



Evidence Snapshot SEPTEMBER 2013

# FOOD AND BEVERAGE MARKETING TO CHILDREN

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Ngā Takawaenga Hāpai Kai Hauora



## FOOD AND BEVERAGE MARKETING TO CHILDREN

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Imagine a country where parents, schools and health professionals guide the eating patterns of children rather than food companies. Families and whānau have reclaimed the space of healthy eating and they select the food and meal patterns which work best for them. Children have a taste preference for wholesome, less-processed food. They thrive, grow, live and learn in an environment that leads them to being the healthiest they can be<sup>(1)</sup>.

To reach this aspiration we need a shift in strategy, part of which involves reducing the power of unhealthy food and beverage marketing in New Zealand (NZ) and the exposure of children to it. This snapshot stands as a companion to the Nutrition and Physical Activity Sector Vision and the Heart Foundations Background Paper and Position Statement on Food and Beverage Advertising to Children<sup>(1-3)</sup>. It presents information on key points from the debate around food and beverage marketing so that those with an interest in public health may be better informed to participate in future discussion and action.

### 1. WHY SHOULD WE FOCUS ON FOOD AND BEVERAGE MARKETING TO CHILDREN?

Clearly the changes in our food environment have been driven by many factors (e.g. government policies, pricing strategies, changes in social norms and a rise in the availability of cheap, processed ready to eat foods) and as a consequence multiple interventions are needed to recreate an environment where the healthy choice is the easy choice. Restrictions on food and beverage marketing to children form one such approach.

We know food and beverage marketing influences children's eating habits – their food preferences, food requests, choices and consumption<sup>(4-6)</sup>. It is a multi-billion dollar business which is evolving, expanding and composed almost entirely of messages to consume more products high in sugar, fat and salt<sup>(7, 8)</sup>. As a result, food and beverage marketing has been associated with poor health outcomes, and is considered a significant contributor to childhood obesity<sup>(4)</sup>.

Action on food and beverage marketing is supported by global agencies such as the World Health Organization, UNICEF and the World Cancer Research Fund<sup>(9-11)</sup>. It is also supported by the United Nations Convention on the Rights of the Child and many parents<sup>(12, 13)</sup>.

Research has shown controls on food and beverage marketing to children rate as one of the most cost effective strategies for reducing childhood obesity<sup>(14)</sup>. But despite the good evidence and support, effective action to reduce food and beverage marketing to NZ children is almost non-existent.

### 2. WHY A FOCUS ON MARKETING TO CHILDREN AND NOT ALL NEW ZEALANDERS?

The rationale for a focus on food and beverage marketing to children has been well summarised elsewhere<sup>(2)</sup>. In brief we know that food preferences are developed during childhood and thus eating patterns established during this time have both

immediate and long term health implications<sup>(2)</sup>. Children are an important target market for manufacturers because they wield enormous purchasing power both directly (e.g. with pocket money) and indirectly (e.g. influencing their parents' purchases). They are seen as a future – as well as current – market, and hence manufacturers invest significant money in building positive relationships between children and their brands so that they purchase their products now and into the future.

There are also psychological differences between adults and children which make children more vulnerable to marketing messages. Adults are more likely to critically evaluate marketing claims whereas children (especially those younger than 12 years) are more likely to accept marketing messages as truthful, accurate and unbiased<sup>(7, 15, 16)</sup>.

Despite the best efforts of parents, the current unhealthy nature of food and beverage marketing is one of the biggest factors undermining their attempts to raise healthy children. More needs to be done to protect children from unhealthy food and beverage marketing and its adverse health impacts.

### 3. HOW AND WHERE SHOULD WE INTERVENE?

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An awareness of the food and beverage marketing landscape in NZ is critical to answering this question (Figure 1). While a comprehensive summary on the issue of advertising was published by the Heart Foundation in 2011, it is important to understand that a focus on advertising alone overlooks equally powerful marketing tools<sup>(2)</sup>.

