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**Understanding the Policy and Public Debate Surrounding the Regulation of  
Online Advertising of High in Fat, Sugar and Salt Food and Beverages to  
Children**

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BA(Hons), MRes**

**Submitted in fulfilment of the requirements of the Degree of Doctor of  
Philosophy**

**School of Social & Political Sciences, College of Social Sciences**

**University of Glasgow**

**January 2019**

# Abstract

## Introduction:

In the United Kingdom (UK) increasing childhood obesity rates may be indicative of a lack of regulation of corporate influences that contribute to an obesogenic environment. A key feature in the policy debate surrounding childhood obesity is the role that online advertising of high in fat, sugar and salt (HFSS) food and beverages may play. Minimal research has been conducted in the UK seeking to understand stakeholders' views of regulating this online environment.

## Methods:

Focus groups with parents, secondary analysis of focus groups with children, consultation response analysis and professional stakeholder interviews were conducted. Thematic analysis was employed to analyse the focus groups and interview data, and frame analysis was employed to analyse the consultation.

## Findings:

Parents and children reported finding it increasingly difficult to attain a healthy diet, with online advertising of HFSS products appearing to be an 'external intruder' within the home environment. Findings were underpinned by participants' concerns on the power dynamics related to the regulation of online HFSS product advertising. Both industry power and State power were positioned as problematic, with regulation (or the lack of) considered an appropriate tool to address problematic power dynamics. Participants' concerns aligned with social justice and market justice values.

## Discussion and conclusion:

Participants' views indicate a complex debate surrounding the regulation of online advertising of HFSS products. Although tension existed between participants' acceptability of improved regulation of online advertising as an appropriate policy response to the extensive advertising of HFSS products, there appeared to be a desire for a re-negotiation of the power dynamics within the obesogenic environment to increase parents' and children's ability to attain a healthy diet. Statutory regulation, framed as an empowering public health policy rather than restrictive, may be one way to address the concerns described by the participants.

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## Acronyms

BCAP = Broadcast Committee of Advertising Practice

BMI = Body mass index

CRUK = Cancer Research UK

CSR = Corporate social responsibility

DCMS = Department of Culture, Media and Sport

CAP = Committee of Advertising Practice

ASA = Advertising Standards Agency

EU = European Union

SSBs = Sugar-sweetened beverages

UCIs = Unhealthy commodity industries

UK = United Kingdom

USA = United States of America

HFSS = High in fat, sugar and salt

OBA = Online behavioural advertising

OECD = Organisation for Economic Cooperation and Development

PHE = Public Health England

WHO = World Health Organisation

WOMM = Word-of-Mouth-Marketing

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## Acknowledgements

This thesis would not have been possible without a number of people. I am extremely grateful for the support and guidance provided by my supervisors Professor Shona Hilton, Dr Stephanie Chambers and Dr Kathryn Skivington. I have found the past four years to be the most inspiring start to my academic career, and that is because of your supervision. Thank you for believing in my ability to do it, especially when I put quite a tight deadline on at the end to begin my Fellowship. I'm looking forward to continuing to work together.

I wish to thank all the participants who took part in the study. Without them, this thesis would not exist. I will be always be grateful for the time they gave.

Thank you to Dr Ruth Lewis for taking the time to read a draft of the thesis and providing such useful feedback.

I wish to thank the MRC and CSO for funding this PhD. The support I have been provided from the MRC/CSO Social & Public Health Sciences Unit has been amazing. I would particularly like to thank Patricia Fisher, Avril Lague, Indira Gray, Elaine Hindle, Kate Campbell, Julie Watson, Brenda Butler, Susan Wilkie, Gillian Bell and Enni Pulkkinen for the support you have given me throughout the PhD. I would also like to thank Dr Helen Sweeting and Dr Katie Buston for the support and advice they have provided throughout my PhD.

I would have not been able to complete the PhD without the support of my fellow students, especially in the final stages when encouragement was needed most.

I would like to thank Dr Amy Nimegeer for commenting on a variety of drafts and applications, yours and Chris Patterson's advice were invaluable and our lunchtime chats were a cheery break in the working day. I would like to also thank Christina Buckton for very productive conversations about work, rugby, and weddings. Simon Barret and Dr Jon Olsen - my running pals, thank you for waiting for me at the end of races and Parkruns!

To the friends I have made over the past three years, your ability to make me smile and carry on has been invaluable. To Michelle, Susan, Megan, Rosie and Jo - you have given me a great amount of confidence in my abilities. You are all the best dancers I know - don't let anyone tell you any different.

To my parents, sisters and dogs (the Wacky Whites). Mum and Dad - you have raised me to be a very independent woman who knows her own mind. I thank you for that, as without it I'm not sure I would have been able to push through and get the thing finished. I always remember your one piece of advice that has guided me throughout: it is not the mistakes you make, but what you do after that speaks volumes about who you are. Your endless doggy bags, love and support were what I clung to. I hope I have made you proud. Hannah and Emma you are genuinely the best sisters anyone could have, and even though I'm the big sister thank you for taking me under your wing when I needed it. To Rory and Bramble, thank you for reminding me that joy can be found in the simplest of things. Take a walk, chase a ball, and roll in the leaves.

Thank you to all of my family - my Nan, the Crazy Condys, the Carters Crew, and the Reads. I have found that sometimes the best advice for getting through the PhD comes from those who have never done one. Also - thank you for all the doggy bags.

And finally, to Pip, my fiancé. From the Percy Pig Breakdown to the final submission, your unwavering support and belief has known no limits. Thank you for being you, for making me laugh all the time and for pushing me forward when I needed it. Thank you for also reminding me to pause and take the time to look outside of the PhD. Your dedication and drive has inspired me throughout.

## **Author's Declaration**

I declare that, except where explicit reference is made to the contribution of others, that this dissertation is the result of my own work and has not been submitted for any other degree at the University of Glasgow or any other institution.

Lauren Elsie White

# 1 Introduction

Childhood obesity is an increasingly debated public health issue and is high on the political agenda of governments around the world (House of Commons Health & Social Care Committee, 2018a, World Health Organization, 2016, House of Commons Health & Social Care Committee, 2015a). The detrimental health impacts of childhood obesity not only affect children's health, but its harmful consequences can extend into adulthood (Tedstone et al., 2015). In the United Kingdom (UK), like other high- to middle-income countries, the increasing rates of obesity may be indicative of a lack of regulation of corporate influences leading to an obesogenic environment (Freudenberg, 2014). The obesogenic environment is based on the environmental determinants of weight and obesity (Kirk et al., 2010). In 2016, 28% of Scottish boys and 29% of Scottish girls aged between two and 16 years of age were overweight or obese (Bardsley et al., 2017). The evidence suggests that children who have a high body mass index (BMI) when young are more likely to have a high BMI when adults, therefore increasing their risk of future health problems (Davis, 2015, Tedstone et al., 2015, National Obesity Observatory, 2009). These health problems can include both physical health, such as Type II diabetes, and mental health, such as depression (Tedstone et al., 2015).

In October 2015 the UK Government's Health Select Committee launched its 'Childhood Obesity Inquiry' where it called for evidence submissions on childhood obesity in the UK (UK Parliament, 2016). It built upon the Committee's previous work on the impact of diet and physical activity on health. It specifically focused on what the government should prioritise in their strategy for reducing rates of childhood obesity. This inquiry, as well as its 2018 follow-up (House of Commons Health & Social Care Committee, 2018a), has become a point of discussion for the UK Government, and public and media coverage of the Childhood Obesity Inquiry has been wide. During these inquiries, there was considerable interest in the role advertising plays in the increasing rates of childhood obesity, and in particular, the self-regulated online environment that contributes to the promotion of high in fat, sugar and salt (HFSS) foods and soft drinks to children (World Health Organization, 2016, Chambers et al., 2015, Cairns et al., 2009, World Health Organization, 2006).

Studies have shown that advertising, in both broadcast and non-broadcast formats, can impact children's dietary preferences (Coates et al., 2019b, Boyland et al., 2011, Kelly et al., 2010, Buijzen et al., 2008). Research demonstrates that the viewing of these HFSS food and soft drink advertisements was associated with their likelihood of consuming HFSS immediately after (Cairns et al., 2013b). Research with parents has demonstrated that although parents were aware of the variety of advertising that their children were exposed to through broadcast or non-broadcast means, they were unaware as to the impact this could have on their children (Cornish, 2014, Bailey, 2011, Morley et al., 2008). Although considerable research has been conducted examining the public's perception of television advertising to children, less has been investigated in the online environment.

In the UK, the Committees of Advertising Practice (CAP) and the Advertising Standards Authority (ASA) are responsible for the regulation of the online advertising of HFSS products. These organisations are industry-funded self-regulatory bodies. Globally, there has been considerable research examining the effectiveness of self-regulatory bodies in reducing the amount of harmful advertising seen by children (Boyland and Harris, 2017, Chambers et al., 2015, Knai et al., 2015, Bryden et al., 2013, Galbraith-Emami and Lobstein, 2013, Hawkes, 2005). In terms of the online advertising of HFSS products in the UK, stronger regulation is often cited as a policy response within childhood obesity debates (UK Parliament, 2016). Often in these debates, three key groups of actors are described as holding some form of responsibility: 1) government; 2) industry; and 3) parents (Handsley et al., 2014). However, as far as I am aware, no research has been conducted in the UK context examining different actors' views of regulation as a policy response to online advertising of HFSS products, nor has this been considered from the perspective of children.

To date, there has been little empirical research into the policy and public debate surrounding the regulation of online advertising of HFSS food and soft drinks and its regulation. In the UK there has been a call from several organisations and institutions, such as Public Health England (PHE) (2015) and the House of Commons Health & Social Care Committee (2015a) to improve the evidence base surrounding online advertising of HFSS food and soft drinks.



This PhD aimed to provide an in-depth examination of the policy and public debate surrounding online advertising of HFSS food and soft drinks to children, and how online advertising is positioned within the context of the mounting evidence of contributory factors to childhood obesity. The PhD project is comprised of four data sources: 1) focus groups with parents, 2) a secondary analysis of focus groups with children, 2) framing analysis of the 2016 CAP consultation responses on non-broadcast advertising of food and soft drink, and 3) stakeholder interviews.

## **1.1 Policy development timeline**

This PhD study was undertaken during a time when the debate around the online advertising of HFSS food and drinks was changing rapidly (2015-2018). It was a time of active policy change, and therefore the PhD had to adapt throughout. Below is a timeline of the policy developments between 2015 and 2018 and how these impacted the PhD.

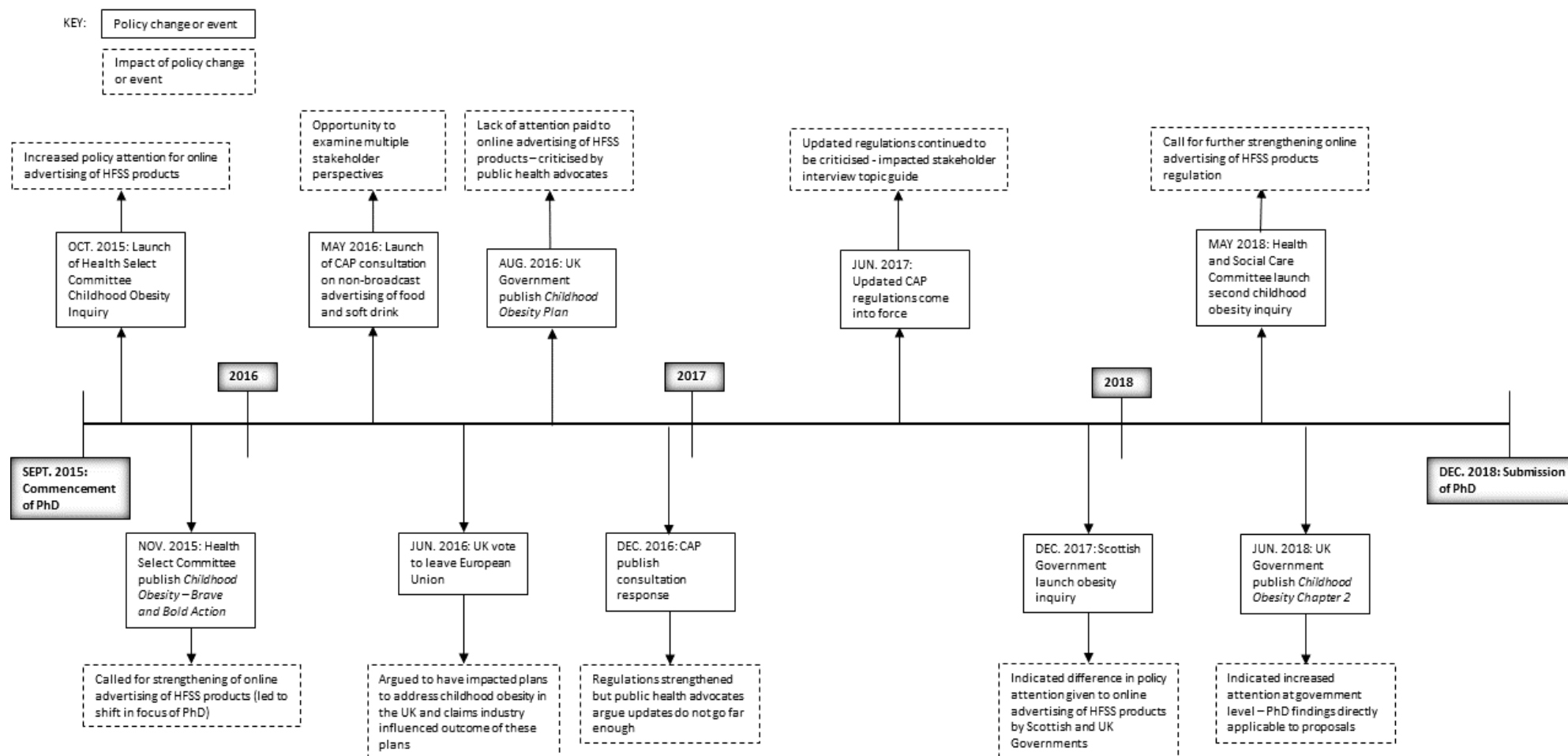


Figure 1. - Policy development timeline 2015-2018

## **1.2 Thesis structure**

The thesis consists of eight chapters, with four data sources incorporated. The thesis begins with an overall literature review related to the policy and public debate surrounding the regulation of online advertising of HFSS food and soft drinks to children (Chapter 2). Next, it describes the methodology guiding Study 1 (Chapter 3), which was a consultation analysis of the 2016 CAP consultation on non-broadcast advertising of food and soft drink to children (Chapter 4). The following chapter (Chapter 5) describes the methodology associated with Studies 2 (focus groups with parents), 3 (secondary analysis of focus groups with children aged 12 to 15 years) and 4 (interviews with professional stakeholders). Next, the findings generated through the analysis of these four qualitative studies are presented (Chapters 6 and 7). The final chapter provides an overarching discussion of the findings and how these relate to the wider literature, the original contributions of the thesis as well as concluding the thesis (Chapter 8).

In the interests of brevity, for the remainder of this thesis, HFSS food and soft drink will be referred to as HFSS products.

## **2 Literature review**

This chapter explores the literature that informed this thesis, highlighting the gap in the knowledge base. The chapter begins with an overview of why the public health debate surrounding childhood obesity is an important context to consider for this study. It is then followed by a discussion on the global and UK policy environment surrounding childhood obesity and online advertising of HFSS products to children. Next, it explores the literature associated with commercial determinants of health, examines unhealthy commodity industries (UCIs) and how the strategies employed by UCIs may have a detrimental impact on health and public health policymaking. This is followed by an examination of the relationship between children and advertising, in both television and online formats, and the evidence surrounding its impact on children's dietary preferences. Research examining views of advertising are then considered. The chapter ends by highlighting the gaps in evidence and presents the research questions guiding the study.

### **2.1 Childhood obesity: a challenge to public health at global, national and local levels**

#### **2.1.1 Childhood obesity as the overarching study context**

This study emerged from increased scrutiny of online advertising of HFSS products as a feature of the wider obesogenic environment that may contribute to high-levels of childhood obesity within the UK (UK Parliament, 2016, Hastings et al., 2003). As seen in Chapter 1, there has been an increased focus in the UK on childhood obesity as a public health issue requiring policy attention. The publication of Hastings et al.'s (2003) report highlighted the role of marketing of HFSS products to children as contributing to children's increased consumption of HFSS products and poor dietary preferences. This led to increased academic and policy scrutiny of the ways in which advertising specifically may be a contributing factor in poor dietary preferences amongst children and the over-consumption of HFSS products. Over time, attention has shifted from focusing on broadcast mediums, for example television, to non-broadcast mediums, such as online or digital environments (Cairns et al., 2013a).

In 2015, the UK Government's Childhood Obesity Inquiry highlighted the pervasive online advertising of HFSS products as being of concern, and called for increased research into online advertising of HFSS products to children (House of Commons Health & Social Care Committee, 2016, UK Parliament, 2016). This inquiry highlighted a concern amongst some policymakers and public health advocates as to the weak regulatory structure that was in place for online advertising, with increased regulation (potential for it to be statutory) cited as an appropriate policy response from the Government. The online advertising of HFSS products is inherently intertwined with the wider debate regarding effective solutions to reducing rates of childhood obesity in the UK and globally (Tedstone et al., 2015).

### **2.1.2 Global**

Childhood obesity rates remain high in many countries across the globe, posing a serious public health challenge (World Health Organization, 2016). Although infant, child and adolescent obesity has plateaued in some nations, rates of obesity overall are at a record high. It was estimated that in 2016, 124 million children and adolescents worldwide were obese, with an additional 216 million being overweight (World Health Organization, 2016). This is a tenfold increase from the 11 million children and adolescents who were obese in 1975.

There is strong evidence that obesity is associated with belonging to low socioeconomic status groups and living in areas of high deprivation (Loring and Robertson, 2014). According to a 2017 study (NCD Risk Factor Collaboration, 2017) the levels of global childhood overweight and obesity have risen sharply over the past four decades, including in low- and middle-income countries. East Asia, North Africa and the Middle East were found to have the largest increase in number of children and adolescents with obesity. This rise has occurred most rapidly in Asia.

A report by the Organisation for Economic Cooperation and Development (OECD) (2017) stated that the United States of America (USA) had the highest rates of childhood obesity at 31%, whereas Denmark had the lowest at 10% (OECD, 2017). This report also highlighted that despite a range of policies being initiated across OECD countries over several years, the number of children who are at risk of

overweight or obesity had steadily increased over the past decade in the majority of countries.

### **2.1.3 United Kingdom**

In 2018, 30% of Scottish boys aged between two years and 15 years of age were assessed as overweight or obese, and 27% of Scottish girls (Scottish Government, 2019). There has been little change in rates of risk of obesity between boys and girls in Scotland between 1998 and 2016, however for boys there has been a decline in prevalence of risk of obesity specifically since 2012 (20% in 2012 and 14% in 2016) (Bardsley et al., 2017).

In England, almost one third of children aged two to 15 years of age were assessed as overweight or obese in 2017 (National Statistics, 2018, National Statistics, 2017). More specifically, one in three children aged between 10-11 years old were classed as being overweight or obese (National Statistics, 2018, National Statistics, 2017). One in every five children in England will begin primary school either overweight or obese, and this increases to one in every three children by the time they leave primary school (House of Commons Health & Social Care Committee, 2015a).

Obesity cost NHS England £6.1 billion in 2014/15 (Public Health England, 2017). It is estimated that obesity costs wider society £27 billion per year, for example in sick leave from employment and in economic development. The most recent estimate in Scotland suggested that in 2007/2008 overweight and obesity cost NHS Scotland £312 million (Scottish Government, 2010). By 2050, economic modelling has estimated that UK-wide healthcare costs as a result of obesity-related illnesses will reach £9.7billion per year, and wider costs to society reaching £49.9 billion. This rise in cost is due to the increase in rates of overweight and obesity, as well as the resulting health complications. The growth in obesity coincides with the growth of the HFSS product industry's influence on food production, marketing and consumption (Freudenberg, 2014).

### **2.1.3.1 Areas of deprivation, low-income populations and healthiness of children's diets**

In England, research has found that obesity is strongly linked to rates of deprivation, with children living in the most deprived areas twice as likely to be obese compared to their least deprived peers throughout primary school (Tedstone et al., 2015, Stamatakis et al., 2009). A recent study examining childhood obesity and inequalities in children aged between two and 15 years of age in Scotland demonstrated that between 1998 and 2014, inequalities persisted and widened (Tod et al., 2017). The study found that this was due to obesity rates remaining stable in the least deprived groups, whereas they had increased in the most deprived groups of children. One suggested reason for this increase was that this was due to those children and their families from the least deprived areas already being engaged with their health, and information campaigns being readily acted upon. It was argued this may only widen health inequalities rather than reduce them, hinting that other structural factors, such as the cost of living or access to healthy food, prevent those families from more deprived areas from enacting on these information campaigns (Tod et al., 2017, House of Commons Health & Social Care Committee, 2015a, Tedstone et al., 2015, Marmot, 2005).

