997). Without these abilities, children's attitudes and desires, and ultimately their behaviours, are likely to be readily moulded by the content of television advertising.

Are children aware of television advertising?

In order to critically evaluate television advertising, children must be aware of when they are being exposed to advertising messages. Research indicates that children are generally able to differentiate advertisements from programs by 5 years of age (e.g., Dorr, 1986). Of course, just because children are able to discriminate advertisements, it does not necessarily follow that they are aware of the persuasive intent of advertising.

Whilst the results of research to date on children's awareness of TV advertising are reasonably consistent, they are being challenged by recent changes in the 'standard' format of advertising and program material that make the task of discriminating advertising and program content for children even harder. For example, the placement of promotional material within standard programs, and conversely, the inclusion within many advertisements on children's programs of products and product-related characters drawn from the programs themselves create 'branded environments' that blur the traditional demarcation between advertisements and program content (APA, 2004). Such changes raise concerns about the potential for an increased impact of advertising on children (APS, 2000).

Do children understand the intent of television advertising?

The most important difference between advertising and most other program content is the persuasive intent of advertising. Advertising exists to sell products, and there is a concern that children who do not understand this intent may be more vulnerable to advertising claims, since they are less likely to adopt a critical approach to their processing of advertising content. Young children up to kindergarten age are likely to have little or no appreciation of the self-serving and

selling intent of product commercials. Children who lack this understanding are more likely to believe that TV ads always tell the truth (Gunter & McAleer, 1997).

The American Psychological Association paper on advertising and children (APA, 2004) states that up to age 4, children see advertisements as entertainment. Between ages 6-7, children believe that advertisements provide information. Children aged between 7-8 years may be able to distinguish between information and intent to persuade, and by ages 10-12 years, they can understand the motives and aims of advertising, but most are unable to explain sales techniques.

Given the limited ability of young children to evaluate the credibility of advertising claims, many commentators believe that advertisers have a special responsibility not to include deceptive content in advertising directed at children. In this context, deceptive advertising should be broadly defined to include not only misinformation, but also the presentation of information in ways that are confusing for children (APS, 2000).

Impact of advertising on children

The 2004 task force report commissioned by the American Psychological Association found clear evidence that advertising exerts substantial influence on children's attitudes and behaviours, and that these effects go well beyond moving product desire from one brand to another. More specifically, the task force concluded that "the evidence points directly to one fundamental concern: that advertising targeting children below the ages of 7-8 years is inherently unfair because it capitalizes on younger children's inability to attribute persuasive intent to advertising. As a result of this limitation, children below 7 years of age comprehend the information contained in television commercials uncritically, accepting most advertising claims and appeals as truthful, accurate, and unbiased" (APA, 2004, p.7).

Advertising has the potential to have a range of effects on children. This includes increasing their product awareness, their positive attitudes towards a product, and their inclination or actual buying behaviour (Hastings, 2003). Advertising for younger children can also increase their tendency to request purchases from parents (Gunter & Furnham, 1998; Walter et al. 2004), raising concerns that this can lead to family conflict where children pressure parents to buy food that parents may consider to be unhealthy. There is added concern, particularly for older children and adolescents, that cumulative exposure to advertising will affect their general values by socialising them into over-materialistic ways (Gunter & McAleer, 1997), and by encouraging the adoption of values that may be in conflict with those of their parents.

There is also a relationship between children's actual choice or purchase behaviour and advertising. Young children generally do not have the means to actually buy products, but they can and do act as consumers by asking parents to purchase specific products. A British study (Greenberg, Fazal & Wober, 1986) showed that 85% of a sample of 4-13 year olds acknowledged that they had asked their parents to buy advertised products, and 66% in another study claimed their parents had met their request (Gunter & McAleer, 1997). Similar research in the US has shown that 'pester power' influences adult purchasing of goods (CPSI, 2003). Caroli et al. (2004) reported that the higher the number of commercials watched, the greater the number of purchase-influencing attempts directed at parents in the supermarket by children from 3 to 11 years of age.

When children have the option to choose products themselves, do advertising effects still hold?