Although the terms marketing<sup>(1)</sup> and advertising<sup>(2)</sup> tend to be used interchangeably, advertising is just the tip of the marketing iceberg. Therefore interventions must tackle

not just how foods are promoted (advertising), but also the products themselves (e.g. sensory properties, packaging and serving size), how they are priced (e.g. quantity discounts) and the places where they are sold (e.g. availability)<sup>(17)</sup>. Unfortunately today, for the most part, manufacturers are using these marketing tools in a way that biases consumption towards foods and beverages which are high in sugar, fat and salt.

The marketing landscape is continuously changing. The contribution of television advertising is declining as manufacturers are increasingly employing more innovative and powerful ways of marketing to children<sup>(17)</sup>. In 2012, global spending on online marketing accounted for one in five advertising dollars, with forecasts predicting spending to account for one in four advertising dollars by 2016<sup>(18, 19)</sup>. The sponsorship of events and organisations by food and beverage manufacturers is another area of concern<sup>(20, 21)</sup>. Research also suggests that point of sale and packaging promotions are on the rise<sup>(22, 23)</sup>. A consistent theme across each of these marketing channels is that the promotion of nutrient poor, energy dense foods and beverages forms the bulk of the communication content<sup>(24-31)</sup>.

Marketing is now more engaging and persistent than ever before. While a number of manufacturers have chosen to make voluntary pledges to reduce marketing to children, most are inconsistent, lack clear definitions and are not monitored. Meanwhile evidence has continued to mount against the effectiveness of current self-regulation<sup>(15, 32-35)</sup>. We need a level playing field for all manufacturers, retailers and broadcasters that is designed to effectively reduce communications which send the wrong messages to children around what they should be eating.

<sup>1</sup>Marketing – refers to any form of commercial communication or message that is designed to, or has the effect of, increasing recognition, appeal and/or consumption of particular products (7). It involves the process of implementing the marketing mix which includes the concepts of product, price, place and promotion (5).

<sup>2</sup>Advertising – constitutes the promotion concept of the marketing mix (5).

### Figure 1: Food and Beverage Marketing in NZ

Marketing in New Zealand is largely self-regulated by the industry-funded Advertising Standards Authority (ASA). Rules by which all media must comply are outlined in the Code of Advertising to Children and the Children's Code for Advertising Food<sup>(36-37)</sup>. TV advertising in NZ is also subject to the New Zealand Television Broadcasters Code: Getting it Right for Children (which covers the major free-to-air broadcasters)<sup>(38)</sup>.

Individuals who consider that there has been a breach of these codes may complain to the Advertising Standards Complaints Board (ASCB). This board is appointed by the ASA. This process has been criticised as reactive rather than proactive in protecting children as it relies on the public understanding the rules and having the time and perseverance to make a complaint<sup>(32)</sup>.

The Fair Trading Act 1986 and Consumer Guarantees Act 1993 also impact upon marketing in NZ by prohibiting misleading and deceptive conduct generally.

#### 4. WHAT COULD WE DO?

Table 1 (see page 6) provides a summary of the various pros and cons of the most frequently proposed options for reducing food and beverage marketing to children. As noted above, the current NZ model is self-regulation.

#### 5. WHAT SHOULD WE DO?

##### To summarise the research:

- Childhood is a key time to promote life-long healthy eating habits, with parents and society having a responsibility to ensure children thrive,

grow, live and learn in an environment that leads them to being the healthiest they can be.

- However messages which encourage healthy behaviours are currently being overwhelmed by the marketing of nutrient-poor, energy-dense products.
- Making the healthy choice the 'easy' choice will take more than interventions that restrict unhealthy food and beverage marketing to children, but evidence supports such an approach as one of the most cost effective strategies for reducing childhood obesity.