## **2.2 Current policy landscape – from global to local**

### **2.2.1 Global policy landscape**

In terms of global policy, the World Health Organization (WHO) has been at the forefront of promoting regulation in the online environment in regards to HFSS product advertising to children (World Health Organization, 2014b, World Health Organization, 2012, World Health Organization, 2010, Cairns et al., 2009, Hastings et al., 2006, Hawkes, 2006, World Health Organization, 2006). In 2010 the WHO set out 12 policy recommendations (Appendix A) for states to consider and implement. The 12 recommendations were based upon the evidence base available at that time (Cairns et al., 2009, Hastings et al., 2006, Hawkes, 2006), and are focused on five areas identified as key: 1) rationale for recommendations; 2) policy development; 3) policy implementation; 4) policy

monitoring and evaluation; and 5) research. The recommendations were general, allowing for each nation state to interpret independently. There were no mentions of the medium from which the marketing may originate from, for example either through television or online, however Recommendation 2 stressed the importance of reducing the exposure and power of such marketing to children. The report emphasised a major shift in industry's focus from broadcast advertising, such as television and radio, to non-broadcast advertising, via the Internet (Cairns et al., 2009, Hastings et al., 2006, Hawkes, 2006), citing improved regulatory conditions as vital to protecting children from these novel advertising practices.

Some jurisdictions have either banned or limited advertising of unhealthy commodities to protect public health and limit chronic disease (Freeman and Chapman, 2008). For example, the WHO Framework Convention on Tobacco Control obliges parties to ban all forms of tobacco advertising. The UK banned television advertising of HFSS products surrounding children's programming in 2007. Alcohol advertisements are restricted in a variety of ways. However, the majority of these restrictions largely refer to traditional forms of advertising through mainstream media, such as television, print or radio, and fail to address the diverse forms of online advertising. Public health policies that regulate advertising are normally implemented one medium at a time, with television being first, billboards being second and then followed by print. Companies can therefore change where they 'place' their advertisements in order to continue to promote their products. UCIs are argued to exploit areas that are less tightly regulated to continue to promote their products and brands (Petticrew et al., 2017b). The online environment is one of those alternative placements. Despite some countries having a broad enough definition of advertising to include online advertising, it remains a loosely regulated environment with little enforcement of rules as websites often fall outside of nation's legal jurisdiction (Freeman and Chapman, 2008).

In the European context, there have been some important developments within the last two decades. In 2014, 33 out of 53 countries within Europe were reported to have taken 'some action' on the marketing of HFSS products to children, with 20 countries having taken 'no action' (World Health Organization,



2014a). This is a marked difference to 2006, when the majority of countries reported ‘no action’, demonstrating that attention and action surrounding marketing has increased. However, a recent follow-up report has found that progress is slow within the European region regarding the limiting of advertising and marketing of HFSS products to children (Boyland et al., 2018a). This report argued that nation states need to adopt more proactive strategies to protect the rights of children from such commercialisation.

### **2.2.2 United Kingdom policy landscape**

Within the UK there are four central bodies that are tasked with monitoring advertising to the general public: the Advertising Standards Authority (ASA), Committees of Advertising Practice (CAP), Broadcast Committee of Advertising Practice (BCAP) and Ofcom (see Appendix B for diagram of regulatory system). The ASA is responsible for regulating all advertising across all media - both broadcast and non-broadcast - in the UK (ASA, 2015). The CAP is responsible for writing and maintaining the UK non-broadcast advertising codes (CAP, 2015c). BCAP is responsible for writing and maintaining the broadcast advertising codes in the UK. Ofcom is the independent regulator and competition authority for the UK communication industries, and BCAP has to refer to the Ofcom regulatory framework (Ofcom, 2016). All four organisations are independent of the UK Government and there is no governmental body that oversees advertising regulation.

The ASA and CAP are responsible for the non-broadcast advertising of food and beverages, and this includes online advertising (CAP, 2016g). Currently the rules require that food and beverage advertisements do not condone unhealthy or poor nutritional habits, or advocate an unhealthy lifestyle to children. There is a ban on the use of celebrities, promotions or licensed characters in foods and soft drinks HFSS advertisements only (they can use such methods to promote non-HFSS products as defined in the Department of Health Nutrient Profiling Model (2011)) and they must not encourage ‘pester power’. ‘Pester power’ is when children repeatedly ask their parents for products (McDermott et al., 2006). These rules apply to children under the age of 16 years. The CAP are responsible for writing the Regulatory Code, and it is the ASA that administers

the Code. As such, online advertising of HFSS products is currently self-regulated through companies regulating their advertising practices as well as the ASA and CAP monitoring advertisements (ASA, 2015, CAP, 2015b). On several occasions, this self-regulatory model has been noted to be ineffective (Nairn and Hang, 2014, Hawkes, 2005).

In 2011, the Bailey Review called for a reduction of the sexualisation and commercialisation of British children online. The main findings of this review were that parents were increasingly concerned about their children's welfare in a highly sexualised and commercialised online environment (Bailey, 2011). They believed that they, as parents, were primarily responsible for protecting their children from such harmful effects, however they described desiring more help to be available to them and that the UK Government should be responsible for regulating such environments.

As a result of the Bailey Review, UK Prime Minister at the time, David Cameron, called for research into the harmful effects of advergames (Nairn and Hang, 2014). These games are created by companies to promote their products, are largely targeted to children and are used particularly by food and beverage companies. A result of this call was a policy brief (Nairn and Hang, 2014) that highlighted the dangers of advergames and the detrimental effects they can have on a child's health and wellbeing, particularly the way they persuade at the emotional and subconscious level of the brain. Once again, the policy brief called for an open public debate on the use of advergames as a form of advertising targeting children, demonstrating that concerns surrounding online advertising of HFSS products are well-established in recent policy debates.

### **2.2.2.1 Childhood Obesity Inquiry 2015-2017**

In 2015 the UK Parliament launched the Childhood Obesity Inquiry to gather evidence on the most effective ways to tackle childhood obesity rates in the UK (House of Commons Health & Social Care Committee, 2016). Over the course of the inquiry, several oral and written evidence sessions were considered. The House of Commons Health and Social Care Committee, at the time known as the Health Committee, was responsible for convening these evidence sessions.

In October 2015, as a result of this inquiry, PHE released their report titled: *Sugar Reduction: The Evidence for Action* (Tedstone et al., 2015). This report examined the available evidence regarding the role that sugar consumption plays in children's diets and recommended eight areas that required action:

1. Price promotions in retail outlets
2. Marketing and advertising of high sugar foods and beverages across all media
3. Clear definition of high sugar foods
4. Sugar reduction programme across food and beverage products
5. Tax or levy on full sugar soft drinks
6. Improvement of monitoring of public sector food environments
7. Improved training for those who influence food choice in catering, fitness and leisure sectors
8. Education for public and professionals to lower sugar intake

These recommendations were considered to be the most pressing interventions for the Government to action.

On 30<sup>th</sup> November 2015, the Health and Social Care Committee published its report titled: *Childhood Obesity - Brave and Bold Action* (House of Commons Health & Social Care Committee, 2015a). The report drew upon the PHE report (Tedstone et al., 2015) described above, making several recommendations to the Government that they deemed essential to reduce rates of childhood overweight and obesity in the UK. Nine areas for action were identified:

1. Promotion of HFSS products
2. Restrictions on advertising to children

3. Reformulation of food and beverage and portion size
4. Taxation of full sugar drinks
5. Labelling
6. Education and information
7. Nutrition standards in schools
8. Local authorities and the wider public sector
9. Early intervention driven by the National Child Measurement Programme

The report concluded that the evidence on childhood obesity and its multitude of causes was vast, and therefore all of their recommendations were supported by this evidence base. They called for the Government response to be bold in implementing effective policy.

Following this report, the UK Government published their strategy for addressing childhood obesity titled: *Childhood Obesity: A Plan for Action* (HM Government, 2016). This report explained the Government's plan for reducing rates of childhood obesity through 14 separate proposals:

1. Sugar tax levy
2. Sugar reformulation in food
3. Food innovation
4. Updated nutrient profiling model
5. Healthy options in the public sector
6. Support schemes for cost of health food
7. Improving physical activity levels

8. Improving sport and physical activity programmes in schools
9. Healthy rating scheme for primary schools
10. Healthier school food
11. Clearer food labelling
12. Supporting early years settings
13. Harnessing new technology
14. Enabling health professionals to support families.

However, no reference was made to food and beverage advertising in this report, a point that was heavily criticised by the public health community (Boseley, 2016, Moore, 2016). At the end of the inquiry, no action was taken by the Government regarding the online advertising of HFSS products to children, despite recommendations made by both PHE (2015) and the Health and Social Care Select Committee (2015a).

#### **2.2.2.2 Committees of Advertising Practice Consultation 2016**

In 2015, the CAP launched their consultation titled: *CAP Consultation: Food and Beverage Advertising to Children* (CAP, 2015a). The public consultation opened on the 13<sup>th</sup> May 2016, and closed on the 22<sup>nd</sup> of July 2016. According to the CAP, this consultation was launched in response to increasing public policy attention on childhood obesity (see Chapter 3 section 3.3.1 for more details on proposals and results).

As a result of the responses to the consultation, several amendments were made to the Code. The CAP argued that these ‘significant’ changes to the rules would result in a reduction in children’s exposure to advertising of HFSS products. However, it has been suggested that the updated Code continues to fail to prevent problematic advertising despite these regulatory changes (Turner and Jones, 2018). For example, Turner and Jones (2018) cite their complaint

regarding the promotional material used by Nestlé to promote their Milkybar Buttons product, in which Nestlé use the Milkybar 'Kid' character as well as state the product contains 37% milk and is the biggest ingredient. Turner and Jones (2018) argued that this was misleading, as the product in fact contains 53% sugar and thus this is the biggest ingredient. Despite this complaint, ASA ruled against Turner and Jones (2018) and agreed with Nestlé that the promotion was not misleading, and therefore rejected their complaint.

The updated Code came into force in July 2017, in the middle of data collection for this PhD study (Chapter 3 section 3.3.1 describes, in full, the updated Code).

### **2.2.2.3 Childhood Obesity Inquiry 2018**

On 7<sup>th</sup> March 2018 the UK Parliament launched a second Childhood Obesity Inquiry (House of Commons Health & Social Care Committee, 2018a) as a follow-up to the 2015 Childhood Obesity Inquiry (House of Commons Health & Social Care Committee, 2016). It gathered evidence from a variety of actors, such as academic researchers, public health advocates and industry members.

The Health and Social Care Committee (2018b) released its report, in which it described eight areas it viewed as being key to addressing childhood obesity:

1. A whole-systems approach
2. Marketing and advertising
3. Price promotions
4. Early years and schools
5. Takeaways
6. Fiscal measures
7. Labelling
8. Services for children with obesity

The Committee endorsed calls for a 9pm watershed on HFSS product advertising, as well as aligning regulations between broadcast advertising and non-broadcast advertising. This recommendation was made despite CAP claiming their updated Code had made this alignment.

In June 2018, the Department of Health and Social Care published their response to the above report, on behalf of UK Government (Department of Health & Social Care, 2018). This report, titled: *Childhood Obesity: A Plan for Action Chapter 2*, set out the UK Government's plan for addressing childhood obesity and was an update to their 2016 publication (HM Government, 2016). This publication, in contrast to the 2016 publication, addressed advertising and promotions of HFSS products directly. In this report, two outcomes were produced in relation to advertising; 1) consult, before end of 2018, on the introduction of a 9pm watershed of TV and online advertising of HFSS products; and 2) consider if legislation is needed, rather than the self-regulatory model, for protecting children from online advertising of HFSS products. These outcomes arguably represent a shift in focus for the UK Government.

### **2.2.3 Scotland's policy landscape**

In Scotland there has been increasing attention paid to the issue of online advertising of HFSS products. Although the CAP, ASA and Ofcom are UK-wide organisations, and advertising is not a devolved issue, the Scottish Government has been relatively outspoken concerning advertising regulations (Scottish Government, 2017).

A report conducted by IPSOS-Mori for the Scottish Government in 2015 has found that food and beverage marketing to children and young people is a prominent feature of their food environment (Cairns, 2015b), with 63.5% of 11-18 year olds having seen at least one or more food and beverage marketing promotion in the seven days preceding the survey. It was reported that a significant proportion of these were through broadcast media. The Scottish Government Minister for Public Health in 2015 at the time, Maureen Watt, called for the UK Government to extend the television advertising ban to include the 9pm watershed. As of yet, this recommendation has not been implemented, despite consultation (HM Government, 2019).

### 2.2.3.1 Scottish Government Obesity Consultation 2017-2018

In 2017 the Scottish Government launched a consultation titled: *A Healthier Future - Action and Ambitions on Diet, Activity and Healthy Weight* (Scottish Government, 2017). The consultation was launched in response to obesity rates in Scotland. There were three key areas that the Government wished to target; 1) transforming the food environment, 2) living healthier and more active lives, and 3) leadership and exemplary practice. The consultation sits within the 2017-2018 Programme for Government, where the emphasis is placed on improving the lives of young people in Scotland.

Of particular importance to this study, the Scottish Government highlighted in the consultation the prevalence of advertising and marketing of HFSS products, particularly that which takes place online. The consultation argued that the updated CAP Code on non-broadcast advertising was not stringent enough, and called for further strengthening of the Code. The consultation stated that:

*We will monitor and review the implementation and impact, in 2018, of the Committees of Advertising Practice (CAP) code on non-broadcast advertising of products high in fat, salt and sugar. If we assess this is not sufficient, we will take any necessary steps to embed good practice. We will also continue to press the CAP to adopt the revised nutrient profile model once it is available* (Scottish Government, 2017, p7).

The results of this consultation were published in April 2018, and 363 responses were received (Griesbach and Waterton, 2018). Overall, the responses agreed that overweight and obesity were significant problems for Scotland. Two distinct groups emerged during the analysis of the responses; 1) public health, third sector and private weight management organisations and 2) food and beverage industry, advertising and media organisations. The responses to the proposals on advertising are of interest to this study. The results show that respondents who agreed with strengthening the restrictions on advertising saw it as being a successful approach to reducing the consumption of HFSS products - with many calling for a complete ban on such advertising. Those who were not in favour argued that advertising only has a modest effect on food preferences,



and that further restrictions would have negative consequences for both industry and the public.

In July 2018, the Scottish Government published their response to the consultation results titled: *A Healthier Future - Scotland's Diet and Healthy Weight Delivery Plan*. A key outcome of this delivery plan is to ensure the food environment in Scotland supports healthier choices. In regards to the online advertising of HFSS products, the Scottish Government described four key actions:

1. *The Scottish Government will in 2019 explore the scope for strengthening the CAP regulations on advertising HFSS products online, taking account of the ASA review due to conclude at the end of 2018;*
2. *The Scottish Government urges the UK Government to work with it and the devolved administrations in considering the right approach to the regulation of online advertising of HFSS products;*
3. *The Scottish Government will consider the ASA's review of the implementation and impact of the CAP Code on non-broadcast advertising of HFSS products and, if insufficient progress has been made, will consider what action we can take to protect children from exposure to HFSS product advertising. The Scottish Government will continue to call for the CAP to adopt PHE's forthcoming nutrient profile model, revised in line with the latest scientific evidence;*
4. *The Scottish Government urges the UK Government to pursue measures to restrict the use of licensed characters, brand equity characters and celebrities to promote HFSS products to children (The Scottish Government, 2018).*

The Scottish Government does not currently have devolved power to implement policy on these outcomes, and therefore has to 'urge' the UK Government to do so. They also acknowledged the need to work with the food and beverage

industry in order to improve the food environment, therefore arguably occupying the ‘middle-ground’ between public health and business interests.

As can be seen from the above examination of the global, UK and Scottish policy environment, the online advertising of HFSS products in relation to childhood obesity was present at all policy discussions. However, in reaction to the recommendations made, there has been minimal movement at the State policy-level.

As such, the numerous consultations and inquiries in the UK demonstrate that online advertising of HFSS products is site of active policy attention.

## **2.3 Unhealthy commodity industries**

### **2.3.1 Unhealthy commodity industries as commercial determinants of health**

Underpinning these wider policy discussions described above, is the argument that the HFSS product industry is an unhealthy commodity industry that contributes to poor health. As such, they are considered to be commercial determinants of health (McKee et al., 2019). Freudenberg and Galea (2007) argue that corporations are the dominant global organisational form in the 21<sup>st</sup> century. Corporations have displaced prior social influences, such as religion, family and government, resulting in an increase in their influence over population health (Moodie et al., 2013, Freudenberg and Galea, 2007). Since the first corporation emerged in the 16<sup>th</sup> and 17<sup>th</sup> centuries, their influence on almost all aspects of modern life has increased (Freudenberg and Galea, 2007). They are a prevailing influence in some health care policies, as well as a driving force shaping patterns of consumption and lifestyle via the products they produce and market (Hawkes, 2006, Schor, 2004, Cross, 2002, de Graaf et al., 2001). It is argued that they are more powerful than some countries: McDonald’s would rank as the 92<sup>nd</sup> wealthiest country in the world based on its monetary value (Trivett, 2011).

In 2013, WHO Director-General Margaret Chan outlined that chronic non-communicable diseases (NCDs) had overtaken infectious diseases as the leading cause of death, disability and morbidity globally (World Health Organization, 2013). There has been increasing concern from public health advocates of the role that UCIs may play in propagating the NCDs pandemic (Kickbusch et al., 2016). UCIs and other corporations are seen to have more impact on public health than that of health officials and doctors as well as being a ‘vector of disease’ through their supply of unhealthy products (Mialon et al., 2015, Freudenberg, 2014). As such, there has been increasing academic attention paid to the mechanisms through which these UCIs impact health, conceptualising them as commercial determinants of health (McKee et al., 2019, Kickbusch et al., 2016).

Kickbusch et al. (2016, e895) defines commercial determinants of health as *“strategies and approaches used by the private sector to promote products and choices that are detrimental to health”*. There is substantial evidence suggesting that the overall burden of NCDs can be attributed to consumer products such as tobacco, alcohol or HFSS products (Petticrew et al., 2018, Petticrew et al., 2017a, World Health Organization, 2014b, Moodie et al., 2013, Stuckler et al., 2012). Therefore, it is vital to acknowledge UCIs influence on health and the role they play in public health policymaking. This is particularly important given that as consumption rates are saturated in high-income countries, UCIs move to increase consumption of these products in low- and middle-income countries where markets continue to grow (Stuckler et al., 2012).

A key concern for public health is the role that power plays within the commercial determinants of health. McKee and Stuckler (2018) describe how UCIs are able to exert, maintain and extend their power in societies, in order to prevent regulation of their industries that negate their vested interests or to retain control of those regulations (Otero, 2018). Currently, there is a perceived imbalance of power between global corporations and governments (Freudenberg, 2014). Corporations are seen to hold the majority of power, with a variety of strategies used to maintain this despite increased advocacy and policy efforts. A more nuanced discussion regarding the role of corporate power

can be found in Chapter 7, as it directed the analysis of the findings presented in that chapter.

### **2.3.2 Strategies employed by unhealthy commodity industries to exert, maintain and extend power**

The strategies used by UCIs to exert, maintain and extend their power through hindering regulation have been under increasing investigation, particularly the tobacco and alcohol industries (Hawkins and McCambridge, 2018, Hiscock et al., 2018, McCambridge et al., 2018, Petticrew et al., 2018, Petticrew et al., 2017a, Savell et al., 2016b, Weishaar et al., 2016). Recent research suggests that the HFSS product industry are employing similar techniques as tobacco and alcohol industries (Freudenberg, 2014). It is argued that UCIs use a combination of ‘hard power’ (building financial and institutional relations) and ‘soft power’ (influence of culture, ideas, and of scientists, advocates and public) to maintain their foothold within the policymaking process (Stuckler et al., 2018, Moodie et al., 2013). Moodie et al. (2013) suggest four strategies are commonly used by UCIs to exert their ‘hard’ and ‘soft’ power, to influence public health legislation and avoid statutory regulation.

The first strategy is to bias research findings and the framing of these through media discourses (McKee and Stuckler, 2018, Petticrew et al., 2018, Moodie et al., 2013). Evidence suggests that UCI strategies involve the mischaracterisation and misuse of the scientific process and resulting evidence base (Richards et al., 2015, Pettigrew et al., 2013). This is achieved through the use of ‘pseudo-scientific’ processes and language. The misrepresentation and misuse of evidence is considered to impact how policy issues are presented, understood and debated and aligns with theoretical debates around framing of issues within media discourses (Entman, 1993). For example, released confidential documents revealed that Philip Morris International hired doctors to publish confounder studies that aimed to negate the links between environmental tobacco smoke and health harm (Philip Morris, 1999). The tobacco industry established independent organisations that then published biased scientific reports, denied harm and suppressed health information (Moodie et al., 2013). International food and beverage corporations use similar models, through

funding biased research (Lesser et al., 2007). Lesser et al.'s (2007) systematic review found that peer-reviewed articles sponsored solely by food and beverage companies were four to eight times more likely to have conclusions favourable to the sponsoring company than those articles which were not sponsored.

