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**Submission:**

**Review of the Code for Advertising to Children and  
Children's Code for Advertising Food**

The Otahuhu Steering Group (OSG) thanks the Advertising Standards Authority Auckland Council for the opportunity to submit on the review of food advertising to children.

The Otahuhu Steering Group was set up in 2006. It comprises residents, representatives from community groups, local businesses, youth (both in school and left school), art practitioners and elected representatives from local and central government. All work together on solving problems in the community and developing Otahuhu into a vibrant, safe place for people to live, work and play. Otahuhu has many of the problems commonly found in low socio-economic communities in Auckland and, particularly, South Auckland. The aim of the Otahuhu Steering Group is to engage the community on community needs and aspirations and to build and engage community involvement in local solutions.

Along with many other low-income communities in New Zealand, Otahuhu residents are disproportionately overweight and obese. While some of this is a matter of individual behaviour, the research is clear that environmental factors play a much bigger role than

previously thought. Advertising and marketing food to children is a significant component of the food environment, hence this submission.

## **Submission summary**

- *We endorse the submission of the Agency for Nutrition Action.*
- *We recommend that all advertising and marketing of unhealthy food and beverages to children under the age of 8 be banned.*
- *We support specific guidelines on sponsorship by unhealthy food and beverage companies.*
- *We recommend independent monitoring and evaluation of the ASA complaints process.*
- *We recommend that advertising of unhealthy food and beverages be banned in settings where children and adolescents gather, and the screen based offerings they watch or participate in including social media and sporting events.*

## **1. Introduction**

1.1. The advertising Standards Authority (ASA) is consulting on the Code of Advertising for Children and the Children's Code for Advertising Food. The review is part of the government's *Childhood Obesity Plan, broad Population Approaches, Marketing and Advertising to Children*.<sup>1</sup>

1.2. Advertising is an important part of the food environment for children. Television advertising in particular has a profound influence on children, although this influence is eroding as manufacturers employ other marketing techniques such as Facebook promotions.

1.3. We endorse the submission of the Agency for Nutrition Action,<sup>2</sup> and this submission highlights some of the key points from that submission.

## **2. Childhood obesity in New Zealand**

2.1. One third of New Zealand children are obese or overweight. Children living in the most deprived areas (quintile 5) are 4 times more likely to be obese than children in less deprived areas.<sup>3</sup>

2.2. Recent research by Health Auckland Together shows that fast food premises are concentrated in low-income areas (with the exception of central Auckland).<sup>4</sup> Thus, children in low-income areas are more exposed to fast food outlets, are more susceptible to food

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<sup>1</sup> See p.3 of consultation document.

Advertising Standards Authority (2016) Consultation on the review of the Code of Advertising to Children and the Children's Code for Advertising Food. Retrieved from <http://www.asa.co.nz/wp-content/uploads/2016/03/ASA-Childrens-Codes-Consultation-Paper-March-2016.pdf>, April 2016.

<sup>2</sup>

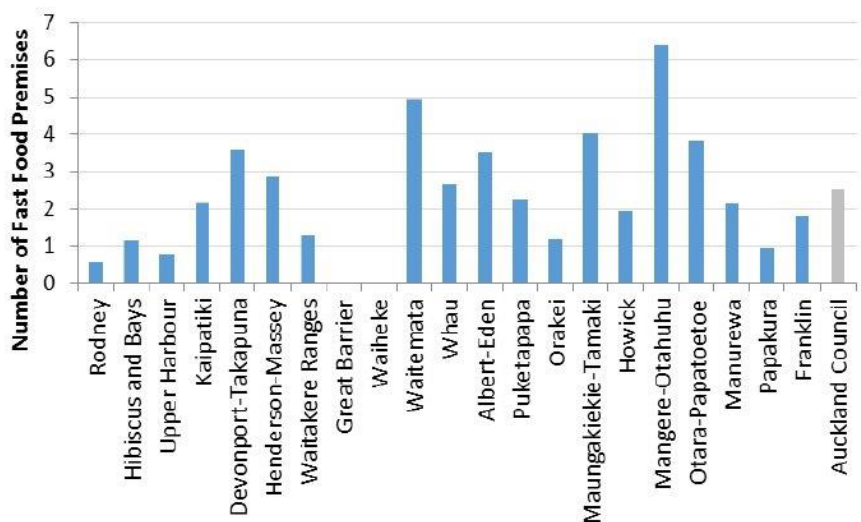
[http://ana.org.nz/sites/default/files/attachments/ANA%20submission%20on%20the%20ASA%20code%20Final\\_0.pdf](http://ana.org.nz/sites/default/files/attachments/ANA%20submission%20on%20the%20ASA%20code%20Final_0.pdf)