##### Based on the evidence we suggest that:

- Interventions are comprehensive in design, capturing the wide range of promotional techniques currently used by marketers (e.g. restrictions to include marketing via TV, radio, print, online, mobile phone, packaging and outdoor promotions).
- Further research is conducted into the impact of price, place and product marketing strategies on child health. Restrictions on these tools will be difficult to define and this research will be useful in informing future debate and action on these marketing techniques.
- Interventions draw on either the co-regulation or government regulation models. These models remain the only meaningful options because research consistently shows that self-regulation does not reduce food and beverage marketing. It is also a recommendation of the World Health Organization that government lead policy development.

##### Additionally:

- Public Health Ethics states that more coercive means should be employed only when less coercive methods have failed<sup>(46)</sup>.
- A stepwise approach to co-regulation should be attempted before government

regulation. This is likely to be more politically palatable and should be supported by independent monitoring and evaluation. If co-regulation fails to reduce food and beverage marketing then government regulation would be justified (as per the nutrition and physical activity sector vision<sup>(1)</sup>).

- Prohibiting the marketing of all foods and beverages to children is advisable because it wouldn't require a system to distinguish food types. Although this would rule out the promotion of healthy foods, the impact would be minimal given the existence of this form of promotion is virtually non-existent.
- These recommendations assume that parents have the knowledge to guide and encourage their children towards healthy eating behaviours. In reality food and beverage marketing has also left many parents completely baffled about which meal patterns they should be selecting for their families and whānau. Restrictions on food and beverage marketing to children should be paired with interventions which provide consistent and unbiased messages to parents around what constitutes a healthy diet.

## 6. WHAT CAN YOU DO?

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**The key take home message from this snapshot is:**

*"Children are better informed about healthy eating by parents, schools and health professionals. However these healthy messages are currently being swamped by those from food companies, retailers and broadcasters which encourage children to establish and maintain eating habits which limit their potential to be the healthiest they can be. A comprehensive policy using co-regulation supported by independent*

*monitoring and evaluation is recommended as a first step in reducing the exposure of children to and the power of food and beverage marketing to children in New Zealand".*

Because action in this area is ultimately dependant on government leadership, actions predominantly involve advocacy and submissions. Here are some ideas for how you can get involved in future debate and action:

- Link in with like-minded organisations, such as Agencies for Nutrition Action, who are prepared to provide support in writing submissions.
- Utilise the wording and references used in this snapshot for media, submissions and other relevant activities. Our voices are far more likely to be heard if we share a consistent message.
- Don't underestimate the power of talking to friends, neighbours, colleagues and community groups, schools and preschools about the issue. You'd be amazed at how effective it can be – it's a small world.
- Whether you work at a national or regional level, you can play a role in encouraging sports clubs and organisations to seek sponsorship deals which do not conflict with health messages.
- Write a letter to your local MP. Tell them why you are concerned about food and beverage marketing to children and what you would like them to do about it.
- Tell your local school you don't want unhealthy food and beverage marketing in the school.
- Understand the current ASA system, its flaws and what the alternative systems are.



Table One:

	Pro's	Con's
<p><b>Policy Models</b></p>		
<p><b>Self-regulation</b> – occurs when the rules are developed, administered and enforced by industry. Globally it currently stands as the most dominant policy model.</p>	<ul style="list-style-type: none"> <li>• Cost predominately borne by industry<sup>(9)</sup>.</li> <li>• Rules easy and fast to develop<sup>(9)</sup>.</li> <li>• Rules may be more adaptable to changes in the marketing environment<sup>(9)</sup>.</li> </ul>	<ul style="list-style-type: none"> <li>• May be difficult for industry groups to reach consensus on rules and to set definitions specific enough to achieve high effectiveness<sup>(9)</sup>.</li> <li>• Usually voluntary in nature and therefore effectiveness may be limited<sup>(36)</sup>.</li> <li>• Rules may be difficult to enforce and sanctions too weak to encourage compliance<sup>(39, 40)</sup>.</li> <li>• Industry has a conflict of interest in setting rules that protect children from marketing as in most cases, doing so means acting against commercial interests<sup>(41)</sup>.</li> <li>• The identification of breaches relies on the public understanding the rules and having the time to make complaints<sup>(41)</sup>. As a result there needs to be a good system for informing the public about the rules so that they understand them and know how to act on them.</li> <li>• Considerable research shows self-regulation does not reduce the exposure of children to junk food marketing<sup>(15, 32, 33, 35, 41, 42)</sup>.</li> <li>• May only assist in the control of clearly deceptive and misleading advertisements<sup>(43)</sup>.</li> <li>• Policies often lack any form of monitoring, let alone independent monitoring.</li> </ul>
<p><b>Co-regulation</b> – occurs when the rules are set by the Government but enforced by government and industry.</p>	<ul style="list-style-type: none"> <li>• Government led policy development with industry dialogue supported by the World Health Organization<sup>(9)</sup>.</li> <li>• May be a more politically palatable step from self-regulation to co-regulation as governments tend to prefer incremental policy changes rather than comprehensive reforms<sup>(44)</sup>.</li> <li>• Potentially lower compliance and administrative costs than government regulation.</li> <li>• An ability to harness industry knowledge and expertise to address industry-specific and consumer issues directly.</li> </ul>	<ul style="list-style-type: none"> <li>• Some costs borne by the tax payer.</li> <li>• Conflict of interest may be reduced but still exists as industry remains involved in policy enforcement.</li> <li>• Would be strengthened if enforcement independently monitored by government.</li> <li>• Will receive industry opposition.</li> </ul>
<p><b>Government regulation</b> – occurs when the Government sets and enforces the rules. These rules could be statutory in nature (i.e. legally enforceable in court) or not (i.e. guidelines and recommendations).</p>	<ul style="list-style-type: none"> <li>• Would require uniform implementation and compliance by all stakeholders, thereby ensuring fuller coverage and a level playing field for all food and beverage companies<sup>(9, 45)</sup>.</li> <li>• Eliminates conflict of interest inherent in self-regulation and to a lesser extent in co-regulation<sup>(41)</sup>.</li> <li>• Evidence to suggest only legally enforceable regulations will have sufficient authority to ensure a high level of protection for children<sup>(39)</sup>.</li> <li>• According to the World Health Organization, this form of regulation has the highest potential to reduce the power and exposure of children to food and beverage marketing<sup>(9)</sup>.</li> </ul>	<ul style="list-style-type: none"> <li>• Cost borne by tax payer<sup>(45)</sup>.</li> <li>• Exclusion of industry from policy making process may mean more workable options are overlooked<sup>(45)</sup>.</li> <li>• Can be less flexible and not as adaptable to changes in the marketing techniques<sup>(40)</sup>.</li> <li>• The establishment of statutory regulation can be slow as it can take some time to pass new laws.</li> <li>• Will receive very strong industry opposition.</li> </ul>

Table One (cont):