Research in this area presents a more complex picture, and emphasises the role of social context in influencing children's behaviour. Gorn and Goldberg (1982) reported that they were able to influence 5-8 year old children's immediate snack food preferences for either fruit or sugary products by exposing them to advertisements for the different foods over a 2 week period. While co-viewing with adults is a potentially important mediator of advertising effects, it is important to note that some Australian research indicates that co-viewing with young children is least likely to occur when children are watching programs specifically designed for young age groups (Cupitt et al., 1998). Therefore, for much of children's TV viewing, the important mediating influence of adults is likely to be absent.

Food and drink advertising and effects on children

Research confirms that the interests of children are targeted and exploited by advertisers (CPSI, 2003; Hawkes, 2005). Children's overall exposure to TV food advertisements is high. Surveys of the content of advertising directed to children consistently demonstrate that it is dominated by advertisements for foods high in sugar, fat and salt. It has been widely demonstrated that food shown during programs, both for children and adults, does not meet the criteria for healthy nutrition. In most cases, characters eat snacks and not complete meals, and drink soft drinks and/or alcohol instead of water (Caroli et al., 2004). On television, of the estimated 40,000 ads per year that young people see, half are for food, especially sugared cereals and high-calorie snacks (Committee on Communications, 2006). Estimates indicate that 5-12 year olds are exposed to up to 96 food ads, including 63 for high fat/high sugar foods, per week, if they watch one hour of commercial TV a day, and this occurs during popular programs (Australian Centre for Health Promotion, 2006). One in three television advertisements during children's viewing times in Australia is for food. Australian studies over the last 10 years have consistently shown between 55%-81% of all foods advertised are for unhealthy foods high in fat and/or high in sugar (CFAC, 2007). Advertisements like these would lead to the view that junk food is fine to eat and the norm for most people.

The Royal Australian College of Physicians (1999) attempted to increase public awareness about the strong link between time spent viewing television and obesity in children. They noted that TV viewing is associated with an increase in children's snacking behaviour and in requests for food advertised on TV, and with decreased participation in sporting activities.

A review by Caroli et al. (2004) has highlighted the impact of TV viewing and advertising on unhealthy eating patterns among children. Amongst their key findings, they reported that families that had the television on during meals had worse eating patterns in the family. On the other hand, families who had the television off during meals had a higher intake of fruit and vegetables. Second, they reported that the frequency of eating fast food was associated with watching more television. Even short (1-30 seconds) exposure to food advertising can influence food preferences in children aged between 2 and 6 years. The effect doubles if the same advertising is shown twice during the same break.

Similarly, other studies have shown that television viewing is associated with more positive attitudes toward unhealthy food, a higher reported frequency of consumption of junk food (Blass et al., 2006; Dixon et al., 2007), and more snacking (Coon & Tucker, 2002). In a study of food preferences and the effect of advertising, Robinson et al. (2007), found that if identical food was given to children aged between 3 and 5 years, children found it was tastier if they thought it came from McDonalds. Advertisements for eating junk food usually depict this as a way of having fun so this portrayal becomes reinforced/accepted by children (Hawkes 2005). In addition, parents often give in to the pressure from children to purchase these foods as a treat, because children have learnt to see it as desirable (Noble, Stead, Jones, McDermott, & McVie, 2007)

Many advertisements also play on the addictive components of many junk foods. These foods, often high in salt, fat and/or sugar, can be addictive for many individuals, including children. The danger of these sorts of advertisements, therefore, is that they increase one's craving and preoccupations for these foods, and this can lead to over-consumption and binge eating (Cartwright et al., 2007). Other studies have also shown that many junk foods are difficult to resist (Rogers & Smit, 2000). Children who are more at risk of developing eating patterns that will lead to obesity are those with impulsive personalities and those with weak self-control and discipline (Acosta, Manubay, & Levin, 2008; Kim, Kamkoong, Ku, & Kim, 2008). It has been argued in the US that self regulatory controls of food advertising are not effective - for although self regulation can prevent misleading and deceptive advertisements, it does not forbid the use of emotive techniques of advertising to children. This includes having pictures of happy families associated with brands of food, character associations, and saturation techniques of repeated exposures to advertisements (Hawkes, 2005). In these cases, where advertisements are explicitly intended to alter attitudes and behaviour, the more discriminating

and critical attitude of older children does not necessarily protect them from the persuasive influence of advertising any more than it does adults (APS, 2000).