The second strategy discussed by Moodie et al. (2013) is that industries engage with policymakers and health professionals, allowing them to partake in agenda-setting and rule-setting processes. As the regulatory power of governments have increased, UCIs have had to find new ways to influence decision-making and policymakers. McKee and Stuckler (2018) describe how UCIs place advisors on key committees, allowing industry to be part of the rule-setting process (Fuchs and Lederer, 2007). In addition, partaking in consultations is a further means by which UCIs seek to engage with the policy process, framing issues to align with their vested interests (Scott et al., 2017, Jenkin et al., 2011). Alcohol corporations have employed these methods to influence the design of policy, particularly in low- and middle-income countries (Bakke and Endal, 2009). Lesotho, Malawi, Botswana and Uganda were assisted by SAB Miller in writing their national alcohol control policies. Bakke and Endal (2009) found that all four draft policies were nearly identical in wording. These policies were designed to meet industry vested interests, at the expense of public health. For example, there was an emphasis on unproven individual-level prevention measures such as consumer education, rather than a consideration of wider public health strategies like reducing the availability of alcohol (Bakke and Endal, 2009). The engagement strategy is aimed at legitimising and normalising the UCIs role in policy development. In the case of the food and beverage industry, there is a tendency for corporations to advocate for self-regulatory frameworks (Hawkes, 2005). However, evidence suggests that these self-regulatory frameworks, particularly for advertising, are not effective at reducing the amount of advertising children are exposed to (Boyland and Harris, 2017, Chambers et al., 2015, Freudenberg, 2014, Galbraith-Emami and Lobstein, 2013, Hawkes, 2005).

The third strategy utilised by UCIs is to lobby politicians and public officials to design policies that meet their vested interests, or oppose those that undermine those interests (Moodie et al., 2013, Miller and Harkins, 2010). Once again,

released confidential and public documents from UCIs show UCIs employing this strategy. In 2009, PepsiCo reported spending more than \$9million to lobby USA Congress. PepsiCo's policy is to support candidates who are 'pro-business'. Another example from the food and beverage industry was the Sugar Association's threat to the WHO that it would lobby the USA Government to withdraw funding, as a result of a report linking sugar consumption and an increase in NCD risk (Boseley and McMahon, 2003). The alcohol industry has employed similar lobbying strategies, through various financial activities. USA Senate records show that the largest alcohol companies spent \$150million lobbying between 1999 and 2011, compared to the tobacco industry's spend of \$40million (Jernigan, 2011).

The fourth strategy utilised by UCIs is to encourage voters to oppose public health regulations and support particular political candidates (Moodie et al., 2013). The tobacco industry has campaigned for a restricted role of government, arguing that tobacco use is an individual's choice and therefore responsibility, often citing the nanny-state when regulation is proposed as a policy solution (Capewell and Lloyd-Williams, 2018, Richards et al., 2015, Moodie et al., 2013). This is in contrast to public health arguments, which seek to promote the importance of social, economic, ethical and political considerations in decision-making. 'Individual responsibility' campaigns have also been promoted by the food and beverage industry. Research has found that the HFSS product industry encourages ineffective educational approaches (Wiist, 2011).

Underpinning these strategies is how UCIs frame their industry within discourse that ensure policy meets their vested interests. Framing theory proposes that the way in which something is presented to an audience - 'the frame' - influences how that audience processes that information (Entman, 1993). These frames are abstractions that organise or structure the meaning of messages. Within media, a source from which many audiences gather information from, the frames placed on media reporting can influence how audiences receive and understand those messages (Nimegeer et al., 2019, Buckton et al., 2018, Entman, 1993). Framing theory was first established by Erving Goffman, in his proposal of 'frame analysis', where he argues that people interpret their lives through frameworks built from experience in order to place meaning on new

events (Goffman, 1986). For an in-depth exploration and examination of framing theory, and how this applies to commercial determinants of health, see Chapter 3 and 4.

A further area often referred to by both UCIs and the public health community is UCIs use of corporate social responsibility (CSR) campaigns. CSR includes a company's economic, legal, philanthropic, and ethical responsibilities to society, as well as their financial responsibility to its shareholders (Richards et al., 2015, Dorfman et al., 2012b, Brownell and Warner, 2009). However, there is substantial cynicism about corporate social responsibility (Dorfman et al., 2012b). Many companies that sell sugar-sweetened beverages (SSBs) now launch CSR campaigns, due to the increasing evidence demonstrating SSBs as being implicated in the increase of global obesity rates. However, there is a conflict of interest when companies who produce and sell products that contribute to ill health utilise CSR campaigns (Brownell and Warner, 2009). It is argued that these companies use CSR to promote health to improve their reputation, whilst diverting attention from their production and marketing of unhealthy products such as tobacco or HFSS products.

### **2.3.3 Market justice, social justice and responsibility for health**

The evidence around these strategies correlates strongly with Beauchamp's work on market justice and social justice (Dorfman et al., 2005, Beauchamp, 1976). Market justice defines that *"people are entitled only to those valued ends such as status, income, happiness, etc., that they have acquired by fair rules of entitlement, e.g. by their own individual efforts, actions or abilities"* (Beauchamp, 1976, p4). Market justice emphasises the role of voluntary behaviour as contributing to death and disease. For example, the harm caused by smoking cigarettes is framed as a result of 'voluntary behaviour' (Brotman and Suffet, 1975). As such, individual behaviour becomes the focus, and the social conditions that may lead to the uptake of these harmful activities sidelined (Beauchamp, 1976). The victim of harm is blamed for their ill-health, rather than those structural conditions that may have led to those behaviours that contributed to that ill-health. Thus, interventions that address 'bad' individual behaviour rather than these structural conditions are perceived to be

most appropriate. Through employing the strategies above, UCIs espouse market justice in their approach to public health issues.

In contrast, social justice is considered to be the fundamental critique of market justice approaches, employing egalitarian principles to promote health for all. Beauchamp (1976, p6) defines social justice as when “*all persons are entitled equally to key ends such as health protection or minimum standards of income*”, emphasising the need for collective action to ensure these ends. Social justice shifts the lens of public health from the individual to the social, economic, environmental and political. Within social justice, rather than controlling the individual, controlling the structural conditions that cause harm is viewed as key to addressing a wide range of ill-health. Policies that address these structural conditions, which aim to prevent ill-health, are considered ethically just. If the aim of public health is to not only treat ill-health, but also to prevent it, then a restructure of existing market rules is required. Public health advocates often espouse principles associated with social justice (Dorfman et al., 2005).

As such, who is responsible for health remains a source of contention between those UCIs who seek to promote market justice values emphasising individual responsibility, versus those who promote social justice values that promote a more egalitarian approach to protecting health. The epidemiological shift in developed nations from death, disease and disability caused by communicable infectious diseases to being caused by NCDs, has led to increased questioning of the role of the individual and that of the structural drivers of poor health (Wikler, 2004). The WHO now suggests that individual lifestyle behaviours, such as physical activity, smoking and poor diet, are among the top risk factors for disease in developed countries (Friesen, 2018, World Health Organization, 2016). In the case of obesity, previous research has demonstrated that arguments were framed around either the need to address the structural factors contributing to obesity, or the need for individuals (parents and children) to take responsibility for their food preferences and dietary practices (Kersh et al., 2011). However, as far as the researcher is aware, there has been no specific examination of this in relation to the online advertising of HFSS products.

Yet, there is an increasing acknowledgement that health policy which focuses solely on individual responsibility or individual behaviours is not the most



effective means of improving population health (Friesen, 2018, Knai et al., 2018, Cauchi et al., 2016, Katikireddi et al., 2013, Rose, 2001). This is because using personal responsibility as a reason for good or poor health in healthcare is unlikely to motivate individuals to make positive lifestyle changes, and is also likely to increase inequality, which in turn could lead to worsening health outcomes overall. Opponents to the personal responsibility argument also highlight that in many cases, individuals are not responsible for their poor health and in fact it can be socioeconomic positioning that impacts their ability to attain health. Friesen (2018) argues that this can be due to individual's lack of control or agency over aspects of their lives. In the obesogenic environment children and parents may find their food preferences are influenced by a variety of factors such as availability, price and advertising (Kersh et al., 2011). It is argued that children are targeted by messaging from a young age and this has lifelong implications on their dietary preferences. Policies advocated from this perspective often focus on the macro-level interventions such as policy rather than the individual. Macro-level factors might target the marketing of unhealthy products, conditions of sale, promoting healthier alternatives and restricting or banning ingredients (Kersh et al., 2011).

The above arguments can therefore dictate the health policy response (Katikireddi et al., 2013). Policies that focus on individual responsibility arguments often emphasise individual interventions to promote behaviour change. This is also known as the 'lifestyle drift' (Katikireddi et al., 2013). It is argued that the individual policy focus results in it being easier to ignore mounting evidence on why certain unhealthy behaviours remain prevalent in certain societies. Those policies that acknowledge the role that multiple social and economic factors can have on health tend to focus on population behaviour change at multiple levels, and are argued to produce more favourable results (Cauchi et al., 2016).

Social justice and market justice principles are therefore useful conceptualisations to understanding the 'battle lines' drawn between those who advocate for individual level policy interventions to better public health and those who advocate for population level interventions.

## 2.4 Children and advertising: impact of advertising on children

Advertising is considered to be a key component of the promotional mix used by brands to reach their target audiences (Tuten, 2008). As examined above, there has been increased attention paid to the role online advertising of HFSS products may have on increasing rates of childhood obesity in the UK. As such, it is importance to explore the psychological literature examining the effect advertising may have on children, and children's ability or inability to mitigate these effects. Children and adolescents are increasingly considered a separate segment of the consumer market, and as a result the effort and funding devoted to targeting them as a consumer group through advertising has expanded substantially (Kelly et al., 2015, Calvert, 2008, Livingstone and Helsper, 2006, Moore, 2004, Story and French, 2004, Martin, 1997). Children are considered to possess increased control over food purchasing decisions in the home due to changes to child-rearing practices and family dynamics (Valkenburg, 2000). Children are also now easier an audience to market to due to the proliferation of digital technologies, for example tablets and smartphones, as a group of consumers separate from their parents (Livingstone and Helsper, 2006, Story and French, 2004). However, concerns have been repeatedly raise regarding children's vulnerability to the effects of advertising (Livingstone and Helsper, 2006).

Advertising research has shown that age is a contributing factor to whether children are able to understand the persuasive intent of advertising (Carter et al., 2011, Rozendaal et al., 2010, Livingstone and Helsper, 2006, Oates et al., 2002). Cognitive development theory was developed and applied to how children learn as they age. It is often applied to analysis of the developmental stages of children's understanding of the persuasive intent of advertising (Young, 2015, Livingstone and Helsper, 2006, Valkenburg, 2000, John, 1999). The persuasive intent of an advertisement is what convinces or persuades a consumer to buy the advertised product or service. Cognitive development theory posits that as children age, their ability to detect and understand the persuasive intent of an advertisement increases, thus developing their media literacy skills. In this theory, two factors are seen as being essential for media

literacy: 1) ability to distinguish advertisements from main source of entertainment, and 2) ability to recognise the persuasive intent of an advertisement (Livingstone and Helsper, 2006).

Cognitive development theory proposes three key stages to children's development; 1) the preoperational stage (ages two-seven), 2) the concrete operational stage (ages seven-12), and 3) the formal operational stage (ages 12+) (Young, 2015, Hastings et al., 2003, Oates et al., 2002, Kunkel, 1990).

According to this theory, up until the age of five years old children are unable to consistently distinguish between entertainment programmes and advertising (Buijzen and Valkenburg, 2003a, Buijzen and Valkenburg, 2003b). They consider advertising to be a form of entertainment or a source of information about products, rather than as a medium for brands to attempt to sell consumers their products. From approximately ages seven to eight years, children start to recognise the persuasive intent of an advertisement, and can distinguish it from information or entertainment (Moore, 2004, John, 1999). They understand that advertising's overall aim is to sell products to consumers, however they are not necessarily critical of such practices. Cognitive development theory suggests that it is not until the age of 12 years that children are able to demonstrate a critical understanding of advertising and the intentions of the producers (Martin, 1997, Peterson and Lewis, 1988, Peterson et al., 1984). At 12 years of age, children are said to also become more sceptical or distrustful of advertising (Boush, 2001). However, it must be noted that these studies using cognitive development theory largely consider the understanding of persuasive intent in regards to television or broadcast advertising, and not online advertising.

Therefore, these age brackets may not be as readily applicable, as it is argued that it is more difficult for children to recognise persuasive intent online (An and Stern, 2011). In addition, the theory suggests a simple linear development of understandings of persuasive intent of advertising, and does not necessarily account for a myriad of other social factors that may impact children's ability to critically detect the persuasive intent of an advertisement.

Despite the potential concerns with persuasive intent and cognitive development theory, it is a popular theory employed within studies examining the effects of advertising on children. The theory is often operationalised through the

employment of the Persuasion Knowledge Model (An et al., 2014, Evans, 2014, Panic et al., 2013, Carter et al., 2011, Sandberg et al., 2011, Rozendaal et al., 2010, van Reijmersdal et al., 2010, Mallinckrodt and Mizerski, 2007, Oates et al., 2002, Campbell and Kirmani, 2000, Friestad and Wright, 1994). The Persuasion Knowledge Model states that every individual has the potential to develop knowledge on persuasive intent as a form of defence against sales tactics used by retail or service companies. This is often referred to as an individual's advertising literacy.

### **2.4.1 Children's advertising literacy**

In recent years, there have been an increasing number of studies examining different techniques that can improve children's ability to activate their advertising literacy and improve their persuasion knowledge. A range of studies have shown that children are more vulnerable to the effects of advertising compared to adults (Critchlow et al., 2019, Rozendaal et al., 2015, An et al., 2014, Livingstone and Helsper, 2006). As such, research has sought to understand whether children's vulnerability to advertising can be decreased through interventions designed to increase their advertising literacy.

Rozendaal et al. (2016) examined the effectiveness of forewarning as a technique to increase children's awareness of the persuasive intent of advertising. The study found that forewarning the manipulative intent of advertising prior to exposure was successful in increasing the children's advertising defences. This particular study aimed to build upon the evidence base that examined the effectiveness of the forewarning strategy, as previous studies had only been conducted on adult samples (Boerman et al., 2012, Jacks and Devine, 2010, Lee, 2010, Wei et al., 2008, Petty and Cacioppo, 1979). The study examined children aged eight to 10 years old. The authors chose this sample age range as an established body of research has demonstrated that the majority of children in this age group have acquired a basic level of advertising literacy in regards to television advertisements (John, 1999). The forewarning strategy used in the study is argued to *"increase people's advertising defences by warning them about the content and/or intent of a certain message"* (Rozendaal et al., 2016, 2).

Two types of forewarnings were identified in the study: forewarnings of an advertisement's commercial intent (Boerman et al., 2012) and forewarnings of an advertisement's manipulative intent (Sagarin et al., 2002). The commercial intent of an advertisement is the selling and persuasive intent of the advertising message, whereas the manipulative intent is the role that deception plays in advertising (Rozendaal et al., 2016). In this study, 159 children aged eight to 10 years old were recruited from two elementary schools in the Netherlands. The study found that forewarning an advertisement's manipulative intent was effective in activating the children's advertising literacy defences. This finding is in accordance with previous studies conducted (Bryan et al., 2019, Jacks and Devine, 2010, Lee, 2010). The study also showed that by forewarning the manipulative intent, children were more likely to be sceptical of an advertisement and therefore more resistant to persuasion. However, forewarning was not successful when it concerned an advertisement's commercial intent. It is reasoned by Rozendaal et al. (2016) and Fransen and Fennis (2014) that this could have been due to the need for a higher cognitive capacity to defend against both an advertisement's manipulative and commercial intent. Although this study does demonstrate the effectiveness of the method of forewarning for activating advertising literacy against the manipulative intent of an advertisement, it only focused on television advertising which is a more overt form of advertising. Children may experience increased vulnerability towards more embedded or covert forms of advertising, such as social media advertising and in-game advertising, than television (Rozendaal et al., 2016, An and Stern, 2011). In addition, this study only examined the immediate impact of the forewarning strategy and did not conduct a follow-up experiment. Therefore, it is unknown as to how long the forewarning strategy impacted on children's advertising literacy.

Hudders and Cauberghe (2018) conducted a study that examined the influence of parental mediation on how children of different ages reacted to brand placements (embedded advertising) (Hudders and Cauberghe, 2018). The study included 180 children aged between seven and 12 years, and 175 parents aged between 26 and 52 years. The children were asked to watch a short brand placement fragment from the movie *Alvin and the Chipmunks: The Squeakquel*. In this fragment, there was one brand placement for the game console *Wii*, and

it was embedded into the storyline of the movie as a feature of the character's lives. The study found that between the age groups (seven-eight years and 10-12 years) there was no significant difference in children's ability to identify commercial intent, however the older children were more able to identify the embedded brand placement compared to the younger children. The concern surrounding embedded advertising, which can be found in social media, is that *"embedded advertising not only hides the commercial intent into the media content, which makes it difficult to detect, it is also impossible to skip the commercial content without skipping the media content"* (Hudders and Cauberghe, 2018, p205). In this study, only 11 children were able to correctly identify the brand placed in the media content. The second key aspect of the study was to identify if parental mediation could improve the recognition of brand placement within the feature and an advertisement's strategies. The study found that those parents who employed a restrictive mediation (restricted children's exposure to advertising) were not successful in reducing positive attitudes towards the brand *Wii* and, if anything, increased positivity towards the brand.

The above finding was also seen in Buijzen's (2009) study that explored the relationship between restrictive mediation and the consumption of energy-dense foods. In this study of 234 parents of children aged four-12 years old, it was found that active advertising mediation (explaining purpose and nature of advertising) reduced the impact of advertising on children's food consumption significantly. However, parents who employed restrictive mediation were only effective in reducing the impact among younger children less than 8 years old (Buijzen, 2009).

For both Buijzen's (2009) and Hudders and Cauberghe's (2018) studies, restrictive mediation did not improve the older children's brand awareness. It was argued in both papers that this may be due to parents having less control over older children's media use, due to increasing independence. In terms of active mediation, Hudders and Cauberghe (2018) found that for the younger children in their study, it increased positivity towards the brand. They argued that this could be due to younger children's weaker cognitive ability to understand the theory around persuasive messages. For the older children

however, active mediation was successful in reducing positivity towards the brand seen in the movie feature. In studies that examined active and restrictive mediation methods, the results on their impact on advertising knowledge is mixed. Naderer et al. (2016) proposed that a solution to this would be co-viewing, where children and parents view programmes and media content together. Although a potential solution, this co-viewing method does not remedy the issue of older children who have more freedom in terms of their media use. It is also a highly individualistic solution, and does not address the societal level issues of pervasive advertising.

## **2.5 Advertising of foods & drinks high in fat, sugar and salt to children**

As seen above, children are considered vulnerable to the effects of advertising due to their limited capacity to understand the persuasive intent of such advertising, and attempts to increase advertising literacy are limited in their effectiveness. In regards to the advertising of foods and drinks, children are similarly vulnerable (Boyland et al., 2016). Until recently, the majority of research examining the effect of food and drinks advertising on children has focused on the effect of television (broadcast) advertising. This research is useful to explore as it often used, including in relation to online advertising, as evidence of the detrimental impact that food and drinks advertising can have on children's dietary preferences.

Research has found that during television programming, children are exposed to a high volume of advertisements - particularly those advertising HFSS products (Heinen et al., 2014, Cairns et al., 2013b, Scully et al., 2012). Several studies demonstrate a positive correlation between exposure to HFSS product advertising and less healthy dietary preferences in children (Boyland et al., 2011, Kelly et al., 2010, Buijzen et al., 2008). There is also increasing evidence that suggests an association between the viewing of advertisements of HFSS products and childhood obesity, despite this link being particularly difficult to measure (Zimmerman and Bell, 2010). HFSS product advertising, established by research examining television advertising, *“affects children's food preferences by generating expectations, feelings, emotions, and positive moods”* (Lioutas

and Tzimitra-Kalogianna, 2015, p432). Marketers use a variety of techniques through television advertisements to attract audiences and therefore purchases (Lioutas and Tzimitra-Kalogianna, 2015, Calvert, 2008). These techniques include repetition, branded characters, celebrity endorsements, interesting and catchy production features as well as premiums. It is important to note however that marketers must clearly signify the difference between the television programme and the advertisement due to BCAP regulations, a separation which is not seen so clearly in the online environment (Calvert, 2008).

Although it is important to consider the psychological literature examining children and their ability to detect and understand the purpose of advertising, this research is often limited in its ability to understand the wider context. Reviews of evidence have been particularly important in demonstrating the detrimental effect that HFSS product television advertising can have on children's dietary habits and practices, as well as positioning it with the wider obesogenic environment. Hastings et al.'s (2006) seminal review demonstrated that food promotion to children aged between two and 15 years was dominated by television advertising. The review analysed 63 studies examining the extent and nature of food promotion to children, with 55 studies having collected original data and eight review articles. The review found that there are five major food types advertised through television, known as the 'Big Five'. These are pre-sugared breakfast cereals, soft-drinks, confectionary, savoury snacks and fast-food outlets. Notably, these are all food types that are HFSS. This review also argued that children were found to be able to recall television advertising of HFSS products, as well as high levels of engagement and enjoyment. This is important as it demonstrates that advertising is a form of entertainment for children, rather than a source of passive viewing in between their chosen programmes (Panic et al., 2013, Friestad and Wright, 1994). Hastings et al.'s (2006) work argued that the evidence suggests that television advertising is having an effect on children's food preferences, purchase patterns and consumption. Although Hastings et al.'s (2006) review has been instrumental in providing evidence of the need for strong regulations of food marketing to children, it focuses on television advertising as this was viewed as the prominent medium of advertising at the time (World Health Organization, 2006).



