

SUBMISSION ON THE ADVERTISING STANDARDS AUTHORITY'S CODE FOR ADVERTISING TO CHILDREN AND THE CHILDREN'S CODE FOR ADVERTISING FOOD

To: Codes Review Panel
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Introduction

WellSouth Primary Health Network is a charitable trust funded by the Southern District Health Board to provide primary health care services to residents enrolled with general practices in Otago and Southland. These services include first contact support to restore people's health when they are unwell, as well as range of programmes to improve access to health care services to promote and maintain good health. The health promotion programme facilitates the process of enabling people to increase control over, and to improve, their health. One aspect of health promotion is to advocate for healthy social, cultural and physical environments.

This submission was developed by the Health Promotion Team on behalf of WellSouth.

Comments

Thank you for the opportunity to comment on the codes. We have chosen to comment on questions 3, 7, 9 and 10 as suggested in the consultation document.

3. What changes, if any, are necessary to protect the rights of children and their health / wellbeing?

The definition of 'children's viewing times' should be determined by the code(s) and not individual broadcasters. Individual broadcasters profit from television advertisements, therefore, leaving them to make the definition is a conflict of interest.

Furthermore, the definition should be based on actual data of children's viewing times. A survey commissioned by the Broadcasting Standards Authority found that one third of NZ children were watching television right up until 8.30pm, and 62-72% of children 6-13 years of age watched television in the evenings Monday to Thursday¹.

Parents and caregivers in New Zealand show great concern about the types of food and beverages their children are exposed to. A study conducted by New Zealand's Health Promotion Agency found that the majority of parents felt that it was important that schools limited access to sugary drinks, sugary foods and high fat foods².

WellSouth therefore recommends that the codes enact a complete ban on advertising unhealthy food and beverages on television to children, up to 9pm.

7. The Children's Codes currently define a child as under the age of 14. Do you support or oppose this definition? Why?

WellSouth opposes the current definition. The Care of Children Act 2004, would be more appropriate legislation to base the definition on as it defines and regulates parent's responsibilities when assessing what their children are exposed to. This act defines the age of a child as under 18 years. Furthermore, The United Nations' Convention on the Rights of the Child defines the age of a child as under 18.

WellSouth therefore recommends that the codes define a child as under the age of 18.

9. Do you support or oppose a specific guideline on sponsorship? Why?

WellSouth supports a specific guideline on sponsorship due to the growing concerns about the effect that event sponsorship from companies who sell unhealthy food and beverages has on children and young people^{3,4}. Sponsorship is a form of promotion or advertising and the 2010 children's code for advertising food states that persons or characters well known to children should not be used to

¹ Broadcasting Standards Authority. *Seen and heard: Children's media use, exposure, and response*. Wellington: Broadcasting Standards Authority, 2008.

² Holland, K. *Parents' and caregivers' opinions on limiting access to unhealthy foods and beverages in schools. [In Fact]*. Wellington: Health Promotion Agency Research and Evaluation Unit, 2015.

³ McDaniel, Stephen R., and Gary R. Heald. "Young consumers' responses to event sponsorship advertisements of unhealthy products: Implications of schema-triggered affect theory." *Sport Management Review* 3.2 (2000): 163-184.

⁴ Kelly, Bridget, et al. "Tobacco and alcohol sponsorship of sporting events provide insights about how food and beverage sponsorship may affect children's health." *Health promotion journal of Australia* 22.2 (2011): 91-96.

endorse food high in fat, salt and / or sugar. The same thing should apply to events or television programmes which are well known to children, or screened during 'children's viewing times'.

WellSouth recommends the development of a specific guideline on sponsorship with input from the Ministry of Health and Dietitians New Zealand.

10. Do you support or oppose the introduction of independent monitoring and evaluation of the codes? How would this work?