	Pro's	Con's
<b>Marketing Methods to Restrict</b>		
Advertising only (includes tv, radio, print, online and outdoor promotions).	<ul style="list-style-type: none"> <li>• May be easier to define the terms and scope of policies with a narrower focus on advertising.</li> </ul>	<ul style="list-style-type: none"> <li>• Policy would miss other equally powerful marketing techniques and high possibility that children remain exposed to marketing messages.</li> <li>• Restrictions on advertising alone may mean marketers just shift focus to other marketing techniques.</li> </ul>
All marketing methods which influence children (includes advertising, product placement and branding, email and phone, product design, pricing and point of sale offers).	<ul style="list-style-type: none"> <li>• Would capture a wider range of communication channels and techniques.</li> </ul>	<ul style="list-style-type: none"> <li>• May be more difficult to define what constitutes marketing to children in some communication channels and settings<sup>(9)</sup>.</li> <li>• It will be a challenge to develop robust policies which restrict marketing in relation to product design, pricing, placement and point of sale offers.</li> </ul>
<b>Policy Approaches</b>		
Restrict marketing of foods and beverages high in fat, salt and sugar.	<ul style="list-style-type: none"> <li>• Could act as an incentive for industry to develop healthier products<sup>(9)</sup>.</li> <li>• Least restrictive.</li> </ul>	<ul style="list-style-type: none"> <li>• Requires a robust classification system for identifying which products cannot be promoted<sup>(9)</sup>. However such systems do exist and with some adjustments could be utilised for this purpose.</li> </ul>
Restrict marketing of all foods and beverages to children.	<ul style="list-style-type: none"> <li>• Simple.</li> <li>• No system required to distinguish food types<sup>(9)</sup>.</li> </ul>	<ul style="list-style-type: none"> <li>• Restricts the commercial promotion of healthy food<sup>(9)</sup>.</li> </ul>
Restrict all marketing to children.	<ul style="list-style-type: none"> <li>• Approach consistent with the United Nation's Convention on the Rights of the Child<sup>(9)</sup>.</li> </ul>	<ul style="list-style-type: none"> <li>• Most restrictive.</li> <li>• Would require acceptance by more players including the media and communication industries<sup>(9)</sup>.</li> <li>• Restricts "positive" marketing which encourages healthy behaviours<sup>(9)</sup>.</li> </ul>
<b>Additional win-win options for industry and public health</b>		
<ul style="list-style-type: none"> <li>• <b>Price:</b> Reduce the retail price of healthy food, provide quantity discounts or give coupons for fruit and vegetables, use healthy food as loss leaders.</li> <li>• <b>Place:</b> Restaurants could display healthy options near the entrance and package them in an appealing way, restaurants where patrons take beverages from a fridge could display water as the most accessible item and put sugar sweetened beverages in a more inconvenient spot, offer fruit or healthy snacks at the cash register as opposed to candy.</li> <li>• <b>Product:</b> Reduce the volume of packaging by elongating the packages, add a smaller size on the menu even if no one chooses it, it will make the other sizes look bigger, more fast food restaurants could start selling healthier alternatives to fries.</li> <li>• <b>Promotion:</b> Increase messaging in the media and non-media outlets for fruit and vegetables, increase online presence of produce on websites targeted at children, add licenced characters onto produce packaging.</li> </ul>		

<sup>3</sup>Loss leaders are products which are sold at a loss to attract customers to a store.