It was not able to adequately account for the possible effects of online advertising and its increasingly prominent role in food marketing.

In 2013, Cairn's et al. (2013b) produced an updated systematic review of both the 2006 Hastings' et al review as well as a follow-up 2009 review (Cairns et al., 2009). This third review demonstrated that although television advertising was still the dominant source of advertising HFSS products, this dominance continued to wane as noted in 2006, with increased advertising occurring in the online environment (Hastings et al., 2006). Out of the seven studies identified in the review that focused on the effects of food promotion on diet-related health, four reported positive associations between food promotion on television and lower nutritional diet quality. An important feature of these studies to note is that they are all at least 15 years old and cross-sectional, resulting in possible out-dated data. Again, this review concluded that food marketing could have an impact on children's food preferences and therefore health. Together, the three reviews are considered to demonstrate how advertising has changed over time in terms of medium, and continue to be referred to today by experts in the field (Cairns et al., 2013b, Cairns et al., 2009, Hastings et al., 2006). These reviews were based on an original review commissioned by the Food Standards Agency in 2003, which was used as evidence to justify the change in Ofcom regulations for broadcast advertising of HFSS products (Hastings et al., 2003).

## **2.6 The shift from television to online advertising**

The shift from television to online advertising has seen a change in how advertising is defined (Tuten, 2008). Advertising is traditionally defined as *“paid, one-way promotional communication in any mass media”* (Tuten, 2008, p2). The American Marketing Association (in Tuten, 2008, p2) defines advertising as:

*The placement of announcements and persuasive messages in time or space purchased in any of the mass media by business firms, non-profit organisations, government agencies, and individuals who seek to inform and/or persuade members of a particular target market or audience about their products, services, organisations, or ideas.*

Brands employ advertising as part of their marketing mix for a variety of reasons; to ensure consumers understand the brand value, to recall a brand at point-of-purchase, and to encourage preference of a brand to competitors (Tuten, 2008). Advertising is therefore essential to communicating brand messages to target audiences.

Early research on online advertising, beginning in the latter half of the 1990s, demonstrated the ways in which the online environment could drastically change marketing and advertising (Schlosser et al., 1999, Bezjian-Avery et al., 1998, Gordon and De Lima-Turner, 1997, Ducoffe, 1996, Hoffman and Novak, 1996). Benefits such as increasing advertising domains, flexibility of advertising online, targeted advertising and an increase in consumer purchasing were regularly referred to. The fragmentation of advertising, achieved through targeted advertising, is key to differentiating broadcast and non-broadcast advertising. Although early research was largely exploratory in nature, Ducoffe (1996) and Hoffman and Novak (1996) failed to adequately discuss the potential problems of online advertising.

As previously stated, the advent of the online environment represented a fundamental paradigm shift in advertising. Tuten's (2008) book *Advertising 2.0: Social Media Marketing in a Web 2.0 World* offered a critique of the above definition in relation to online advertising. Tuten (2008) argued that there are several flaws with how advertising has been defined previously.

The first critique is that previous definitions use 'mass media' as a reflection of the size of the audience exposed to the specific advertisement (Tuten, 2008). Although this may be appropriate for broadcast advertising (television, magazines, newspaper, billboards and radio), it does not capture the diverse mediums through which individuals and groups can be advertised to online. The online environment has led to a fragmentation in audiences. For example, consumers can be advertised to on a one-to-one basis through permission-based, targeted email messages or as a mass audience through a display advertisement on websites and search engines such as Google. Individual search behaviours and interests can be 'tracked' throughout search algorithms, resulting in targeted advertising based on a consumer's online activity. This is often traced through

the use of 'Cookies', which track individual's behaviour online, and results in advertisements being tailored to consumers likes and dislikes.

The second critique of the above definition is that it states that advertising must be formed of paid communications, however this definition no longer encompasses all types of advertising seen in today's digital world (Tuten, 2008). It is argued that some of the most valuable forms of advertising may be through user-generated content, such as that seen on Instagram or YouTube. This is particularly the case in the rise of 'influencers'. Influencers are individuals who have generated a social media following due to the content they produce online (Hearn and Schoenhoff, 2016). These forms of advertising can be unpaid, or indirectly paid.

Thirdly, traditional advertising has been seen as a one-way communication, with the audience being the receiver of a message with no recourse to reply (Tuten, 2008). In the case of online advertising, this is a two-way dialogue. This is a defining feature of what was coined as Web 2.0 in 2004 (Freeman and Chapman, 2008). The Internet, in its traditional format, was seen as a place to retrieve expert information or to purchase goods (Freeman and Chapman, 2008). However, in its current format as Web 2.0 it is a platform that is fully interactive and allows consumers to communicate freely and produce their own content (Giustini, 2006). Corporations now utilise the variety of sources from which consumers can engage with brands, such as social media sites, to develop advertising techniques that employ interactivity and two-way communication between brands and consumers. Online advertising is more focused on conversation generation and networks, aligning with Web 2.0 being more focused on the control and creation of content by consumers. The role that social media plays in this Web 2.0 environment is analysed later in the chapter.

A result of this interactive online advertising environment, is that corporations have had to adapt their advertising practices to keep pace with this diverse environment (Tuten, 2008). In order to do so, corporations now must focus on 'brand engagement'. This is a process where corporations aim for consumer participation, for example through encouraging engagement with Facebook postings or through content creation on YouTube or Instagram. However, this engagement is not considered to be an overt, short-term process. It is argued

that it is a subtle, subconscious and long-term process. Over time, consumers integrate the advertisement and brand's message with their own lives in order to make the brand more personally relevant to them (Tuten, 2008). Therefore, with its emphasis on brand engagement, online advertising is more focused on conversations and interactive relationships than traditional broadcast advertising.

The decreasing importance of physical presence - individuals being physically sat watching television in one room - changed the way companies market their products and how consumers interpret the advertisements. The advertisement is restricted no longer to either print or broadcast formats, but can now be found across almost all aspects of media. The advertisement is also no longer restricted by the consumer's physical place. The consumer can view advertisements whether static or moving, due to ever-changing smartphone technology that allows the consumer to access media at all times, irrespective of location.

Ur et al.'s (2012) study examined individuals' perceptions of online advertising, in semi-structured interviews with 48 participants. The study questioned the participants on the use of online behavioural advertising (OBA), which is when advertising networks create a profile of a user based on their online activities over time through the use of Cookies. The study revealed that participants had concerns about their online data being collected, and that they found it difficult to identify which websites were using OBA. Despite this, they did feel that more personalised advertising could benefit them, and waste less time.

In Truong et al.'s (2010) study 21 in-depth interviews were conducted with stakeholders in the digital advertising market in order to analyse their perceptions of advertising strategies used in digital media. Researchers found that advertisers identified five key trends in digital marketing; 1) permission-based advertising, 2) increased personal advertising, 3) increased three screen advertising campaigns, 4) increased levels of interactivity, and 5) the development of performance-based metrics. By having two studies that looked at either side of the web advertising relationship, it was interesting to note that the advertisers largely knew the concerns of the consumer (Ur et al., 2012, Truong et al., 2010). Privacy and annoyance issues were found to be

fundamental to improving online advertising and the resulting consumers' response. It was also found that targeted advertising was not necessarily a problem for consumers - they enjoyed having advertisements that were more suited to their lifestyle. The main problem was the lack of clarity surrounding how targeted advertising functioned and the methods used to gain such information (Ur et al., 2012).

## **2.7 Online advertising of high in fat, sugar and salt products to children**

According to Ofcom (2017), children aged between five to 15 years of age are spending more of their media consumption time online, with this time increasing as children age. Five to seven year olds still spend more time watching television, eight-11 year olds spend similar amounts of time watching television and being online, whereas 12-15 year olds spend more time online than watching television (Ofcom, 2017). There is now evidence from both child development literature and children's responses to advertising research demonstrating the negative impacts non-broadcast advertising has on children's health and wellbeing (Montgomery et al., 2012). There has also been a fragmentation in family media practices, resulting in parents having less control or oversight over what their children are viewing (Livingstone, 2007). This combination of detrimental health impacts plus parents' decreased ability to mediate the effects of non-broadcast advertising has potentially contributed to the increased policy attention non-broadcast advertising has received.

As seen in other forms of advertising, there has been increasing attention paid to the effects of online HFSS product advertising to children online, as well as children's ability to mitigate these effects. Norman et al. (2018) conducted a study that examined children's self-regulatory behaviour as a defence mechanism against HFSS product advertising both online and on television. The study examined children aged between seven-12 years old and their eating practices in relation to food advertising as well as parental feeding practices. It examined the effect of multiple media sources (television and online) or single media source (television). The study found that food advertising affected all children in the multiple media group, however there was a higher rate of snack

intake by those children whose parents reported pressuring them to eat. The research demonstrates that there is an increased susceptibility to HFSS product advertising among children whose parents reported monitoring their children's food intake, and therefore impeded their children's self-regulatory mechanisms. Although in this study parental mediation in feeding practices impacted on susceptibility to food advertising, as previously stated all children in the multiple media group ate more snacks after the food advertising compared to those in the single media group. Norman et al. (2018) therefore argue that although in-home feeding practices are important to note in relation to overconsumption of HFSS products, the ubiquitous nature of food advertising, particularly online, is problematic (Swinburn et al., 2011). Regulatory measures, that address multiple media sources, are therefore argued to be essential to improve the media environment of children and reduce the impact that advertising can have on children's dietary practices (Norman et al., 2018, Batra and Keller, 2016).

Research examining the effect of online advertising of HFSS products has often focused on specific forms of online advertising. As such, the following section of the review is divided into three forms of online advertising: 1) websites; 2) gaming, and 3) social media advertising.

### **2.7.1 Websites**

Kelly et al.'s (2008) research analysing the nature and extent of HFSS product advertising on popular children's websites and food products websites in Australia sheds light on the pervasiveness of this advertising. The study coded 119 food product websites and 196 popular children's websites, located through website traffic data and previous research on marketed food brands, and found that the websites contained a range of marketing tools. The results of the study were 79% of websites included branded education, 33.6% contained competitions, 35.3% used promotional characters, 35.3% had downloadable items, 28.6% contained branded games and 21.8% had designated children's sections. In children's websites any food references were strongly skewed towards unhealthy food, with three times more branded food references for unhealthy foods compared to healthy foods, and these food references used

similar marketing techniques as those found on food product websites. The study concluded that a range of marketing techniques were employed to immerse children in brand-related information and activities for extended periods of time, resulting in an increase in brand familiarity and exposure.

Studies similar to Kelly et al.'s (2008) have found comparable findings (Hurwitz et al., 2017, Alvy and Calvert, 2008, Weber et al., 2006). The studies also commented that the amount of online advertising of HFSS products had increased, despite companies pledging to market non-HFSS products to children to help reduce childhood obesity rates (Hurwitz et al., 2017). Brand websites were found to use a variety of techniques to advertise their products to children, particularly ones that challenge regulatory codes (Brady et al., 2010).

### **2.7.2 Online Gaming**

Online gaming has been found to form a key part of children's online activities (Mascheroni and Olafsson, 2014, Montgomery et al., 2012). Advertising in online games normally takes the format of product placement, which is where well-known products are placed in the online environment. This can either be via billboards in the background promoting Haribo, to a virtual McDonald's that the gamers can enter. The benefits of these advertisements to gamers is that it makes the virtual world align better with reality, as they are able to see products and services that are available in the 'real' world. In-game online advertising however has been found to be a more subtle form of advertising, one which could be missed by children, and even parents, as a form of advertising. Studies have found that these advertisements can affect people subconsciously, resulting in a preference for particular products (Acar, 2007). In-game advertising is now also seen in the form of game sponsorships, interactive competitions, pregame advertisements, customised arcade games and banner advertisements. The multiplicity of ways products can now be advertised within online games demonstrates the variety of ways that marketers can now target children online, within a seemingly innocent environment.

### 2.7.2.1 Advergames

Advergames are games that companies design and contain their own branding, brand colours or branded characters. Advergames are considered to be one of the most problematic forms of online advertising that are targeted at children, due to the way they target the emotional and subconscious parts of the brain (Nairn and Hang, 2014). Advergames turn the concept of product placement into product entertainment, making it extremely difficult to differentiate it from entertainment (Freeman and Chapman, 2008). Advergames are hosted on company websites, or increasingly as applications on mobile devices, in order to extend the length of time consumers spend with the brand. Advergames can engage the consumer for a lengthy period of time, on average 10-15 minutes. This is an extensive period of time when compared to the traditional 30-second advertisement found on television. Children are immersed in the interactive advergaming, changing advertising from being about simply broadcasting to a more consumer-involved process (Montgomery et al., 2012).

The majority of research has focused on the content analysis of advergaming (An et al., 2014), however there have been a few studies that have moved past this methodology. Most of the literature covered in this review investigated the ways advergaming can change children's opinions concerning brand preference, as well as their ability to differentiate advergaming from entertainment and see them as a form of advertising (An et al., 2014, Evans, 2014, An and Kang, 2013, Panic et al., 2013, An and Stern, 2011, van Reijmersdal et al., 2010, Bailey et al., 2009, Wise et al., 2008, Mallinckrodt and Mizerski, 2007). In terms of how advergaming affect children's cognitive responses to brand preference, there appears to be a general finding that advergaming can aid in creating a positive preference for brands. This positive preference increases and becomes stronger the more children play the games. When considering foods that are HFSS, the children playing the games in the studies showed a higher preference for the HFSS products advertised than other options (An et al., 2014, An and Kang, 2013, Folkvord et al., 2013, Mallinckrodt and Mizerski, 2007).

In terms of the children's ability to recognise that an advergaming is a form of advertising, it is clear through the research that children find it difficult to



distinguish an advergame from any other type of online game (An and Stern, 2011). They consider an advergame to be a form of online entertainment that they can play on their favourite brand websites or as a pop-up. The children in the studies were unable to recognise the persuasive intent of the advergame, even when there was a symbol or indication that the advergame was a form of advertising. Advergames that contained an 'ad break' symbol did however reduce the amount of brand recall the children had, which could be seen to be a benefit of advergames that have an 'ad break' symbol. However, only a minority of advergames found in An and Stern's (2011) study contained these 'ad break' symbols. Advertisement breaks were argued to be beneficial as it may activate children's persuasion knowledge (An and Kang, 2013), although at present there is little empirical evidence of this. Also, few advergames tend to have advertisement breaks, with one study finding only 18.9% of websites studied contained advertisement breaks (An and Kang, 2013). Even parents did not consider advergames to generally be a form of online advertising and they did not think their children would be susceptible to the advertising and persuasive tactics (Evans, 2014).

It must be noted that since the start of this study, advergames were banned in the UK as part of the 2016 CAP consultation discussed in section 2.2.2 (CAP, 2016g). These rules came into effect in July 2017. However, corporations can still create games - they just can no longer contain the brand or branded characters but can continue to use brand colours.

### **2.7.3 Social media advertising**

Advertising through social media has proven to be a successful approach for companies (Buchanan et al., 2018, Montgomery et al., 2012). For the purpose of this thesis, social media are websites and applications that enable users to create and share content or participate in social networking. These websites and applications therefore include Facebook, Instagram, Snapchat, YouTube, and Twitter. Social media allows brands to connect to far more consumers than traditional broadcast and print advertising can, and therefore is of importance to brands. For example, Coca Cola has 107million 'likes' on its Facebook page,

2.5million followers on Instagram, 3.34 million followers on Twitter and 2.8million subscribers on YouTube (as of December 2018).

As stated previously, online advertising has changed advertising from being a one-way dialogue from the advertiser to the receiver, and has allowed it to be a much more interactive two-way dialogue (Gordon and De Lima-Turner, 1997). This can be seen clearly through social media advertising, where companies can have profile pages dedicated to their brand and products. Brands can post new advertisements, offers and competitions regularly to their profile pages and consumers can comment on these posts and interact with the brand 'directly'. This more conversational form of advertising can lead to the consumers forgetting that it is actually a brand, rather than a person, they are communicating with (Confos and Davis, 2016). The brand takes on a human-like personal quality that is only really achieved through this kind of social media advertising.

The significant difference between social media advertising and previous online advertising is the ability for brands to be able to create and establish an interactive and on-going relationship with the consumer (Confos and Davis, 2016). Brands are able to issue interpersonal content through a variety of ways, in either visual or textual form. Chen et al. (2015) identified the three ways in which a brand can make itself more intimate. Although these techniques are not exclusive to social media advertising, they appear heavily in this medium. One is by using anthropomorphism, which is when the brand is associated with a real person, animated figure or a celebrity. An example of this would be Beyonce's collaboration with the brand Pepsi, as seen below (Hampp, 2012).



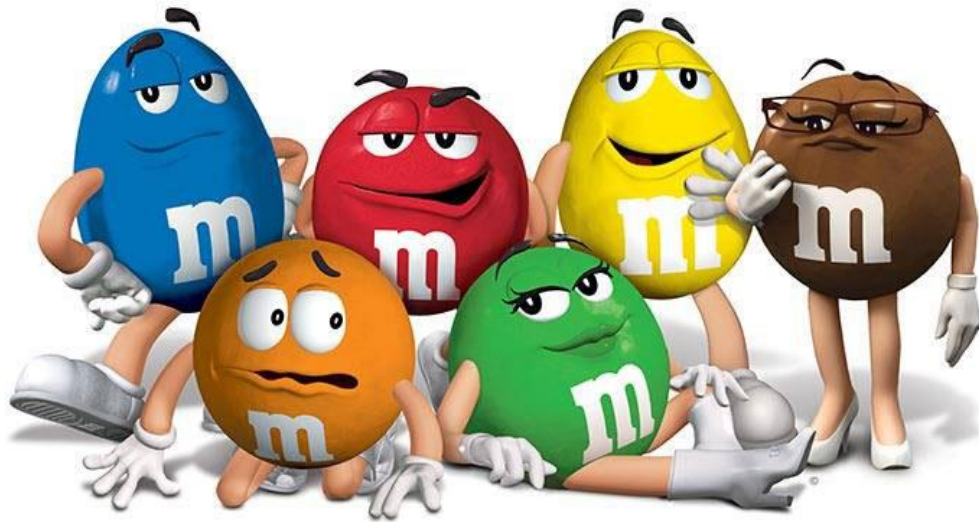
**Figure 2. - Beyonce and Pepsi Collaboration**

The second is zoomorphism, which is when animals are given human characteristics such as Tony the Tiger from the Frosties brand (Lee, 2013).



**Figure 3. - Tony the Tiger Frosties**

The third is teramorphism, when personification of inanimate objects gives them humanlike characteristics, such as the M&M characters (Buss, 2016).



**Figure 4. - M&M characters**

Each of these methods changes the brand from a distant, concrete company to one that is very humanlike, in need of social relationships and contact to survive through the medium of a profile page. This interactivity means that users are not only able to read what a brand is doing 'live', but respond immediately too. This further increases the intimacy that the consumer feels towards the brand, similar to other human interpersonal relationships (Confos and Davis, 2016). These methods of advertising are allowed to be used to advertise non-HFSS products online in the UK following the update to the CAP code (CAP, 2016g).

A finding in Lipsman et al.'s (2012) work is that the brand's profile page is not where the majority of consumers view or consume their advertising content. Research has found that the individual's newsfeed is where they spend the majority of their time on Facebook, viewing a variety of different content such as friends' updates and brand profile updates and posts. This means that the brand is inherently tied up with the individual's preferred viewing. It also means that friends of fans regularly see pages that the fans 'like' or comment on, as it appears in their newsfeeds as an update. Brands are then further exposed to consumers outside of their own profile page, resulting in further 'likes' and advertising through networks.

Overall, there exists a complex relationship between children and the effects of advertising on them. However, research indicates that the online advertisement of HFSS products can have an impact on their dietary preferences. Children live in an ubiquitous digital environment, where mobile devices and continual online access is considered normal (Montgomery et al., 2012). Personal and social experiences are now intimately intertwined with mobile technology, social media networks, instant messaging and interactive games. It is vital that parents, health professionals, public health advocates, policymakers and academics work together to understand the changing nature of marketing in this online environment. It differs drastically from traditional broadcast advertising, due to the close nature between the marketer and consumer that can be achieved through advertising online.

### **2.7.3.1 Word-of-Mouth Marketing**

Word-of-mouth marketing (WOMM) is a specific form of advertising often associated with the online environment, and is defined as when consumers provide information about products to other consumers (Freeman and Chapman, 2008). It is not new for consumers to recommend products and brands based on their own experiences. However, it becomes WOMM when companies *“purposefully employ strategies to commercialise these commonplace consumer communications”* (Freeman and Chapman, 2008a, p779). Recently these consumers have been termed as being ‘influencers’, and they are most often found within social media platforms such as Facebook, Instagram and YouTube. Marketers that use these ‘influencers’ can drastically increase their advertising reach. Social media, and YouTube in particular, is a hugely popular activity for children to engage in online, with children reporting they regularly watch YouTube influencer video blogs (Ofcom, 2018). These YouTube personalities are often referred to as ‘influencers’, due to the persuasive effect their opinions may have on their viewers (Berryman and Kavka, 2017).