WellSouth supports the introduction of independent monitoring and evaluation of the codes. As it stands the system is reactive, meaning that a breach is picked up after someone makes a complaint. Making a complaint involves a lot of time, thought and knowledge of the rules. Members of the general public are unlikely to be aware of the codes, and if they were aware may not have the time or energy to make formal complaint despite noticing a breach.

Research has shown that even within the defined 'children's viewing times' television adverts do not comply with New Zealand's nutritional guidelines⁵. Furthermore, previous research has highlighted that the current system does not protect the rights of the child by failing to address Articles 3, 6 and 13 in the United Nations Convention on the Rights of the Child adequately⁶. The study found partial, unjustified and inconsistent decision making by the complaints board; failure to implement changes to codes; and failure to prevent unhealthy food advertisements being developed and aired.

Another study found that the complaints board used fallacious reasoning, including *ad hominem*, to which the complainant was unable to respond⁷. The study points out that this self-regulation did not meet the level of openness, independence or transparency as defined as best practice in the Madelin 2006 report⁸. Independent monitoring would help ameliorate these problems.

The World Health Organisation⁹ recommends that monitoring and evaluation is carried out to ensure compliance of advertisers and marketers to codes particular to children. Monitoring and evaluation should be carried out on a regular basis, for example quarterly, and timing of evaluations should not be communicated to parties being monitored and evaluated. Monitoring and evaluation may need different approaches to avoid conflicts of interest and independent consultants brought in and screened to provide these services.

The World Health Organisation provides some example on how to assess the reduction in exposure and power of advertising to children⁵:

⁵ Wilson N, Signal L, Nicholls S, Thomson G. Marketing fat and sugar to children on New Zealand television. *Preventive Medicine* 2006;42(2):96-101.

⁶ Thornley L, Signal L, Thomson G. Does industry regulation of food advertising protect child rights? *Critical Public Health* 2010;20(1):25-33.

⁷ Hoek J, King B. Food advertising and self-regulation: A view from the trenches. *Australian and New Zealand Journal of Public Health* 2008;32(3):261-65.

⁸ <http://www.asa.co.nz/wp-content/uploads/2015/06/8.-Self-regulation-in-the-EU-advertising-sector-The-Madelin-Report.pdf>

⁹ World Health Organisation. *Set of recommendations on the marketing of foods and non-alcoholic beverages to children*. Switzerland: World Health Organisation, 2010.

“...to assess a reduction in exposure may be to measure the quantity of, or expenditure on, marketing communications to children of foods high in saturated fats, trans-fatty acids, free sugars, or salt. This can be done through measuring the number of advertisements directed at children of foods high in saturated fats, trans-fatty acids, free sugars, or salt shown on television over a 24-hour period.”

“...to assess a reduction in power may be to measure the prevalence of specified techniques used. This can be done through measuring the prevalence of advertisements directed at children of foods high in saturated fats, trans-fatty acids, free sugars, or salt using licensed characters or celebrities, or other techniques of special appeal to children, on television over a 24-hour period.”

WellSouth recommends independent monitoring and evaluation of the codes is carried out on a regular basis, and staff members responsible are screened for conflicts of interest.

Summary Recommendations

Thank you for the opportunity to comment on questions 3, 7, 9, and 10 from the consultation document. The Code for Advertising to Children and the Children’s Code for Advertising Food have an important impact on the health of NZ children. Redefining the age of children – to 18 and under – and the ‘children’s viewing times’– up to 9 pm – will go a long way towards protecting New Zealand children’s right to health. Developing a specific guideline on sponsorship, and introducing independent monitoring and evaluation will help to ensure a rigorous compliance process, enabling the code(s) to be implemented in the real world.

WellSouth recommends that:

1. The codes enact a complete ban on unhealthy television food and beverage advertising targeting children, up to 9pm.
2. The codes define a child as under the age of 18.
3. A specific guideline on sponsorship is developed with input from the Ministry of Health and Dietitians New Zealand.
4. Independent monitoring and evaluation of the codes is carried out on a regular basis, and staff members responsible are screened for conflicts of interest.