## REFERENCES (cont)

1. Agencies for Nutrition Action (2013). A vision for nutrition and physical activity in New Zealand – draft.
2. Gorton D (2011). Advertising Food to Children: Background Paper. Auckland: The National Heart Foundation of New Zealand. [Cited 11/10/2012]. Available from [http://www.heartfoundation.org.nz/uploads/Advertising%20to%20children\\_Background%20paper\\_Feb%202011\(4\).pdf](http://www.heartfoundation.org.nz/uploads/Advertising%20to%20children_Background%20paper_Feb%202011(4).pdf)
3. Gorton D (2011). Advertising Food to Children: Position Statement. Auckland: The National Heart Foundation of New Zealand. [Cited 11/10/2012]. Available from [http://www.heartfoundation.org.nz/uploads/Advertising%20to%20children\\_Position%20Statement\\_Sept%202011\\_revised\(1\).pdf](http://www.heartfoundation.org.nz/uploads/Advertising%20to%20children_Position%20Statement_Sept%202011_revised(1).pdf)
4. Cairns G, Angus K, Hastings G (2009). The extent, nature and effects of food promotion to children: a review of the evidence to December 2008. Geneva: World Health Organization.
5. Phoenix Research (2007). Survey of public opinions about advertising food to children: understanding attitudes in New Zealand. Auckland: Peak Group.
6. Gorn C, Goldberg M (1982). Behavioural evidence of the effects of televised food messages to children. *Journal of Consumer Research* 9:200-205.
7. Institute of Medicine (U.S.) (2006). Committee on Food Marketing and the Diets of Children and Youth. In: McGinnis J, Appleton Gootman J, Kraak V, editors. Food marketing to children and youth: threat or opportunity? Washington DC: National Academy of Sciences.
8. Kelly B, Halford JCG, Boyland EJ et al (2010). Television food advertising to children: A global perspective. *Research and Practice* 100:9 pp1730-6.
9. World Health Organization (2012). A framework for implementing the set of recommendations on the marketing of foods and non-alcoholic beverages to children. World Health Organization, Geneva.
10. World Cancer Research Fund, American Institute for Cancer Research (2009). Policy and Action for Cancer Prevention. Food, Nutrition, and Physical Activity: a Global Perspective. Washington DC: American Institute for Cancer Research.
11. UNICEF (2012). Children's Rights and Business Principles [cited 12 March 2013]. Available from [http://www.unglobalcompact.org/Issues/human\\_rights/childrens\\_principles.html](http://www.unglobalcompact.org/Issues/human_rights/childrens_principles.html)
12. United Nations Office of the High Commissioner of Human Rights (1990). Conventions on the rights of the child. Geneva: United Nations office of the High Commissioner of Human rights.
13. Harris JL, Fleming Milici F, Sarda V, Schwartz MB (2012). Food marketing to children and adolescents: What do parents think? Yale Rudd Centre for Food Policy and Obesity [cited 12 March 2013]. Available from: [http://www.yalerruddcenter.org/resources/upload/docs/what/reports/Rudd\\_Report\\_Parents\\_Survey\\_Food\\_Marketing\\_2012.pdf](http://www.yalerruddcenter.org/resources/upload/docs/what/reports/Rudd_Report_Parents_Survey_Food_Marketing_2012.pdf)
14. Victorian Government Department of Human Services (2006). ACE-Obesity Assessing Cost-effectiveness of obesity interventions in children and adolescents – Summary of Results. [Cited 18 February 2013]. Available from: [http://www.health.vic.gov.au/healthpromotion/downloads/ace\\_obesity.pdf](http://www.health.vic.gov.au/healthpromotion/downloads/ace_obesity.pdf)
15. Kunkel D, Wilcox B, Cantor J, Palmer E, Linn S, Dowrick P (2004). Report of the APA taskforce on advertising and children. Washington DC: American Psychological Association.
16. Obesity Action Coalition (2007). Would you like lies with that? Food, kids and tv advertising. Wellington: Obesity Action Coalition.
17. Chandon P & Wansink B (2012). Does food marketing need to make us fat? A review of solutions. *Nutrition Reviews* 70(10); 571-593.
18. Federal Trade Commission (2012). A review of food marketing to children and adolescents. [Cited 4/01/2013]. Available from <http://www.ftc.gov/os/2012/12/121221foodmarketingreport.pdf>
19. eMarketer (2013). Digital to Account for One in Five Ad Dollars. [Cited 14 January 2013] Available from <http://www.emarketer.com/Article/Digital-Account-One-Five-Ad-Dollars/1009592>
20. Sherriff J, Griffiths D, Daube M (2009). Cricket: notching up the runs for food and alcohol companies? *Australian and New Zealand Journal of Public Health* 34(1) 19-23.
21. Carter MA, Signal L, Edwards R, Hoek Jm, Maher A (2013). Food, fizzy and football: promoting unhealthy food and beverages through sport – a New Zealand case study. *BMC Public Health* 13:126.
22. Harris JL, Schwartz MB, Brownell KD (2010). Marketing foods to children and adolescents: Licensed characters and other promotions on packaged foods in the supermarket. *Public Health Nutrition* 13(3) 409-17.
23. Hawkes C. Food packing: the medium is the message (2010). *Public Health Nutrition* 13(2), 297-299.
24. Alvy, L. and S. Calvert (2008). "Food marketing on popular children's web sites: A content analysis." *Journal of the American Dietetic Association* 108(4): 710-713.
25. Henry, A. and M. Story (2009). "Food and beverage brands that market to children and adolescents on the internet: A content analysis of branded web sites." *Journal of Nutrition Education & Behavior* 41(5): 353-359.
26. Lingas, E., L. Dorfman, et al. (2009). "Nutrition content of food and beverage products on Web sites popular with children." *American Journal of Public Health* 99(3): S587-592.
27. Kelly, B., K. Bochynska, et al. (2008). "Internet food marketing on popular children's websites and food product websites in Australia." *Public Health Nutrition* 11(11): 1180-1187.
28. Maher A, Wilson N, Signal L, Thomson G (2006). Patterns of sports sponsorship by gambling, alcohol and food companies : an Internet survey. *BMC Public Health* 6(95).
29. Clark M & Brownell R (2012). The obesity games: the inside track on marketing strategies of Olympic food and soft drink sponsors, and the sponsorship deals behind them. [Cited 12 March 2013] Available from: <http://www.sustainweb.org/publications/?id=237>
30. Hebden L, King L, Kelly B, Chapman K, Innes-Hughes C (2012). A menagerie of promotional characters: Promoting food to children through food packaging. *Journal of Nutrition Education and Behaviour* 44(1):95.
31. Mehta K, Phillips C, Ward P, Coveney J, Handsley E, Carter P (2012). Marketing foods to children through product packaging: prolific, unhealthy and misleading. *Public Health Nutrition* 15(9): 1763-70.
32. Bowers S, Signal L & Jenkin G (2012). Does current industry self-regulation of food marketing in New Zealand protect children from exposure to unhealthy food advertising?. [Cited 17 October 2012] Available from: <http://www.otago.ac.nz/wellington/otago036971.pdf>
33. King L, Hebden L, Grunseit A, Kelly B, Chapman C (2012). Building the case for independent monitoring of food advertising on Australian television. *Public Health Nutrition*.
34. Roberts M, Pettigrew S, Chapman K, Miller C, Quester P (2012). Compliance with children's television food advertising regulations in Australia. *BMC Public Health* 12(1): 846.
35. King L, Hebden L, Grunseit A, Kelly B, Chapman K, Venugopal K (2010). Industry self regulation of television food advertising: Responsible or responsive? *International Journal of Pediatric Obesity*.
36. Advertising Standards Authority New Zealand. Code of Advertising to Children. Wellington: Advertising Standards Authority of New Zealand, 2010.
37. Advertising Standards Authority New Zealand. Children's Code for Advertising Food. Wellington: Advertising Standards Authority of New Zealand, 2010.
38. ThinkTV. Advertising on Television: Getting it right for children: ThinkTV 2011.
39. Swinburn B, Sacks G, Lobstein T, Rigby N, Baur LA, Brownell KD, Gill T, Seidell J, Kumanyika S; International Obesity Taskforce Working Group on Marketing to Children (2008). The 'Sydney Principles' for reducing the commercial promotion of foods and beverages to children. *Public Health Nutrition* 11(9) 881-6.