Influencer marketing, as a form of WOMM, is a recent area of research, particularly in the field of online advertising of HFSS products to children. However, emerging research has begun to indicate the potential scale and impact of influencer marketing on children’s dietary preferences and wider opinions of the brand (Coates et al., 2019b, Coates et al., 2019a). Coates et

al.'s (2019a, 2019b) studies have demonstrated that YouTube is a prime site for influencer marketing, with food cues present in YouTube videos more frequently for HFSS products. Children in other studies have reported they find influencers more trustworthy compared to traditional celebrities (Center for Parent Youth Understanding Defy Media, 2015), and this may be due to increased feelings of familiarity towards influencers (Gräve, 2017). This emerging research suggests that influencer marketing can lead to an increase in unhealthy snack consumption amongst children who view such marketing (Coates et al., 2019b). However, there is limited research in both psychology and social science examining the impact of influencer marketing and children's views on this form of advertising.

## **2.8 Views on Advertising**

The literature explored above highlights the variety of formats which online advertising of HFSS products can take, as well as its impact on children. The following sections examines the literature surrounding varying groups' views on such advertising, focusing on four main groups; celebrity advocates, advocacy groups or charities, parents, and children. However, the research is limited, suggesting an opportunity for further study. As far as the researcher is aware, there has also been no research examining industry actors, government body members, or academics' views of the online HFSS product advertising or its regulation. Again, this suggests an opportunity for further research to better understand the discourse surrounding this important policy area.

### **2.8.1 Celebrity advocates**

Jamie Oliver is currently the most prominent celebrity figure featured in the childhood obesity debate, and has advocated the need for increased regulation of the online advertising environment for HFSS products to children (House of Commons Health & Social Care Committee, 2018a, UK Parliament, 2016).

Jamie Oliver has been involved in four key campaigns related to the childhood obesity debate and HFSS product advertising. The first, aired in late 2015, was his documentary 'Jamie's Sugar Rush', where he travelled globally to

demonstrate rising obesity rates and the detrimental impact the over-consumption of sugar has on different populations' health outcomes (Channel 4, 2015). Second, on 19<sup>th</sup> October 2015, he gave oral evidence at the Health Committee's Childhood Obesity Inquiry, where he argued a number of key points to reduce the rates of childhood obesity (House of Commons Health & Social Care Committee, 2015b). He was particularly passionate about the introduction of a 20% sugar tax on SSBs and the need to examine the online advertising environment. Third, Mr Oliver produced his own Childhood Obesity Strategy which contains six points from which to begin tackling childhood obesity (Oliver, 2016). Again, he calls for fairer marketing to children in this document. Fourth, Jamie Oliver has launched a social media campaign titled: '#AdEnough'. This campaign aimed to demonstrate the pervasiveness of online advertising of HFSS products to children, and called for government regulation. Throughout these campaigns Jamie Oliver has argued he does not approach these campaigns as a chef, but rather as a parent, which could give him more 'legitimacy' than other celebrity advocates.

There is a debate in public health about the usefulness of celebrity advocates in public health campaigns, and whether or not they provide any long-term benefits (Chapman, 2012, Rayner, 2012). Chapman (2012) argues that the extra publicity that celebrities can bring to a public health campaign could help promote health behaviours. Chapman (2012) references the boost in smear tests for cervical cancer screening in women after Jade Goody, a UK celebrity, was diagnosed with cervical cancer, and spoke about the need for such testing. This boost continued to rise after Jade Goody died from the disease. A second example of this is Samuel L. Jackson's campaign of 'Love the Glove', which aimed to encourage men in both the UK and US to receive regular prostate checks (Wilson, 2014). They also bring a personal touch to public health campaigns that experts cannot. However, Rayner (2012) argues that celebrity advocates are damaging to public health campaigns, due to the promotion of consumerism and fantasy lifestyles that they promote. Rayner (2012) also contends that celebrities are 'in it for the money', rather than having a genuine concern for public health.

## 2.8.2 Advocacy groups

Another important voice to consider in the public response to the childhood obesity debate and online advertising is that of advocacy groups. Advocacy groups use different forms of advocacy in order to influence or change public opinion and/or policy (Oxford Learner's Dictionaries, 2018). One such group is Cancer Research UK (CRUK) who published the results of a YouGov survey they commissioned that examined public opinion of food HFSS advertising (Cancer Research UK, 2016). This survey largely focused on television advertising, however it sheds light on some public concerns about HFSS product advertising, whether that be through broadcast or non-broadcast media. A key finding was that 69% of the surveyed public supported a reduction of HFSS product advertising online, however there was little discussion as to why they felt this way.

Action on Sugar is another advocacy group who have been highly visible in both the childhood obesity debate specifically in relation to sugar consumption and advertising to children. They recently published a report on the amount of sugar in many hot flavoured drinks, highlighting the need for nutritional information to be made public (Action on Sugar, 2016). Professor Graham MacGregor, Chair of Action on Sugar, has given evidence to the Health Select Committee for the Childhood Obesity Inquiry indicating that there needs to be a radical change to the way the British public consume sugar.

In 2015, the Obesity Health Alliance was formed and consisted of 17 organisations requesting the Government to implement a 10 point plan for tackling the UK's increasing obesity rates (Obesity Health Alliance, 2018). The membership now sits at 43 organisations. They have compiled a joint policy position on obesity, highlighting the obesogenic environment that both adults and children live in. This group calls for the government to protect children by implementing regulation that governs both on-demand services and online advertisements so that they are aligned with current broadcast regulations.



### 2.8.3 Parents

It is important to note that when HFSS product advertising to children is being discussed, as well as other public health debates regarding children, the arguments are usually framed around two rhetorics: 1) ‘choice’, or 2) ‘parental responsibility’ (Tatlow-Golden et al., 2016). However, little research has been conducted examining what parents think about food advertising, and how the role of responsibility and regulation features in this environment.

The limited studies examining views on online advertising suggest that parents have limited knowledge of the online advertising environment, despite generally being computer literate (Cornish, 2014, Bailey, 2013, Bailey, 2011). Cornish’s (2014) study examined parents’ views regarding online advertising of HFSS products, and how this may impact their children’s dietary preferences. Key findings were that parents believed that children react to advertising the same way adults do, and that their children would not be susceptible to the marketing techniques used in online advertising. Despite this thinking, parents themselves were unable to distinguish some online advertisements from other content. Cornish (2014) argued that parents would therefore be unable to protect their children or educate them on the persuasive intent of online advertising. This is argued to be problematic, as parents have often been referred to as being responsible for protecting children from this kind of advertising rather than the State (Henderson, 2015, Cornish, 2014).

In studies that examine parents’ views of television and online advertising of HFSS products specifically, it was found that parents do have concerns about the potential negative health impacts on food preferences (Morley et al., 2008, Campbell et al., 2007, Ip et al., 2007). A systematic review found parents felt that HFSS product advertisements, in both online and television formats, increased how much their children pestered them for these products (McDermott et al., 2006). In one study, parents and children were found to view advertised HFSS products more favourably in both television and online advertisements (Pettigrew et al., 2013). In another study, it was argued that parents desired a reduced amount of HFSS product advertising aimed at children (Ip et al., 2007).

Vijayalakshmi et al.'s (2018) study examined how parents viewed particular regulatory frameworks in the US. Using survey methods, the study found that parents felt their children were spending a significant amount of time online, and that corporations were increasingly targeting them with online advertisements. The research suggested that parents have varying opinions on the type of regulatory framework used for advertising (self-regulation or government regulation). Views were largely split into two camps: 1) those parents who preferred parental responsibility as a form of regulation against child-related online advertising, or 2) those parents who preferred having less responsibility and other actors, such as industry or the government, taking on more formal responsibility. Although this study does provide some useful general insights into parents' opinions on online advertising, it could be argued it does not provide in-depth data as to how they view themselves as having responsibility in this environment. It also examines online advertising in general, rather than having a specific focus on HFSS products. This makes it difficult to understand how parents view HFSS product advertising regulation specifically. Lastly, it is based in the US and therefore is a different cultural context to the UK.

In 2016, Tatlow-Golden et al. conducted a mixed methods online study in partnership with the Irish Heart Foundation, which examined parents' awareness of online advertising of HFSS products. In total, 33 parents responded to the survey who had a child aged between 13 and 14 years of age. Key findings were that parents called for regulation to help them protect their children, and they acknowledged that they have primary responsibility for protecting their children from online risks (Tatlow-Golden et al., 2016, Cornish, 2014). Henderson (2015) theorises that arguments surrounding the role of responsibility for childhood obesity vary between governmental responsibility, industry responsibility, and individual responsibility. When considering the protection of children from harmful advertising, it is often parents who are discussed as having this responsibility as children's naivety around the potential effects of advertising is highlighted (Nimegeer et al., 2019). Henderson (2015) argues that children are often viewed as either 'active' citizens who consume, or a 'vulnerable population' who should be protected from harms by their parents. However, there is minimal research comparing how these different actors - parents,

government, industry, and advocacy - view online HFSS product advertising and its regulation. There is little understanding as to how these views are potentially similar or different, or why these actors have these views. Henderson suggests that in order to provide the best evidence to decision-makers, it is important for these societal discourses to be studied (Henderson, 2015).

#### **2.8.4 Children**

Although there has been a range of research conducted on the influence online advertising of HFSS products has on children's dietary preferences, there has been minimal research examining their views on such advertising and the effect it may have on them (Smith et al., 2019). Research that has explored children's views in the UK has largely employed survey methods, resulting in some broad understanding of what children think about advertising. However, it also means there is a lack of in-depth, critical understanding of how children perceive online advertising, or advertising generally, as a feature of their lives.

Survey research demonstrates that children can readily recall a wide range of advertising and wider marketing techniques brands employ to promote their products (Boyland et al., 2018b, Thomas et al., 2018a, Thomas et al., 2018b, Cairns, 2015a). In 2018, CRUK published the results of a large survey conducted in the UK with children aged seven to 11 years old and their parents, with 2500 parent-child dyads participating in the study. This survey examined both television and Internet advertising. Children reported using the Internet for an average of 16 hours per week, for purposes other than homework, demonstrating a high level of use even for primary school aged children. YouTube was reported as the most popular website by the children in the sample. In addition, increased Internet use as reported by the children was significantly associated with increased pestering for advertised products as reported by parents. A similar pattern was found amongst children's own reporting of pestering. As children's Internet use increased so did the likelihood that they would spend their pocket money on products they had seen advertised online. For example, in comparison to the low Internet use group, the odds of children purchasing crisps with their pocket money increased by 154% for those in the medium

Internet use group, and over 500% for those in the high Internet use group. Furthermore, the study found that children who reported medium or high Internet use was significantly associated with their increased consumption of HFSS products, as well as a reduction in consumption of healthy foods. The findings from this survey suggested that greater media use (whether that is on television or the Internet), was associated with increased odds of children pestering for, purchasing and consuming more HFSS products. This was then associated with higher rates of overweight or obesity within the sample.

In addition to their survey conducted with children aged seven to 11 years of age, CRUK published their Youth Obesity Policy Survey results (Thomas et al., 2018b). This survey recruited 3348 children and adolescents aged 11 to 19 years of age, and was primarily focused on advertising through television. However, the survey found that children and adolescents were spending increased amount of time using streaming services online to watch their preferred programmes, and that participants reported viewing HFSS products advertising via these streaming services. In combination with television advertising, the findings demonstrate an association between increased use of television and online services, with higher recall rates of advertising as well as overweight or obesity. Although this survey was primarily focused on television programmes, it demonstrated that children and adolescents increasingly use the online environment for entertainment. However, the quantitative nature of the CRUK surveys limit our ability to develop an in-depth understanding of children's views online advertising of HFSS products.

The limited in-depth qualitative research suggests that children possess an awareness of the impact advertising of HFSS products may have on their dietary preferences (Mehta et al., 2010), despite possessing an understanding of the persuasive intent of advertising (Carter et al., 2011). Mehta et al.'s (2010) study, which conducted focus groups with 37 children aged eight to 11 years of age, found that children were engaged as consumers of television advertising. Children were able to express their likes and dislikes over particular advertising techniques, such as the use of deception. In addition, children were aware of the impact advertising of HFSS products may have on their health and wellbeing, as well as contributing to family conflict.

Smith et al.'s (2019) recent systematic review similarly highlighted the gap in qualitative research examining children's views on advertising, with only three studies out of 71 studies that met their systematic review criteria employing a qualitative approach. Their review found that licensed characters on products improved their views on a product as they enjoyed the characters. However, there is such limited research examining children's views on advertising, online in particular, that it is difficult to draw conclusions. Despite calls by researchers to remedy this gap in qualitative research (Smith et al., 2019), there has been little attempt to do so.

## **2.9 Gap in evidence**

As such, there is a prime opportunity to better understand the policy and public discourses surrounding the online advertising of HFSS products to children and its regulation. Childhood obesity continues to be a prominent public health concern (House of Commons Health & Social Care Committee, 2018a, Commission on Ending Childhood Obesity, 2016). Rates of childhood obesity remain high, with evidence suggesting that online HFSS product advertising plays a role in detrimentally influencing children's dietary preferences (Cairns et al., 2013b).

It is clear from the literature review that UCIs can have a negative impact on health, through the use of a variety of strategies to promote their products, prevent statutory regulation and gaining public support (Freudenberg, 2014, Moodie et al., 2013, Dorfman et al., 2012b). Evidence suggests that the HFSS product industry are now employing similar techniques previously used by the tobacco and alcohol industries. These techniques include preventing stringent regulation of online HFSS product advertising, despite increasing pressure from the public health community to reduce such advertising and minimise industry self-regulation (Capewell and Lloyd-Williams, 2018, Tedstone et al., 2015, Nairn and Hang, 2014). As a result, UCIs are now positioned as contributing to the rise of NCDs. Previous public health policy debates regarding the commercial determinants of health appear to centre on a tension between market justice approaches to addressing these health concerns, or social justice approaches.

As previously stated, the HFSS product industry target children as a separate audience, in part due to changes in child-rearing practices (Valkenburg, 2000), and to engage consumers from an early age and develop brand loyalty (Calvert, 2008). Children are now also spending increasing amounts of time online, providing corporations with easier access (Ofcom, 2017, Ofcom, 2016, Livingstone and Helsper, 2006). These changes in children's lives, along with their limited ability to recognise the persuasive intent of online advertisements, is argued to result in children being viewed as a vulnerable group.

Evidence also suggests that children's dietary preferences are influenced by advertising, in both broadcast and online environments (Norman et al., 2018, Folkvord et al., 2013, Carter et al., 2011, Buijzen et al., 2008). However, there is increased concern surrounding children's ability to recognise online advertising, due to its increased interactivity and subtleties (An and Kang, 2013). Evidence is mixed regarding the effectiveness of parental mediation in mitigating the effects of advertising, which suggests interventions targeting individual behaviour may be limited in its efficacy (Hudders and Cauberghe, 2018).

As a result of the concerns regarding the impact of online advertising of HFSS products and its association with childhood obesity within the policy sphere, varied policy recommendations and responses to the online advertising of HFSS products have been seen on both the global and local levels (House of Commons Health & Social Care Committee, 2016, Tedstone et al., 2015, World Health Organization, 2012). However, they largely appear to centre on improving the regulation of online advertising of HFSS products to children (Tedstone et al., 2015). At the time of writing this thesis, in the UK, the system for regulating online advertising of HFSS products is self-regulatory and maintained by the CAP and ASA. Serious concerns exist surrounding the effectiveness of self-regulatory systems, with research suggesting they are inefficient in protecting children from harmful HFSS advertising (Boyland and Harris, 2017, Chambers et al., 2015, Moodie et al., 2013, Hawkes, 2005).

Although there has been a strengthening of the CAP self-regulatory code (CAP, 2016g), public health advocates maintain that the regulations remain inadequate (Cancer Research UK, 2016). In addition, there have been discussions as to the

role of the government, industry and parents in protecting children from online advertising of HFSS products (House of Commons Health & Social Care Committee, 2016). As such, improved regulation is often put forward as a policy response to the issue (House of Commons Health & Social Care Committee, 2015a, Tedstone et al., 2015).

Despite these increased discussions within the policy sphere regarding the role of industry, government, parents in protecting children from online HFSS advertising, there is an absence of research examining different actors' views within the debate of online advertising of HFSS products and its regulation. Although there are existing studies that have asked parents their views and understandings of online advertising and regulatory frameworks, these studies are sparse (Vijayalakshmi et al., 2018, Cornish, 2014, Bailey, 2013, Bailey, 2011). These studies also do not examine in-depth as to why parents have particular views on regulation, or how they view different actors' responsibility in regards to regulation. Lastly, they do not examine their views specifically on HFSS product advertising in the rapidly changing regulatory environment in the UK. It is important to compare how views change over time, in order to develop best public policy practice.

Also, there have been no studies conducted, as far as the researcher is aware, that examines stakeholders' views of this environment or their views on regulation in the UK. As online advertising is clearly becoming a central component of the childhood obesity debate, there is a need to examine this in more detail - particularly if it is argued to require a regulatory response. By examining both parents' and stakeholders' views together in one study, this thesis will provide an in-depth examination of how the views compare. This will provide novel insights into the varying societal discourses around the regulation of online advertising of HFSS products to children in relation to the current debate surrounding childhood obesity in the UK.

In addition, there is minimal qualitative research examining children's views regarding online advertising of HFSS products or its regulation. Research suggests children are somewhat aware of the impact of advertising (Mehta et al., 2010), with advertising positively improving their view of the advertised brand (Smith et al., 2019). However, as far as the researcher is aware, there is no

evidence which provides an in-depth examination of children's views on online advertising of HFSS products, or attempts to engage them in research examining their views on the regulation of such environment.

## **2.10 Aim & research questions**

As such, the research aims to address these knowledge gaps by examining the debate surrounding the regulation of online advertising of HFSS products to children, and provide novel, in-depth research into a current public health issue. This research delivers analysis for policy and policymakers in order to better inform decision-making, by illuminating the views of both stakeholders and the public in relation to online advertising of HFSS products. Below is a table displaying the research questions and how they relate to the methods selected for this study. For this study four data sets were analysed to gain insight into the policy and public debate: 1) consultation analysis; 2) focus groups with parents; 3) secondary analysis of focus groups with children; and 4) interviews with professional stakeholders. The overarching research question guiding the study is: *how is the UK regulation of online advertising of high in fat, sugar and salt products to children viewed from both policy and public perspectives?*



Research Questions	Consultation analysis (study 1)	Focus groups with parents (study 2)	Focus groups with children (study 3)	Stakeholder interviews (study 4)
How aware are parents of online advertising of foods and drinks HFSS and what are their views on it?		✓		
How aware are children of online advertising of foods and drinks HFSS and what are their views on it?			✓	
Who responded to the 2016 Committee of Advertising Practice consultation on non-broadcast advertising of food and soft drink, and what were the arguments they put forward?	✓			
Which stakeholder arguments dominate the debate about online advertising of foods and drinks HFSS, and which interests and values underpin the frames that they promote?	✓			✓
What are parents' experiences of helping their children to navigate this commercial environment, and what do they think about initiatives to reduce children's exposure to commercialisation?		✓		
What are children's experiences of navigating this commercial environment, and what do they think about initiatives to reduce children's exposure to commercialisation?			✓	
How do key stakeholders, including public health representatives, academics, corporate actors and government representatives, perceive online advertising of foods and drinks HFSS and regulation of the online environment?	✓			✓

**Table 1. - Research questions guiding study**

## **2.11 Chapter summary**

This chapter has examined the literature relevant to the study focus of understanding the policy and public debate surrounding the regulation of online advertising of HFSS products to children. It identifies the gaps in this literature, highlighting the importance of remedying such gaps. The research questions were formed following this literature review, and these in turn informed the chosen research methods. The following chapter identifies the need to adopt a qualitative approach to addressing the research questions, and describes the methodology for Study 1 (consultation analysis).

## 3 Methods: Study 1 - Committees of Advertising Practice Consultation Analysis

### 3.1 Overview of chapter

This chapter presents the methodology employed to conduct a frame analysis of the 2016 Committees of Advertising Practice (CAP) consultation on the non-broadcast advertising of food and soft drinks to children, as well as the theoretical framework from which this analysis is built upon. The 2016 CAP consultation provides an opportune moment to examine how actors within a current policy debate employed varying frames to produce desired policy outcomes within a specific policy proposal (Weible et al., 2012, Nestle, 2002). Employing a framing theory (Entman, 1993) approach allows for a systematic documentary analysis of the policy debate surrounding the online advertising of HFSS products to children. This study is referred to as Study 1 of 4.

The chapter begins with an explanation as to why a qualitative approach was taken for the entire study. Then it discusses the theoretical framework guiding Study 1. This is followed by a brief introduction of the CAP consultation. Next, it explains the frame analysis methodology selected for this analysis, acknowledging the strengths and limitations of such method. Then, it describes in detail the study design as well as the analysis process. It ends with a summary of the chapter.