7. Summary

Australian children are increasingly rated as overweight and obese, and this is considered to be a serious public health concern. The causes of obesity are varied, and in addition to genetics, include many cultural, environmental, economic, familial and individual behavioural factors that result in an imbalance between energy intake and energy expended, and which includes trends towards increased consumption of processed and convenience foods high in sugar, salt and fat.

Healthy eating habits in children are established in early childhood, and are related to weight, well-being, other health behaviours, and risks of developing illness and serious disease later in life. Children's eating patterns are influenced by a number of factors, including parental food patterns, advertising and media, sensory perception, eating environments, socioeconomic status, peer influence, knowledge about food and nutrition, school practices, and the wider food environments (prices, retail outlets, obesogenic environments).

Advertising media play an active part in shaping children's perceptions of the world, and their behaviour, by cultivating acceptance of the beliefs, values and attitudes that it portrays at a broad cultural level; by social learning, whereby children come to learn which attitudes and behaviours are accepted and rewarded; and by its impact on the formation, development and maintenance of cognitive scripts for how to behave in a variety of circumstances.

Advertising to children is manipulative of children who are too young to discern its intent. Young children are particularly vulnerable to being deceived and exploited by advertising because they lack the cognitive skills to defend themselves against persuasive advertisements. The 2004 task force report commissioned by the American Psychological Association found clear evidence that advertising exerts substantial influence on children's attitudes and behaviours, and that these effects go well beyond moving product desire from one brand to another.

The effects of food and drink advertising on children are multiple. Food and drink advertising has the potential to have to increase children's product awareness, their positive attitudes towards junk food, their inclination or actual buying behaviour, their tendency to request purchases from parents, their snack food preferences, their snacking behaviour, and their cravings and preoccupations with foods high in salt, fat and sugar.

Food and drink advertising is dominated by advertisements for foods high in sugar, fat and salt. Not all such foods are easily recognisable as 'junk food' (for example, many breakfast cereals and fruit juices are extremely high in sugar). Therefore, we refer more to 'inappropriate advertising of foods and drinks' rather than 'junk food advertising' in this submission.

Healthy eating habits can be disrupted by food and drink advertising that encourages children to desire particular types of products and brands, and that creates norms for foods high in sugar, fat and salt. Children exposed to foods high in salt, fat and sugar are more likely to develop a preference for these tastes. Children who are exposed to inappropriate food and drink advertisements can learn to associate having fun with eating junk food.

Parents can take an active role in teaching healthy eating in children through modelling healthy eating patterns, encouraging children to eat away from the distractions of television viewing, and through monitoring children's exposure to television advertising.

In order to protect children from the persuasive effects of advertising, and to help in the development of healthy eating patterns in children, they should be protected from inappropriate food and drink advertisements at school and during C (children) and P (pre-school) programming.

While it is arguable that many of the efforts to tackle obesity as a public health issue have yet to be adequately researched, lessons from other public health campaigns (e.g., the Quit campaign) suggest that single measures are likely to have minimal impact in the absence of related comprehensive strategies. Comprehensive, multi-faceted prevention approaches must be adopted that acknowledge the complexity of human behaviour and address the associated risk and protective factors. Responses that are likely to have the greatest impact on reducing levels of food-related harm, like increased regulation, are often more politically challenging, complex and expensive. However, achieving real results will only result from a commitment to an integrated approach.

Recommendations

1. Advertising to children should not promote content that is detrimental to the health and wellbeing of children, which includes the promotion of foods high in sugar, fat and salt.
2. Advertising to children should not be presented in ways that are deceptive to children, with 'deception' being broadly defined to include not only misinformation, but also the presentation of information in ways that are confusing for children.
3. Given that young children inherently lack the cognitive capability to effectively recognize and defend against commercial persuasion, all television advertising should be restricted during programming directed to, or seen by, audiences primarily composed of children 8 years of age and under.
4. Children should be protected from inappropriate food and drink advertising through the prohibition of advertisements for foods high in sugar, fat and salt during C (children) and P (pre-school) programs.
5. Children should be protected from advertisements for foods high in sugar, fat and salt in schools.
6. Children need to be exposed to more media images which meet the criteria of healthy nutrition.
7. Children should be actively taught about healthy eating in ways that are separated from production, sale or distribution of any product where there is financial reward for the company.

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