## REFERENCES (cont)

40. Ministry of Consumer Affairs (1997). Market self-regulation and codes of practice. [cite 2 April 2013] Available from <http://www.consumeraffairs.govt.nz/pdf-library/legislation-policy-pdfs/archived/market-self-regulation-codes-of-practice.doc/view>
41. Lumley J, Martin J, Antonopoulos N (2012). Exposing the Charade – The failure to protect children from unhealthy good advertising. Obesity Policy Coalition, Melbourne.
42. Thornley L, Singal L, Thomson G (2010). Does industry regulation of food and advertising protect child rights? *Critical Public Health* 20(1) 25-33.
43. Shaw C (2009). (Non) regulation of marketing of unhealthy food to children in New Zealand. *The New Zealand Medical Journal* 122 (1288).
44. Oliver TR (2006). The politics of public health policy. *Annual Review of Public Health*. 27: 195-233.
45. Advertising Standards Association (nd). Bugger...It's O.K: The case for advertising self-regulation. [cited 2 April 2013]. Available from [http://www.asa.co.nz/pdfs/ASA\\_Brochure.pdf](http://www.asa.co.nz/pdfs/ASA_Brochure.pdf)
46. Upshur RE (2002). Principles for the justification of public health interventions. *Canadian Journal of Public Health* 93 (2); 101-3.

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