### 3.2 Why qualitative research?

Qualitative research has historically been difficult to define, however Denzin and Lincoln (1994, p2) provide a definition that informs the basis of this PhD; *“Qualitative research is multimethod in focus, involving an interpretive, naturalistic approach for its subject matter”*. This definition emphasises attempting to make sense of phenomena in terms of meanings that people bring to them (Denzin and Lincoln, 1998, Denzin and Lincoln, 1994). It concerns findings that cannot be arrived at through the use of statistical procedures or other quantitative methods (Strauss and Corbin, 1990).

Qualitative methods were selected for this study for four reasons. One, qualitative research is argued to be more appropriate than quantitative research to examine the constraints of everyday life (Seale, 1999, Denzin and Lincoln, 1998). This means that it is more able to identify the details of individuals' lives that direct behaviour, attitudes, and values. When employing quantitative methods to analyse the social world, researchers are largely unable to probe past the numerical data generated in order to investigate the 'why' to a phenomenon (Green and Thorogood, 2014). Qualitative methodologies, such as interviews or focus groups, can explore this 'why' in greater detail (Green and Thorogood, 2014). Therefore, a qualitative approach to this study was deemed most suitable to address the gaps identified in the literature review and answer the proposed research questions.

Secondly, qualitative research is equipped to better understand how people view their lives (Denzin and Lincoln, 1998). This allows for researchers to build a detailed-focused picture of people's lives that draws on life's nuances, compared to the general and number-focused quantitative methods (Denzin and Lincoln, 1998). The research questions required the study design to allow for individuals to give detailed descriptions of how they perceive and experience online advertising of HFSS products, as well as their perceptions of regulation and responsibility. A qualitative approach provided the participants with the opportunity to do so.

Thirdly, qualitative research provides contextual information to data (Guba and Lincoln, 1998). It gives data in-depth meaning and purpose, for example by remedying the gap between theory and local 'real-life' contexts (see Findings Chapters 4 and 7). It can allow for a 'ground up' perspective (Guba and Lincoln, 1998) (see Findings Chapter 6), whilst also contextualising theory within empirical data.

Fourthly, qualitative inquiry is exploratory and offers the opportunity to employ inductive methods to enhance and develop theories from the data (Mason, 2002b). Inductive methods are therefore an appropriate research approach to utilise when the aim of the research is to describe, explore, and explain a particular experience or phenomenon (Seale, 1999). In the case of this thesis, the aim is to examine the debate surrounding the regulation of online

advertising of HFSS products to children. Therefore, the investigative nature of qualitative methods is best suited to answer the research questions posed in this thesis.

### 3.2.1 Selected methods

The following subsection highlights the reasoning behind using four distinct but complementary methods. The three methods chosen were; 1) consultation analysis of 2016 CAP consultation on non-broadcast advertising of food and soft drinks, 2) focus groups with parents, 3) stakeholder interviews, and 4) secondary analysis of focus groups with children. The diagram below explains the order in which these methods took place and the sample size for each one.

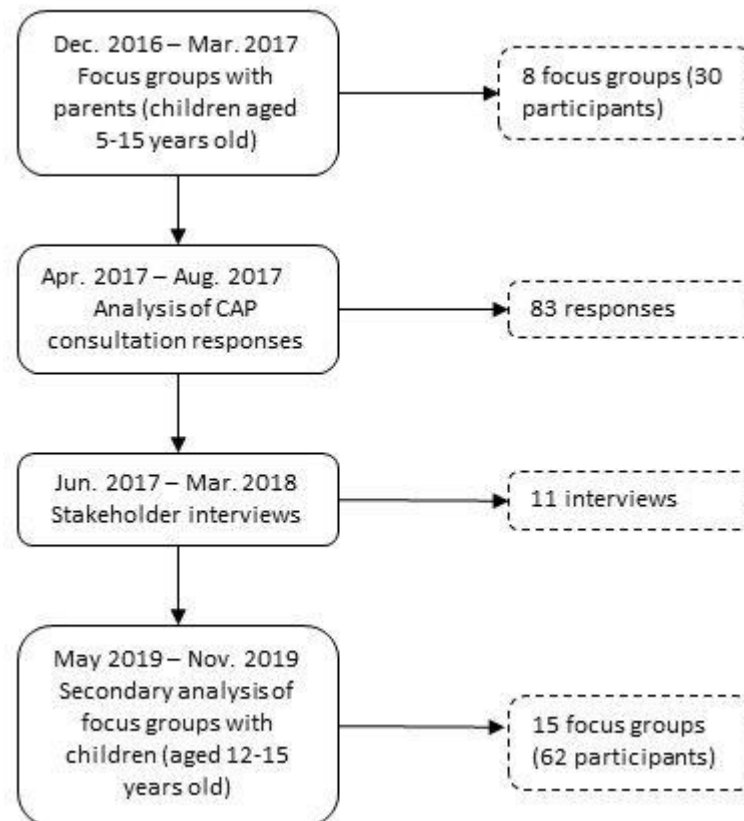


Figure 5. - Data collection timeline

### 3.2.2 Why multiple methods?

Multiple methods were selected for this research to answer the multiple research questions guiding the study, and to gain an in-depth understanding of

the policy and public debate surrounding the regulation of online advertising of HFSS products to children from a diverse range of stakeholders (Bloor et al., 2001, Seale, 1999, Denzin and Lincoln, 1998). In order to do so, it is necessary to generate understanding as to stakeholders' views of online advertising of HFSS products to children as well as their views on its regulation.

There are criticisms of using multiple methods that are pertinent to consider. One criticism is that it is not enough to simply compare different data from different methodological sources, without understanding the context of each data collection (Flick, 2004, Fielding and Fielding, 1986). Selected methods should be used in conjunction carefully and purposefully. In order to avoid only comparing the different data sets, I analysed each set of data separately and acknowledged the context of that data collection. I then synthesised the data sets to analyse issues from these varying perspectives with reference to these differing contexts (see section 5.6 below for more detail). However, multiple methods bring a unique perspective to analysing multiple perspectives within a phenomenon. It allows for different sources and types of data to be analysed in conjunction with one another, resulting in both a broader and more in-depth understanding to the field of study.

Although all participants in this study are considered stakeholders within the policy and public debate surrounding the regulation of online HFSS product advertising, for clarity each set of participants will be referred to by their participant type (i.e. parents, children, or professional stakeholders). When referring to all stakeholders, the term 'participants' will be used to ensure little confusion.

### **3.3 Theoretical framework: framing theory**

Edelman (1993, p232) describes the social world as:

*“far from being stable, the social world is a chameleon, or, to suggest a better metaphor, a kaeleidoscope of potential realities, any of which can be readily evoked by altering the ways in which observations are framed and categorised”.*

From the mid-late 20<sup>th</sup> century onwards, framing theory has been posited as a robust perspective from which to examine these varying realities, and how they realities may come to be (Entman, 1993, Goffman, 1974). Framing theory was first established in the seminal writing of Erving Goffman (1974), in his proposal of ‘frame analysis’, where he argued that individuals interpret their lives through a series of ‘frameworks’ generated from previous experiences, in order to place meaning on new events. More recently, Dorfman et al. (2005) drew on the work by Lakoff (1996) to argue that frames are the “*conceptual bedrock for understanding anything*” (Dorfman et al., 2005, p324). In addition, Gilliam (2003) suggests frames are comprised of elements such as visuals, values, and stereotypes that together trigger an existing idea. In other words, frames “*signal what to pay attention to (and what not to), they allow us to fill in or infer missing information, and they set up a pattern of reasoning that influences decision outcomes*” (Dorfman et al., 2005, p324). Dorfman argues that these frames can be considered conceptual frames, helping to organise and interpret the cues we receive from the world. As such, framing theory provides a useful framework from which to understand how varying stakeholders within a policy debate view and understand that debate, including relevant metaphors, values and stereotypes.

These cues themselves are argued to be frames, with considerable academic attention paid to the source of these frames. A well-established application of frame analysis is the examination of how key political actors within policy debates frame topics to align with their vested interests through the media and other dissemination avenues (Hilton et al., 2019, Hawkins and Holden, 2013, Dorfman et al., 2005). In this context, framing theory proposes that the way in which an issue is presented to an audience - ‘the frame’ - influences how that audience processes that information, and as such is an effective tool in exerting political power (Entman, 1993). Entman (1993, p53) defines framing as:

*Framing essentially involves selection and salience. To frame is to select some aspects of perceived reality and make them more salient in a communicating text, in such a way as to promote a particular **problem definition, causal interpretation, moral evaluation, and/or treatment recommendation** for the item described.*

Although there have been varying definitions of framing and frame analysis since the mid 20<sup>th</sup> century, Entman's (1993) definition of framing assumes an intentionality behind the deployment of a frame, and as such is particularly useful for understanding political actors' use of discourse within the policy process. Frame analysis accounts for the strategic process used by policy actors to ensure policymaking aligns with their vested interests (Coburn, 2006). However, as described by Goffman (1974), frameworks are also often employed subconsciously. Therefore, this must be remembered when conducting an analysis of frames by non-political stakeholders, such as parents and children, and political stakeholders, such as public health advocates or members of parliament.

Despite the complexity behind the employment of frames consciously or subconsciously, Entman's (1993) definition provides a useful framework from which to consider qualitative data examining a public and policy debate. As such, it may be useful therefore to breakdown the above definition. Salience is defined as the quality of being particularly noticeable or important, with frames tending to increase the salience of a topic, particularly through media or other dissemination avenues (Entman, 2007). These frames are abstractions that organise or structure the meaning of messages. It is argued that by highlighting particular features of an issue, actors promote a version of this reality that is amenable to their vested interests and thus makes it more memorable for receivers/audiences (Entman, 1993).

Problem definition is when actors describe the 'boundaries' of an issue, emphasising an overall description of the problem, the type of problem (e.g. complex or simple) and affected groups (Jenkin et al., 2011, Coburn, 2006). In order to do so, actors define causes for the problem (e.g. individual or social) while assigning values or principles to these (e.g. children's right to health or industry's right to conduct fair business). This then leads to only certain avenues of action or policy solutions, while closing off and delegitimising others (Hawkins and Holden, 2013, Coburn, 2006). It is important to note that a frame does not have to perform all of the above four actions, however several frames can be used conjointly to achieve all four actions (Entman, 1993).



As said previously, the media is often a data source from which to conduct a frame analysis as it is a key dissemination channel which political actors utilise. Within media, a source from which many audiences gather information from, the frames which the media and political actors place on the information they convey can influence how audiences perceive that information (Buckton et al., 2018, Entman, 1993). These frames not only highlight particular aspects of an issue, but omit other features (Entman, 2007, Entman, 1993). It is suggested that media can play a powerful role in shaping these frameworks and thus public perceptions of public health debates (Otten, 1992). By emphasising and downplaying certain types of information, media and policy actors can influence the salience of issues within public health debates and, as such, influence the acceptability of policy responses through agenda-setting (Otten, 1992). For example, a recent study conducted by Buckton et al. (2018) suggested that media coverage may have contributed to the acceptability of the UK Government's soft drinks industry levy by framing the problem of excess sugar consumption as one driven by industry rather than individual choices and requiring government action. However, media can also report on public health issues in ways that are detrimental to policy goals. For example, Nimegeer et al.'s (2019) paper examining media framing of childhood obesity in the UK from 1996 to 2014 found that media highlighted individual-level drivers of obesity more than societal-level drivers, thus diminishing the salience of those societal-level drivers and as such policy solutions to address those.

Frame theory has not only been applied to media data, but also somewhat to qualitative interview data (Koon et al., 2016, Hawkins and Holden, 2013). A scoping review study conducted by Koon et al. (2016) revealed that frame analysis often draws upon a combination of data sources, such as policy documents and interview transcripts. An example of one such study, by Hawkins and Holden (2013), drew upon a documentary analysis and interviews with policymakers, public health advocates and alcohol industry actors. This study found that industry actors framed the policy debate regarding minimum unit pricing (MUP) in Scotland in ways which aligned with their vested interests. However, as far as I am aware, no articles have been published in relation to this study examining policymakers' or public health advocates framing of alcohol MUP.

In recent years, there has been an increase in the application of framing theory and frame analysis to other arenas in which political actors can exert influence over policymaking, such as consultations or public inquiries focused on unhealthy commodity industries (Scott et al., 2017, Hawkins and Holden, 2013, Jenkin et al., 2011). These studies (Jenkin et al., 2011) have typically focused on how public health issues such as alcohol consumption or obesity were framed, rather than specific policies, and as such provide a comprehensive overview of a public issue. However, it is useful to understand how particular policy solutions are described and framed by political actors, in order to understand whether similar frames are employed across varying policies within a public health issue. Often public health policies are not simple policies to implement, but rather are complex. As such, it could be argued that for both public and policy actors there exists a spectrum of acceptance of these policies, rather than a simple *yes* or *no* response to its implementation. By better understanding where different political and public actors sit on this policy acceptance spectrum, we can better understand where there are areas of agreement and contention. Scott et al.'s (2017) study, which examined how the food and beverage industry in the United States of America (USA) responded to a 2014 government consultation on product reformulation, is an example of this type of policy debate examination. This qualitative study examined the frames employed by the food and beverage industry, concluding that the strategic framing of reformulation aligned with previous research on food and beverage corporate political strategy (Scott et al., 2017).

There has been a call for the continued examination of how the food and beverage industry continue to influence and shape public health and public health policy in ways that may differ from other unhealthy commodity industries, particularly if the food and drink industry is learning and adapting techniques from previous public health debates (UCIs) (Hilton et al., 2019, Freudenberg, 2014). It is also important to understand how public health advocates invoke framing within their information dissemination practices (Katikireddi et al., 2014, Jenkin et al., 2011).

## 3.4 Methodology

### 3.4.1 The CAP consultation

As described in Chapter 2, in 2015 the CAP announced their consultation titled *CAP Consultation: Food and Soft Drink Advertising to Children* (CAP, 2015a). The public consultation opened on the 13<sup>th</sup> May 2016, and closed on the 22<sup>nd</sup> of July 2016. According to the CAP, this consultation was launched in response to increasing public policy attention on childhood obesity; despite the lack of evidence that they claimed existed on the effect non-broadcast advertising has on children's food preferences. In this consultation, CAP proposed the following:

1. *Introduce a new rule prohibiting the placement of HFSS product advertising in media targeted at or likely to appeal particularly to children;*
2. *Explore through consultation whether the new rule should prohibit advertising in media targeted at or of particular appeal to children under 12 or under 16;*
3. *The new rule will:*
  - *Apply to advertising in media where more than 25% of the audience are understood to be under 12 or, subject to the outcome of the consultation, under 16;*
  - *Prohibit brand advertising that has the effect of promoting an HFSS product, mirroring present guidance used for TV advertising;*
  - *Cover advertising in all non-broadcast media within the remit of the CAP Code, including online advertising;*
  - *Use the Department of Health nutrient profiling model - used for TV advertising - to identify HFSS products*
4. *Amend the existing rules of the creative content of food and soft drink advertising - prohibiting licensed characters, celebrities popular with children and promotions directed at children aged 11 and younger - to apply only to HFSS product advertising, allowing more creative ways for healthier foods to be advertised to children (CAP, 2016f).*

**Figure 6. - Committees of Advertising Practice consultation on non-broadcast advertising of food and soft drinks to children proposals**

In response to the call, 86 organisations and individuals contributed a submission. These organisations and individuals consisted of academics, industry, advocacy groups, advisory groups, and members of the public. On 8<sup>th</sup> December 2016, as a result of these responses, six main amendments to the CAP Code were made;

1. Prohibit HFSS advertising from appearing in children's media (children being under 16 years)

2. Prohibit HFSS advertising in other media where children make up more than 25% of the audience
3. Prohibit brand advertising that has the effect of promoting specific HFSS products, even if they are not featured directly
4. Apply rules to all media
5. Use the Department of Health nutrient profiling model to differentiate between HFSS and non-HFSS products
6. Allow advertisements for non-HFSS products to use promotions, licensed characters and celebrities popular with children

CAP insisted these updates would remedy concerns regarding the regulations surrounding the online advertising of HFSS products to children.

### **3.4.2 Research question**

As seen in section 3.2, analyses of consultation responses can be a worthwhile pursuit when attempting to understand the views of stakeholders regarding public health policy issues, as they are an entry point for political actors to influence regulatory debates (Scott et al., 2017, Hawkins and Holden, 2013). As such, the research question guiding this section of the study was:

1. Who responded to the 2016 Committee of Advertising Practice consultation on non-broadcast advertising of food and soft drink, and what were the arguments they put forward?

### **3.4.3 Introduction to consultation analysis and selection for this study**

As described by Hawkins and Holden (2013) and Scott et al. (2017) consultations provide insight into the strategic framing practices of industry and public health advocates, policy discourses and positioning of various stakeholders. They are also evidence of participation in the policymaking process. Consultations

provide an opportunity for these different actors to influence regulatory debates, and as such it is of direct relevance to the overall objective of this study (understanding the public and policy debate regarding the regulation of online advertising of HFSS products to children).

The 2016 CAP consultation occurred at the start of data collection for this study and provides a ‘snapshot’ of a range of stakeholders’ positions towards the regulation of online advertising of HFSS products to children. Although the consultation was focused more broadly on non-broadcast advertising of all food and soft drink products (HFSS and non-HFSS) to children, a key focus was on online advertising of HFSS products.

The findings from the consultation analysis were then used to inform the semi-structured interviews with the professional stakeholders. By conducting the consultation analysis, key areas of agreement or contention were found and as such resulted in more fruitful interviews being designed and conducted.

#### **3.4.3.1 Limitations of consultation analysis**

The main limitation of analysing consultation responses is that there is no opportunity to probe past the written word in order to seek clarity or unpack varying claims. However, this PhD project also sought to conduct interviews with professional stakeholders identified through the consultation analysis. Therefore, it was in this phase of the project that such probing and clarification-seeking took place. There has been precedent set for such an approach to studying the technique of framing in the policymaking process, for example in Hawkins and Holden’s (2013) study on alcohol industry framing within the MUP policy debate in Scotland.

### **3.4.4 Data collection design**

#### **3.4.4.1 Sample**

The responses to the CAP consultation were available from the CAP website (CAP, 2016h) and downloaded securely to the researcher’s computer to prevent data loss. The responses were divided, by CAP, into 5 PDFs arranged

alphabetically. The consultation response from the CAP was released on 8<sup>th</sup> December 2016, with a list of the respondents (CAP, 2016g). In total there were 652 responses to the consultation. Of these, 89 organisations and one member of the public submitted 85 individual or joint responses. There was also a common response submission, from 567 members of the public. In total, 86 different responses were listed in the consultation document. The split of these responses between industry, government, civil society organisations, media, and public were as follows:

Responder types	Number of responses
Civil society (advocacy, advisory, academic)	45
Government body	8
Industry (food and drink, advertising, representative bodies)	23
Media	8
Public	2

**Table 2. - Number of respondent types to 2016 Committees of Advertising Practice consultation on non-broadcast advertising of food and soft drink to children**

One of these responses was made by the MRC/CSO Social & Public Health Sciences Unit. Due to the researcher undertaking their PhD within this Unit, it was decided by the supervisory team to omit this response from the analysis. Due to only two responses from the public being received and their arguments aligning with civil society organisations, they were excluded from analysis. Therefore, 83 responses were included in the analysis. The responses varied in length, with the shortest being one page to the longest being 12 pages.

### 3.4.5 Frame measurement

In order to generate a complete understanding of the frames employed by actors, a systematic approach to coding was necessary. To do so, the study employed a combination of two analytical frameworks. As discussed above in section 3.2, Entman's (1993) conceptualisation of frames provides a useful tool for researchers to analyse the frames employed by varying actors. However, it arguably remains somewhat unclear as to how researchers are to operationalise such concepts. To address this problem and to further ensure systematic identification and recording of key characteristics of frames, this analysis employed Jenkin et al.'s (2011) framing matrix.

Jenkin et al.'s (2011) study provides a useful method to operationalise these concepts that allows for the in-depth analysis of frames employed by multiple types of actors. As such, a combined framework was designed using Entman's well-theorised definition of frames and Jenkin et al.'s (2011) systematic framing matrix, which followed recommendations from other consultation analyses (Hawkins and Holden, 2013, Jenkin et al., 2011).

Below, Table 3 describes the framing matrix. The first column contains the signature rhetorical devices, as designated by Entman (1993). However, the term *treatment recommendation* has been replaced with *recommended policy solutions* as this was deemed a more appropriate term for the study context. The second and third columns, labelled *key aspects* and *prompts*, provides further information and guidance for the systematic coding of the responses. The coding was an iterative process and required repeated applications of the framing matrix to the consultation responses. As highlighted by Jenkin et al. (2011) and Van Gorp (Van Gorp, 2010), this is consistent with the constant comparative method, whereby texts are repeatedly compared to other texts within the sample. This allows for the generation of frames that may not be apparent initially, and only emerge through the comparison to other frames. The following chapter explores the findings generated following the framing matrix approach.