<sup>3</sup> [www.superu.govt.nz/costsofobesity](http://www.superu.govt.nz/costsofobesity)

<sup>4</sup> <http://www.healthyaucklandtogether.org.nz/assets/Uploads/Healthy-Auckland-Together-Monitoring-Report-2015-Baseline-Final.pdf>. pp 36-37.

advertising, and this is reflected in their higher rates of obesity (see Figure 1 below). In other words, limiting or banning junk food advertising and marketing to children is a matter of equity.<sup>5</sup>

Figure 1: Fast food outlets within 10 minute walk of local schools by Local Board area, Auckland.



2.3. Overweight/obesity has personal and financial costs for both children and society. Children are susceptible to bullying and teasing, and often suffer poor nutrition that leads to other health problems (for example dental caries).

2.4. Other costs are incurred by the health system and include treatment for dental caries, diabetes in severe cases, and longer-term health problems including cardiac disease and some cancers. Lost productivity has been estimated to cost NZ\$98-225 million per annum.<sup>6</sup>

### 3. Advertising to New Zealand children

3.1. New Zealand children are exposed to high levels of food marketing and advertising compared to children in other countries. This advertising and marketing has a significant impact on children’s food consumption: children eat 45% more when exposed to food advertising.

3.2. The report released by the World Health Organisation Commission on Ending Childhood Obesity stated unequivocally that:

*“There is unequivocal evidence that the marketing of unhealthy foods and non-alcoholic beverages is related to childhood obesity. Despite the increasing number of voluntary*

<sup>5</sup> Goal 1 of the Auckland District Health Board’s *Child Health Improvement Plan* is to “achieve equitable health outcomes for all populations.” <http://www.adhb.govt.nz/planningandfunding/Documents/ADHB-WDHB%20Joint%20CHIP.%20Approved.pdf>, p5. Achieving health equity is also a goal of the New Zealand Ministry of Health. <http://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga/key-threads/equity>.

<sup>6</sup> Ibid, fn 2.

*efforts by industry, exposure to marketing of unhealthy foods remains a major issue and there is a need for change that will protect all children equally.”<sup>7</sup>*

3.3. Children are more susceptible to marketing messages than adults, therefore it is likely younger children, in particular, will be less aware of the persuasive nature of the advertisements and less likely to define what they are viewing as an advertisement per se. Most children under age 6 cannot distinguish between programming and advertising and children under age 8 do not understand the persuasive intent of advertising. Advertising directed at children this young is by its very nature exploitative.

3.4. Parents are aware of the impact of advertising on their children's food preferences. The 2007 *New Zealand Children's Food and Drink Survey* found 56% of parents supported a total ban on advertising unhealthy food to children (up to 60% in decile 1-3 – ie high deprivation – areas), with only 20% opposing such a ban. The remaining 24% neither supported nor opposed a ban.<sup>8</sup>

3.5. We recommend advertising and marketing of unhealthy food and beverages to children under the age of 8 be banned.

### **3. Other matters**

3.1. We support specific guidelines on sponsorship by unhealthy food and beverage companies. Evidence shows substantial exposure of NZ Children to unhealthy foods and unhealthy non-alcoholic beverages via sponsorship.<sup>9</sup>

3.2. We recommend independent monitoring and evaluation of the ASA complaints process.

3.3. The evidence is clear that all 'settings where children and adolescents gather and the screen based offerings they watch or participate in' are inappropriate for advertising unhealthy foods and unhealthy non-alcoholic beverages.

3.4. Accordingly we recommend that advertising of unhealthy food and beverages be banned in settings where children and adolescents gather and the screen based offerings they watch or participate in, including social media and sporting events.

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<sup>7</sup> Ibid, p18. Some of this includes evidence from New Zealand.

<sup>8</sup> 2007 *New Zealand Children's Food and Drink Survey*. <http://www.hpa.org.nz/sites/default/files/CFDS-full%20report-fnl.pdf>, p258.

<sup>9</sup> Ibid fn1, p15.