Signature rhetorical devices	Key aspects	Prompts
Problem definition	Overall description	How is issue described?  What is the emphasis?  Why is the issue a problem?
	Type of problem	What type of problem is it?
	Affected groups	Who is the issue a problem for?
Causal interpretation	Main cause	What is identified as the main cause?  Is the cause environmental or individual?  Who/what is to blame for the problem?
	Non-causes	What are dismissed or explicitly identified as non-causes?
Moral evaluation	Core values or principles	What values or principles are evident in the problem representation
Recommended policy solutions (treatment recommendation)	Policy prescriptions	What solutions are proposed/emphasised?  What issues are included?  Are the solutions targeted or universal?  Who is responsible?
	Non-solutions	What issues are excluded?  What solutions are opposed?
	Existing policy	What are the views on current policy?

**Table 3. - Framing matrix modified from Jenkin et al. (2011, p1025)**

### **3.5 Conclusion**

This chapter has described the decision-making behind employing a qualitative approach for the PhD study, as well as Study 1's theoretical framework and methodology employed to conduct an analysis of frames employed by actors responding to the 2016 CAP consultation on the non-broadcast advertising of food and soft drinks to children. It demonstrated that although there has been extensive use of frame analysis to examine media reporting of public health issues, there has been limited use of this analysis form in other document types, such as consultations. Furthermore, there has been minimal examination of the differences in frames employed by different actors to consultation responses. As such, the CAP consultation provided a timely opportunity to examine these frames and develop an understanding of the policy debate surrounding the regulation on non-broadcast advertising of food and soft drinks to children, in which the online advertising of HFSS products features. The following chapter presents the results from this analysis.

## **4 Findings: Framing by Professional Stakeholders in the 2016 CAP Consultation on Non-Broadcast Advertising of Food and Soft Drinks**

### **4.1 Overview of chapter**

This chapter presents the findings of the frame analysis of the responses to the 2016 Committees of Advertising Practice (CAP) consultation on non-broadcast advertising of food and soft drinks. It begins with a summary of respondents. Next the frames are examined following a combination of Entman's (1993) definition of framing and Jenkin et al.'s (2011) framing matrix, as described in Chapter 3. The chapter ends with an overall conclusion from the consultation analysis.

### **4.2 Summary of responders to consultation**

The categories in which responding organisations were assigned to are described in the table below, as well as the number of organisations within each category. The table also contains the overall view regarding the CAP consultation proposals, assessed through a qualitative analysis of the response to each proposal.

Responder types	Number of responses	View of consultation proposals in %
Civil society (advocacy, advisory, academic)	45	Positive = 96% (n=43)
		Negative = 4% (n=2)
		Mixed = 0% (n=0)
Government body	8	Positive = 100% (n=8)
		Negative = 0% (n=0)
		Mixed = 0% (n=0)
Industry (food and drink, advertising, representative bodies)	23	Positive = 61% (n=14)
		Negative = 13% (n=3)
		Mixed = 26% (n=6)
Media	8	Positive = 62% (n=5)
		Negative = 13% (n=1)
		Mixed = 25% (n=2)
Public	2	Positive = 100% (n=2)
		Negative = 0% (n=0)
		Mixed = 0% (n=0)

**Table 4. - Organisations types who submitted to the Committee of Advertising Practice 2016 consultation on non-broadcast advertising of food and soft drink to children and view of proposals**

For the purposes of this analysis, advocacy, advisory, government body and academic organisations have been assimilated as non-industry responders, as many of their responses aligned (see Table 5, 6, 7 and 8).

As seen in previous consultation analyses (Scott et al., 2017), when referring to ‘industry’ as a whole, it is recognised that within this sector there are multiple actors or sub-sectors with varying objectives and political priorities. Within this analysis, those sub-sectors were: 1) food and beverage industry, 2) advertising industry, 3) retailers and 4) media. Therefore, this analysis refers to industry as a whole, unless otherwise specified. As with non-industry responders, similar arguments were made across these sub-industries.

### **4.3 Problem definition**

Problem definition is when actors define the ‘boundaries’ of an issue, emphasising an overall description of the problem, the type of problem and affected groups (Jenkin et al., 2011, Coburn, 2006, Entman, 1993). Within this consultation, both industry and non-industry responders framed their responses within the context of childhood obesity, defining childhood obesity as the problem requiring resolution. However, there were differences between how industry and non-industry defined childhood obesity. Table 5 below describes the frames employed by non-industry and industry responders that align with problem definition.

Signature rhetorical devices (Entman, 1993)	Key aspects (Jenkin et al., 2011)	Advocacy	Advisory	Government body	Public health	Academics & researchers	Food & beverage industry	Advertising industry	Retailers	Media
Problem definition	Overall description (childhood obesity)	A complex issue	A complex issue	A complex issue	A complex issue	A complex issue	A complex issue	A complex issue	A complex issue	A complex issue
		Epidemic	Epidemic	Epidemic	Epidemic					
		Use of statistics	Use of statistics	Use of statistics	Use of statistics	Use of statistics	Lack of statistics	Lack of statistics	Lack of statistics	Lack of statistics
		Concern for society	Concern for society	Concern for society	Concern for society		Concern for consumers	Concern for consumers	Concern for consumers	Concern for consumers
	Type of problem	Unbounded problem	Unbounded problem	Unbounded problem	Unbounded problem		Bounded problem	Bounded problem	Bounded problem	Bounded problem
		Health/financial burden	Health/financial burden	Health/financial burden	Health/financial burden	Health/financial burden		Financial burden		
		Devastating human burden	Devastating human burden							
		Significant threat to public health	Significant threat to public health	Significant threat to public health	Significant threat to public health	Significant threat to public health	A serious obesity problem	Societal challenge	An obesity debate	An obesity problem
							Omission of consequences of obesity	Omission of consequences of obesity	Omission of consequences of obesity	Omission of consequences of obesity
	Affected groups	All children (0-17 years of age) - separated into under 12, under 16 and under 18	All children (0-17 years of age) - separated into under 12, under 16 and under 18	All children (0-17 years of age) - separated into under 12, under 16 and under 18	All children (0-17 years of age) - separated into under 12, under 16 and under 18	Children in general	Children under 12	Children under 12	Children under 12	Children under 12
		Future adults	Future adults	Future adults	Future adults					
		Parents	Parents/adults in general	Parents	Parents	Parents	Parents			Adult consumers
		Lower socioeconomic groups	Lower socioeconomic groups		Lower socioeconomic groups					

Table 5. - Problem definition framing matrix

### 4.3.1 Overall description

As can be seen in Table 5, responder types used varying terms to define childhood obesity:

*Underlying our public health programming is the fact that obesity is complex and multifactorial condition with a strong link to deprivation.*  
(London Borough of Hackney) (CAP, 2016c)

and

*As the consultation document further explains, obesity is a ‘multifactorial issue’ and so requires a contribution from various sectors, including advertising.* (Institute of Practitioners in Advertising) (CAP, 2016c)

Non-industry and industry responders agreed that childhood obesity was a concern for the UK, requiring a multi-organisational response. However, it is in the emphasis placed on the scale of the childhood obesity problem, which varied between industry and non-industry. Non-industry responders employed “epidemic” framing that defined childhood obesity as causing drastic detrimental impacts across the life-course of children and throughout society:

*We have an obesity epidemic - in 2014, 65% of adults aged 16 and over were overweight, including 28% who were obese. Around one in six (17%) children aged 2 to 15 were at risk of obesity, with a further 14% at risk of overweight. The cost to the Scottish NHS of type 2 diabetes alone is estimated to be £1bn alongside £2.73bn to the wider economy.* (Scottish Government) (CAP, 2016e)

Advocacy groups employed language which created a sense of urgency to resolving childhood obesity in order to prevent the long-term detrimental impacts of increased weight. Advocacy groups’ language use was often emotive and colloquial, using carefully placed adjectives to instil a sense of alarm in comparison to other non-industry responders:

*These conditions have a devastating human impact and also place a huge financial burden on our already stretched health service. (Food Ethics Council) (CAP, 2016b)*

The use of emotive language may relate to advocacy organisations' position as public health campaigners. These organisations arguably have two main target groups for their lobbying practices: 1) policymakers, and 2) the public.

Advocacy organisations aim to encourage the public to lobby policymakers, in the hope that this will encourage them to implement desired policy interventions, as they seek to appease the public. As such, advocacy responders to this consultation may have sought to instil a similar response from the CAP.

To strengthen their framing of childhood obesity problem as “*epidemic*”, non-industry responders extensively employed statistics to demonstrate the high rates of childhood obesity in the UK:

*The extent of the challenge is demonstrated by the fact that 19.1% of children in Year 6 (aged 10-11) in England are obese, and a further 14.2% are overweight, 9.1 % of children in Reception (aged 4-5) in England are obese and another 12.8% are overweight. (The Association of Directors of Public Health) (CAP, 2016a)*

Despite acknowledging that childhood obesity was a complex issue, industry responders omitted epidemic framing in their responses. This is in line with previous research examining industry framing of obesity (Jenkin et al. 2011), where industry actors tended to downplay the issue of obesity to one “*of concern*”. In the 2016 CAP consultation industry responders employed consumer framing to explain the need to address non-broadcast advertising and increased childhood overweight and obesity:

*Although advertising of food and soft drinks to children is only one small part of a very complex problem, it is a cause for concern amongst our customers and we recognise the case for change as proposed by CAP, subject to the process of consultation and a balanced assessment of the available evidence. (Asda) (CAP, 2016a)*



Industry were arguably attempting to minimise the public health need to reduce childhood overweight and obesity rates, through the insinuation that improved regulation is required to address consumer concern rather than poor public health.

#### 4.3.2 Type of problem

When discussing the type of problem, non-industry and industry once again employed different frames. Non-industry responders framed childhood obesity as a ‘health burden’. For example, The Institute of Public Health in Ireland stated:

*The evidence is clear that the consumption of HFSS contributes to poor health outcomes in children and is contributing to the rising tide of childhood obesity. (Bolton Council) (CAP, 2016a)*

Non-industry responders emphasised the short- and long-term health consequences of childhood overweight and obesity, emphasising that overweight and obesity were not an isolated health concern, but rather contributed to several other non-communicable diseases (NCDs) as well as poor mental health. By doing so, non-industry responders attempted to show that childhood overweight and obesity may have a ‘knock-on’ effect on children’s health. It could be argued that non-industry responders framed childhood obesity as an unbounded problem, one which had far-reaching consequences for children’s health that extended into adulthood:

*Obese children are more likely to be obese as adults, which in turn increases their risk of developing serious health conditions such as type 2 diabetes, cancers, stroke and cardiovascular diseases. (World Cancer Research Fund International and World Cancer Research Fund UK) (CAP, 2016e)*

They also presented childhood overweight and obesity as an economic or financial burden to wider society, often referring to the financial implications of obesity to the economy:

*As a consequence of health harms, the economic burden of obesity is staggering. An economic analysis has found the total economic burden of obesity to the UK at £47 billion in 2012 - more than armed violence, war and terrorism and second only to smoking. (Cancer Research UK) (CAP, 2016b)*

Through emphasising the health and financial implications, non-industry responders demonstrated that childhood overweight and obesity were not isolated, limited issues for the individual but rather impacted society, and as such positioned it as a whole-population problem. Furthermore, non-industry responders added to their “*epidemic*” framing by describing childhood overweight and obesity as a result of poor diet as a “*threat*”:

*Poor quality diet and overweight/obesity are significant threats to public health across Ireland and the United Kingdom. (The Institute of Public Health in Ireland) (CAP, 2016c)*

In contrast, there was a notable omission of the consequences of childhood overweight and obesity by industry responders, and this potentially indicated industry attempting to frame childhood obesity as a bounded problem. In the three cases where reference to financial implications were made, one concerned impact of regulation on industry finances:

*Whilst we acknowledge the arguments around improving children’s health and reducing obesity rates, Pact urges CAP to also consider the economic impact of any additional options proposed in this consultation process. (Producers Alliance for Cinema and Television) (CAP, 2016e)*

With another commenting more generally on the health and financial implications:

*The IPA acknowledges the public policy imperative to try to deal with the public health and economic impacts of obesity...As the consultation document further explains, obesity is a ‘multifactorial issue’ and so requires a contribution from various sectors, including advertising. (Institute of Practitioners in Advertising) (CAP, 2016c)*

There appeared to be differences in the internal consistency within the industry group and non-industry group responses when attempting to define the problem of childhood overweight and obesity. Non-industry responses appeared to highly correlate with each other, employing similar devices that defined childhood obesity as an unbounded problem or burden. In contrast, industry appeared to define childhood overweight and obesity as a bounded problem through the omission of the consequences of obesity and appeared to maintain far less cohesion around their definition of the problem. Some responses noted childhood obesity as a “*serious problem*”, some as an “*obesity debate*” and others as an “*obesity problem*”. In the case of this consultation, it appeared difficult for industry responders to deny childhood obesity as a problem. However, overall they tended to focus on containing it through positioning it as a single problem:

*Channel 4 agrees that obesity is an important problem and believes that industry have a responsibility to contribute towards tackling the issue.*  
(Channel 4) (CAP, 2016b)

### 4.3.3 Affected groups

Throughout the responses there was agreement that children were a vulnerable population, and in need of protection, as pre-set by the focus of the CAP consultation:

*At Britvic we pride ourselves on the strength of our Global Marketing Code and are committed to high standards when it comes to protecting children.* (Britvic) (CAP, 2016a)

However, disagreement existed surrounding children’s vulnerability to advertising and as such what age group required protection. Non-industry responders argued that all children under the age of 18 should be included in the updated CAP Code:

*Aged 18 and younger: Should be the audience that media placement restrictions apply to; although we note that option was not given in the*

*consultation. Of the two options given, we support aged 15 and younger.*  
(Action on Sugar and Consensus Action on Salt and Health) (CAP, 2016a)

Non-industry responders also defined future adults as an affected group, suggesting that children who are exposed to pervasive non-broadcast advertising of HFSS products maintain those dietary preferences as adults. Again, this is demonstrative of non-industry responders attempting to highlight the scale and long-term consequences of advertising on children's health, rather than only focusing on the short-term dietary and weight implications, to ensure that their desired policy outcome of considerably improved regulation was met.

By comparison, industry responders described children under the age of 12 as the vulnerable population as they did not possess enough media literacy over advertising content:

*We believe that it is right to protect children under 12 years old from all advertising HFSS as the scientific evidence suggests that they cannot identify and understand advertising's persuasive intent before this age.*  
(Mars, Incorporated) (CAP, 2016c)

Industry deliberately separated children under 12-years-of-age from children under 16-years of age. By doing so, they narrowed attention to only these age groups, potentially to restrict how widely the policy proposals would be applied.

Fourteen out of the 53 non-industry responders defined parents as an affected group, as they negotiate the impact of non-broadcast advertising of HFSS products on their children's dietary preferences, as well as potentially benefiting from improved regulatory frameworks. They defined parents as potentially vulnerable to advertising practices themselves, particularly if advertisements highlighted the 'healthy' aspects of HFSS products:

*In addition, misleading health or nutrition claims online and on packaging - alongside images of happy children eating the products - skew the information parents are relying on when making purchasing decisions.*  
(Action on Sugar and Consensus Action on Salt and Health) (CAP, 2016a)

This is, once again, indicative of non-industry responders attempting to broaden the definition of affected groups, to further emphasise the wide-ranging impact of advertising and its association with childhood overweight and obesity. Within these responses, obesity was framed as an issue that affected the whole population rather than just specific groups. However, there was some acknowledgement by advocacy, advisory and public health responders that childhood overweight and obesity disproportionately affected those populations residing in more deprived socio-economic areas:

*Heart of Mersey recognises that there are high levels of disease due to poor diet. The proportion of the population affected by obesity continues to rise and of particular concern, is the increasing rate of overweight and obesity amongst infants and children. This is particularly prevalent in lower socio-economic groups. (Heart of Mersey) (CAP, 2016c)*

## 4.4 Causal interpretation

Causal interpretation is the process of allocating causes for the defined problem (Entman, 1993), and these causes can be varied, for example environmental, structural, commercial and individual. In the case of this consultation, non-broadcast advertising of HFSS products was the key cause highlighted in the debate. Although there was an overall agreement that non-broadcast advertising was a contributing factor in children's poor dietary preferences, there remained debate over exactly how influential advertising was amongst the variety of other identified causes. Table 6 below describes the causal interpretation frames employed by industry and non-industry responders.

Signature rhetorical devices (Entman, 1993)	Key aspects (Jenkin et al., 2011)	Advocacy	Advisory	Government body	Public health	Academics & researchers	Food & beverage industry	Advertising industry	Retailers	Media
Causal interpretation	Main cause	Obesogenic environment	Obesogenic environment	Obesogenic environment	Obesogenic environment	Obesogenic environment	Lack of knowledge (parents and children) & other causal factors	Other causal factors (e.g. toys in Happy meals or package promotions)	Children's changing media habits	Lack of knowledge (parents and children) & other causal factors
		Multi-setting advertising and marketing practices leads to overconsumption of HFSS products	Multi-setting advertising and marketing practices leads to overconsumption of HFSS products	Multi-setting advertising and marketing practices leads to overconsumption of HFSS products	Multi-setting advertising and marketing practices leads to overconsumption of HFSS products	Multi-setting advertising and marketing practices leads to overconsumption of HFSS products				
		Online advertising particularly problematic	Online advertising particularly problematic	Online advertising particularly problematic	Online advertising particularly problematic					
		Children's vulnerability (all ages)	Children's vulnerability (all ages)	Children's vulnerability (all ages)	Children's vulnerability (all ages)	Children's vulnerability (all ages)	Children vulnerability (under 12)	Children vulnerability (under 12)		
		Reliance on evidence and specific examples	Reliance on evidence and specific examples	Reliance on evidence and specific examples	Reliance on evidence and specific examples	Reliance on evidence and specific examples	Limited reliance on evidence (weak evidence base)	Limited reliance on evidence (weak evidence base)		Limited reliance on evidence (weak evidence base)
	Non-causes	Lack of knowledge				Sugar consumption	Advertising (for children aged 12-15 years) - 'small effect' for under 12 years	Advertising (for children aged 12-15 years) - 'small effect' for under 12 years	Advertising (for children aged 12-15 years) - 'small effect' for under 12 years	Advertising (for children aged 12-15 years) - 'small effect' for under 12 years
		Individual choice/lack of willpower								

Table 6. - Causal interpretation framing matrix

#### 4.4.1 Main causes

##### 4.4.1.1 Non-broadcast advertising of high in fat, sugar and salt products

Non-industry and industry responders acknowledged that although non-broadcast advertising was a contributing factor to poor dietary preferences amongst children, there were a variety of other causal factors that also contributed to childhood obesity rates. However, the significance placed on the influence of non-broadcast advertising varied between industry and non-industry actors, and even somewhat within industry specifically.

Non-industry responders to the consultation emphasised the role that non-broadcast advertising, as well as wider marketing practices, played in contributing to poor dietary practices. They were less likely to refer to other causes, instead preferring to focus attention on advertising and marketing of HFSS products to children:

*Yes. Exposure to continual and repetitive marketing on a daily basis over a lifetime, across multiple platforms and settings, leads to cumulative increases in energy intake and increasing obesity rates. (Cancer Research UK) (CAP, 2016b)*

Non-industry responders dedicated considerable time to the explanation of the effect non-broadcast advertising of HFSS products has on children's dietary preferences. To further strengthen their argument, they often referred to research or evidence:

*Research shows that marketing greatly influences the food children choose to eat. It also increases the amount of food they eat. Marketing is a pivotal factor in the obesogenic environment, and tackling children's obesity cannot be done effectively without restrictions on marketing to children. (Obesity Action Scotland) (CAP, 2016d)*

Amongst non-industry responders, evidence was used to varying degrees. Advocacy, advisory, and academic responders used evidence to support their framing more regularly than government or public health responders. This may be indicative of their regular use of evidence throughout their daily organisational activities, as well as also legitimising their position within the policy process as evidence users. By employing the evidence base, it makes them appear less partisan and that they advocate for evidence-based policymaking. This arguably makes their points more difficult to disagree with. Government and public health responders are arguably viewed as overarching organisations that are inherent within the policy process, whereas advocacy, advisory and academics may be viewed as less so. This may be because they are not a continual presence within the policy process as they have specific vested interests related to particular policy areas. As such, the increased use of evidence may be a technique to legitimise their involvement in the policy process.

Non-industry responders expressed that it was the pervasive, multi-setting advertising that increased the impact of advertising on children's dietary preferences:

*Constant exposure to unhealthy food and drinks on TV, radio, the internet, social media, in magazines, and for some even at school makes it very difficult to children and their families to make healthy choices and greatly influences the food they eat. (Action on Sugar and Consensus Action on Salt and Health) (CAP, 2016a)*

Non-industry responders were emphatic that non-broadcast advertising is a causal factor in poor dietary preferences amongst children of all ages under consideration in the CAP consultation (under 12 years-of-age or under 16-years-of-age). In direct opposition to industry arguments regarding age, non-industry responders expressed concern regarding older children's vulnerability (aged 12 to 17 years of age):

*There is ample evidence to rule out under 12s as a sufficient definition. Children aged 12 and above are substantially influenced by junk food*



*marketing due to their greater independence and higher levels of media consumption. (Children's Food Campaign) (CAP, 2016b)*

Non-industry also highlighted that older children tended to engage with increasingly common yet novel marketing practices such as brands employing vloggers or influencers to promote their product. Non-industry responders expressed concern over this more nuanced and subtle form of marketing as particularly problematic, due to the inherently difficult task of identifying it as a form of advertising:

*HFSS brands are increasingly making use of influencers (e.g. vloggers and musicians) to produce and distribute marketing content, not all of it as clearly labelled as advertising as is required. (Heart of Mersey) (CAP, 2016c)*

In comparison, despite industry responders acknowledging that non-broadcast advertising, and advertising more generally, impacted on children's dietary preferences, food and beverage industry and advertising industry responders were explicit in that the evidence demonstrated it was only children under 12 who were vulnerable:

*We believe our science-based approach to understanding child appeal should be applied industry-wide in order to ensure that children under 12 years old who are not cognisant of what constitutes advertising are not inappropriately influenced. (Mars Incorporated) (CAP, 2016c)*

As can be seen in the above quotation by Mars, Incorporated, food and beverage industry responders and advertising industry responders employed terminology that indicated they referred to the scientific evidence to inform their position on the causal impact of non-broadcast advertising. They often referred to the evidence base to demonstrate that they acknowledged that advertising may have an impact on children's dietary preferences, but then to dismiss claims that it was associated with childhood overweight or obesity:

*While the evidence does not demonstrate that there is a direct link between online advertising of HFSS products and excess weight or obesity*

*in children, advertising clearly does have some influence on children's food and drink preferences. (Internet Advertising Bureau) (CAP, 2016c)*

Arguably, industry responders employed the research evidence to make them appear knowledgeable and objective, which in turn 'legitimises' their involvement within the policy process, a technique that has been seen in other unhealthy commodity industries (Moodie et al., 2013) and a technique some non-industry responders also employed in their responses. However, what appears to be different in this consultation, compared to other UCIs, is that industry responders were willing to accept that evidence suggests advertising has some impact on children's dietary preferences, even if industry characterise that impact to be minimal. Rather than overtly mischaracterising or denying the evidence base, industry responders in this consultation attempted to minimise the significance applied to the impact of advertising on childhood overweight or obesity. This is indicative of a difference in industry practice, away from overtly denying or mischaracterising the evidence to one that more covertly places or infuses doubt in the evidence base (Scott et al., 2017, Hawkins and Holden, 2013, Moodie et al., 2013, Jenkin et al., 2011). This was demonstrated further through some industry responders employing the CAP's own characterisation of the evidence base:

*Although the CAP's consultation document explains that there is no significant new evidence on non-broadcast advertising's effect on children which might present a clearly evidence-driven basis for regulatory change, the IPA acknowledges the public policy imperative to try to deal with...obesity...particularly considering how children interact with the commercial world now through their use of social media. (Institute of Practitioners in Advertising) (CAP, 2016c)*

By acknowledging that advertising of HFSS products may impact, even minimally, on children's dietary preferences industry responders acknowledge that their industry marketing practices has a causal role in unhealthy habit formation.

#### 4.4.1.2 The obesogenic environment

Non-industry responders identified the advertising of HFSS products to be a key feature in the obesogenic environment, with the obesogenic environment noted as the overarching causal factor of childhood overweight and obesity:

*The impacts of marketing on the UK's obesogenic environment have contributed dire consequences for child health. (Cancer Research UK) (CAP, 2016b)*

Once again, this adds to the framing of non-broadcast advertising and childhood overweight and obesity as an unbounded issue. By referring to the obesogenic environment as a causal factor, non-industry responders were emphasising the overall structural cause of childhood overweight and obesity, with non-broadcast advertising as a single feature within that.

Industry responders, however, omitted any reference to the obesogenic environment except from The Nut Association:

*We live in what has been termed an "obesogenic environment" characterised by sub-optimal nutrition and inadequate physical activity. (The Nut Association) (CAP, 2016d)*

Non-industry responders were keen to express that non-broadcast advertising was a feature *in addition* to other causes in a larger problematic environment that promoted the consumption of HFSS products, where all aspects had to be addressed. Industry, however, were more likely to focus on non-broadcast advertising *or* on other causal factors, such as a deficit in knowledge regarding healthy diets:

*...CAP has already strengthened the guidance and found that advertising has a small effect on immediate food preferences especially when compared to factors like parental and peer influences and the decline of physical activity rates. (Producers Alliance for Cinema and Television) (CAP, 2016d)*

This tension, where non-industry focused on the complexity within this environment, whereas industry focused more specifically on particular causal factors as an *either/or*, is indicative of a wider issue throughout the framing employed by these different organisational types. Industry responders tended to focus narrowly on specific points and insert doubt or express confusion on those specific points. Non-industry responders, however, were more likely to broaden points outwards to demonstrate the significance of the problem.

#### 4.4.2 Non-causes

As can be seen in Table 6, non-causes were not featured heavily amongst any of the responses, and they largely reflected the causes defined above. Amongst non-industry responses, only advocacy responders and academics specifically identified causes they considered as illegitimate arguments, whereas all industry responders identified older children identified non-causes. This may be because industry responders sought to infuse doubt as to the role advertising of HFSS products plays in the broader debate surrounding childhood obesity.

Advocacy groups were keen to express that individual choices were not a cause of childhood overweight or obesity, and instead referred to the wider environmental determinants of health as identified above:

*The Food Ethics Council strongly believes that obesity is not due to individuals deliberately setting out to eat themselves ill; it's the outcome of a food system which is set up to promote cheap ingredients and cheap food, including fast foods and ready meals, which are likely to lead to obesity, and unlikely to enable a healthy diet. Obesity then, is not a matter of individual choice but of deeply unhealthy and inappropriate food environments.* (Food Ethics Council) (CAP, 2016b)

In the case of academic responders, only one academic response referred to non-causes. Richard L Atkinson MD, from the Virginia Obesity Research Institute, primarily focused his response on the evidence surrounding the effect of sugar on overweight and obesity:

*If parents are extremely diligent about not allowing their children to drink SSB, the effect is likely to be quite small on an individual child.*

(Richard L Atkinson MD, Virginia Obesity Research Institute) (CAP, 2016e)

Instead, it appeared that non-industry responders aimed to emphasise and draw attention to the role of non-broadcast advertising of HFSS products on children's dietary preferences through the omission of non-causes.

Similarly, industry responders to the consultation tended to focus specifically on the small impact of advertising compared to other factors, such as physical activity or peer influences:

*...the available evidence continues to suggest that advertising has a relatively small effect on children's immediate food preferences. Other factors in the family home, playground, school dining room and playing fields have a greater role in driving up levels of childhood obesity when compared to the role played by advertising.* (Provision Trade Federation) (CAP, 2016d)

Although industry were not explicitly stating that non-broadcast advertising of HFSS products is a non-cause of poor dietary preferences, and as such childhood overweight or obesity, their framing of it as a small and poorly evidenced cause infers a sense of doubt around it.

## 4.5 Moral evaluation

The moral evaluation of framing refers to the core values or principles evident within, or underpinning, a frame (Entman, 1993; Jenkin et al., 2011).

Throughout the consultation, both industry and non-industry responders took a 'rights-based' approach to framing, however diverged on whose rights they considered as important. Non-industry responders were more likely to employ framing which supported an overall social justice approach to resolving childhood overweight and obesity, whereas industry were more likely to employ framing which supported an overall market justice approach (Beauchamp, 1976). Table 7 describes the frames employed by non-industry and industry responders.

Signature rhetorical devices (Entman, 1993)	Key aspects (Jenkin et al., 2011)	Advocacy	Advisory	Government body	Public health	Academics & researchers	Food & beverage industry	Advertising industry	Retailers	Media
Moral evaluation	Core values of principles	Social justice	Social justice	Social justice	Social justice	Social justice	Market justice	Market justice	Market justice	Market justice
		Children's right to health	Children's right to health	Children's right to health	Children's right to health	Children's right to health	Fair treatment of industry	Fair treatment of industry	Fair treatment of industry	Fair treatment of industry
		Protection of vulnerable children	Protection of vulnerable children	Protection of vulnerable children	Protection of vulnerable children	Protection of vulnerable children	Protection of industry and adult consumers	Protection of industry and adult consumers	Protection of industry and adult consumers	Protection of industry
							Responsible industry	Responsible industry	Responsible industry	Responsible industry

**Table 7. - Moral evaluation framing matrix**

Non-industry responders made frequent reference to children's right to health as a moral justification for supporting the policy proposals and improving the wider obesogenic environment:

*Children have the right to participate in social life and to have their voices heard, but also have rights to health and to have their best interests considered. (Action on Sugar and Consensus Action on Salt and Health) (CAP, 2016a)*

This framing was further cemented through the reference to specific legal frameworks, such as the United Nations (UN) Convention on the Rights of the Child (The United Nations, 1990):

*Current alarming rates of childhood obesity breach rights to health, e.g. children's rights to development and enjoyment of the highest attainable standards of health as articulated in the UN Convention on the Rights of the Child (UNCRC; UN, 1990). (Dr Emma Boyland, University of Liverpool) (CAP, 2016b)*

More specifically, advocacy, advisory, and academic responders used these legal conventions to infer that governments, and wider society, should play a larger role in protecting the rights of children:

*The WHO Recommendations are also important for their emphasis that governments should protect public health and void conflicts of interest... States have an obligation to strike a balance and ensure that 'in all actions concerning children, the best interests of the child shall be a primary consideration'. (Law and Non-Communicable Diseases Unit, University of Liverpool) (CAP, 2016c)*

These responders were more overtly critical of industry practices in marketing to children, in comparison to government body and public health responders, and this may be related to their positions within the policy process. Government body organisations, in particular, may maintain a closer relationship to industry and as such may be hesitant to criticise industry practices as heavily. This is

explored further in section 4.6.3, which examines responders' framing of existing policy.

Non-industry responders also expressed that children's rights to health should be placed above all else, including that of industry rights, arguing that that "*a child's right to a healthy start in life should not be traded off against commercial freedoms to promote unhealthy food and drinks*" (Obesity Health Alliance) (CAP, 2016d). As such, non-industry responders took a child-centred approach to framing, one which increased attention on wider government and society's role to ensure the best possible protection was given to this vulnerable population.

In contrast, all industry responder types referred to the need to balance the protection of children with the protection of industry:

*It is important that brands rights to advertise is protected.* (Cinema Advertising Association and the UK Cinema Association) (CAP, 2016b)

By framing industry as having rights, like the right to advertise, it is argued that industry and media organisations in the CAP consultation were using similar arguments employed by industry organisations in the United States (US), where the US Supreme Court ruled in favour of industry as possessing rights similar to human rights. In these rulings, corporations were categorised as 'people', and as such possessed similar rights (Clements, 2012, Hartmann, 2010). In this consultation, industry and media organisations repeatedly referred to 'disproportionate' regulation that may infringe on their industry rights, and as such were arguably framing themselves as victims and their position as one that is vulnerable, similar to non-industry's positioning of children as vulnerable. As argued by Freudenberg (2014), "*by painting themselves as the beleaguered victims of misguided policies that jeopardize economic growth, corporations and their allies hope to win sympathy from policymakers and the public*". This idea of 'winning sympathy' can be seen in this consultation, where industry responders positioned themselves as a 'victim' through emphasising the impact of overregulation:



*This is a very competitive market; the new provisions must allow industry to continue to operate in a competitive environment by avoiding the imposition of disproportionate burdens. (British Retail Consortium) (CAP, 2016a)*

Conversely, industry responders also often framed themselves as ‘responsible’ advertisers or industry, and employed this framing to position themselves as legitimate actors within the policy process to improve population health:

*As a responsible retailer, we are committed to playing our part in helping to improve the nation’s diet. (Asda) (CAP, 2016a)*

All industry responders emphasised their role as ‘responsible’ advertisers, and often employed emotive language, in what may have been an attempt to demonstrate their commitment to such responsible marketing practices:

*We strongly believe that a healthy lifestyle and diet should be at the heart of responsible communication, and we are committed to support initiatives to reduce the incidence of obesity in children in particular. (Bel UK) (CAP, 2016a)*

Industry responders often referred to their responsible advertising practices to advocate for proportional regulation. Proportional regulation was often cited as essential to updating the regulatory Code and to ensuring a Code that protected children, industry and older consumers:

*An important consideration in drafting advertising regulations is one of proportionality. Even if it is not appropriate to target advertising at children under the age of 12, advertising to adults is a legitimate and indeed positive technique. An advertising regulation that protects children should not deprive adults unnecessarily of the benefits of advertising. A balance must be struck. (Ferrero) (CAP, 2016b)*

The employment of a fairness frame by both industry and non-industry responders was reminiscent of another phrase employed throughout the responses by both non-industry and industry responders. The creation of a

*“level-playing field”* was referenced 11 times throughout the consultation (five non-industry responders and 6 industry responders). Both non-industry and industry responders recommended improved regulations to provide *“a level-playing field for industry regardless of what type of marketing activity they create”* (Diabetes UK) (CAP, 2016b). Similarly, industry desired to *“ensure consistency of application across all media and create a more level playing field in this area”* (Nestle UK) (CAP, 2016d). This is potentially indicative of both industry and non-industry desiring a regulatory system that was fair within industry, with non-industry responders also desiring this same fairness to be applied externally amongst parents and children. It is demonstrative that both types of responders acknowledged the current system as somewhat unbalanced.

## **4.6 Recommended policy solutions**

Jenkin et al. (2011) propose in their analytical framing matrix that recommended policy solutions should include an analysis of policy prescriptions, non-solutions and existing policies. The CAP consultation focused on a set of proposals to improve the regulatory Code (Appendix C). Within this consultation, it appeared industry and media organisations were more willing to support policy change, however with several caveats to this support. These caveats were often supported through the employment of the framing devices examined above. Table 8 describes the policy solutions that non-industry and industry framed as good or bad policies.

Signature rhetorical devices (Entman, 1993)	Key aspects (Jenkin et al., 2011)	Advocacy	Advisory	Government body	Public health	Academics & researchers	Food & beverage industry	Advertising industry	Retailers	Media
Recommended policy solutions	Policy prescriptions	Implementation of recommended policy proposals (with further strengthening)	Implementation of recommended policy proposals (with further strengthening)	Implementation of recommended policy proposals (with further strengthening)	Implementation of recommended policy proposals (with further strengthening)	Implementation of recommended policy proposals (with further strengthening)	Implementation of recommended policy solutions to improve industry reputation	Slow and cautious implementation of softened policy solutions to improve industry Reputation	Slow and cautious implementation of softened policy solutions	Slow and cautious implementation of softened policy solutions
		Ban on advertising of HFSS products	Ban on advertising of HFSS products	Ban on advertising of HFSS products	Ban on advertising of HFSS products	Ban on advertising of HFSS products	Restriction on advertising of HFSS products	Restriction on advertising of HFSS products	Restriction on advertising of HFSS products	Restriction on advertising of HFSS products
		Improved clarity, consistency across regulatory codes (avoidance of loopholes)	Improved clarity, consistency across regulatory codes (avoidance of loopholes)	Improved clarity, consistency across regulatory codes (avoidance of loopholes)	Improved clarity, consistency across regulatory codes (avoidance of loopholes)	Improved clarity, consistency across regulatory codes (avoidance of loopholes)	Improved clarity, consistency across regulatory codes (protect industry) - continued consultation with industry	Improved clarity, consistency across regulatory codes (protect industry) - continued consultation with industry	Improved clarity, consistency across regulatory codes (protect industry) - continued consultation with industry	Improved clarity, consistency across regulatory codes (protect media) - continued consultation with media
		Broaden CAP's remit (regulate all forms of marketing)	Broaden CAP's remit (regulate all forms of marketing)	Broaden CAP's remit (regulate all forms of marketing)	Broaden CAP's remit (regulate all forms of marketing)	Broaden CAP's remit (regulate all forms of marketing)				
	Non-solutions						Statutory/ disproportionate regulation	Disproportionate regulation	Disproportionate regulation	Disproportionate regulation
		Piecemeal approach to reduction of childhood obesity	Piecemeal approach to reduction of childhood obesity		Piecemeal approach to reduction of childhood obesity	Piecemeal approach to reduction of childhood obesity	Restricting advertising to reduce childhood obesity	Restricting advertising to reduce childhood obesity	Restricting/ banning advertising to reduce childhood obesity	Restricting advertising to reduce childhood obesity
		Weak policies (maintenance of loopholes)	Weak policies (maintenance of loopholes)	Weak policies (maintenance of loopholes)	Weak policies (maintenance of loopholes)	Weak policies (maintenance of loopholes)				
									Impractical policy proposals for retailers to implement	

	Existing policy	Critical of existing self-regulation	Critical of existing self-regulation	Critical of existing self-regulation	Critical of existing self-regulation	Critical of existing self-regulation	Success and strength of self-regulation	Success and strength of self-regulation	Success and strength of self-regulation	Success and strength of self-regulation
		Critical of wider obesity policy								
		Sceptical of industry practices		Sceptical of industry practices (less critical)		Sceptical of industry practices		Advertising industry leaders in effective policy		Existing policy balances industry and consumer rights
							Provision of information of parents - the knowledge task		Provision of information of parents - the knowledge task	

**Table 8. - Recommended policy solutions framing matrix**

### 4.6.1 Policy prescriptions

Jenkin et al. (2011) define policy prescriptions as those policies that receive support. In general, both industry and non-industry expressed support for the CAP policy proposals. However, the reasons for this support varied between responder types. Non-industry responders were supportive of this regulatory improvement as part of a range of policy interventions to reduce the pervasive promotion techniques children were exposed to:

*All measures should be considered in the societal response to the challenge of childhood obesity: and the deliberate exposure of children to the promotion of unhealthful food products is a clear candidate for intervention.* (The World Obesity Federation and the UK's Association for the Study of Obesity) (CAP, 2016e)

As part of the multifactorial approach to policy, non-industry responders proposed that the regulatory Code be extended to include all forms of marketing, and thus extending CAP's remit:

*Yes, the placement restriction on HFSS product advertising should be applied to all non-broadcast media, including online advertising, without any exemptions. This also should include media currently outside of CAP's remit, including brand characters, packaging, labelling, in-school marketing, in-store placement and sponsorship.* (Jamie Oliver Food Foundation) (CAP, 2016c)

Non-industry responders insisted that the improved regulatory proposals be implemented immediately to remedy ambiguities that they defined as problematic in existing policy:

*There are loopholes which allow junk food to be targeted at children online which would not be allowed on Broadcast TV. Esp [sic] in the area of use of Brand Characters, products featuring competition and games.* (Jamie Oliver Food Foundation) (CAP, 2016c)

They called for improved clarity and consistency throughout the Code to remedy these ambiguities. Industry were also supportive of improving the regulatory Code to address clarity and consistency issues, however this emerged from a concern that ambiguities left industry exposed to potential contraventions with the CAP Code:

*This measure is well understood and would work effectively. However, where possible it would be helpful to have clarity on accepted audience measurement tools by channel with examples to avoid misinterpretation of the rules. (McDonald's) (CAP, 2016c)*

Industry, once again, sought to frame themselves as responsible regulators through their concern of their inability to adhere to the Code if it remained inconsistent, whilst appearing to pre-emptively avoid responsibility if they fail to adhere to the Code in the future. They also supported the improved regulatory Code to address increasing health concerns surrounding overweight and obesity amongst children, although they framed it as a small solution:

*Although advertising is only a small part in a very complex equation, advertising self-regulation can continue to play its part in tackling obesity by acting to reduce children's exposure to HFSS advertising. (The Advertising Association) (CAP, 2016a)*

However, whilst claiming to support the proposal, they continued to insert doubt as to the effectiveness of the policy proposals by expressing scepticism as to the proposals ability to childhood overweight and obesity:

*It should be borne in mind that any new restrictions are unlikely, in themselves, to deliver a significant impact. Research suggests that obesity is influenced by a variety of factors, as highlighted in the consultation document. (Internet Advertising Bureau) (CAP, 2016c)*

Non-industry responders were more likely to recommend a more comprehensive regulatory Code, that sought to *ban* advertising of HFSS products and other problematic non-HFSS products (e.g. cereal bars that claimed to be healthy snack alternatives):

*The effectiveness of the rules, and in turn, the effective protection of children from the negative impact of HFSS food marketing, therefore, require that the ban should be extended to these other media, and in particular the Internet.* (Law and Non-Communicable Diseases Unit, University of Liverpool) (CAP, 2016c)

Whereas industry tended to refer to the *restriction* of advertising of HFSS products to children:

*This is in line with the existing voluntary EU food pledge and would be, in our view, a change that reflects the evidence and focuses restrictions proportionately on the audience that is most likely to benefit from them.* (Internet Advertising Bureau) (CAP, 2016c)

The difference in language selection to describe the purpose of the regulatory Code (i.e. to ban or to restrict) is demonstrative of the differences in approach to supporting the regulatory proposals. Non-industry, particularly advocacy and academic responders, were emphatic about the need for restrictions to significantly reduce or eliminate advertising of HFSS that children may be exposed to across all advertising mediums, irrespective of setting. It was a stringent and hard approach to policy. Industry, although supportive of improving the regulatory Code, sought to restrict only in particular settings and to particular audiences. This approach to policy is one that is softer, and leaves room for negotiation. It is evident of their different vested interests.

Some industry and non-industry responders offered prescribed alternative policy proposals to sections of the Code. Out of the 53 non-industry responders, 12 supported the Children's Food Campaign alternative proposal to the 25% audience threshold measure:

*We strongly endorse the model being proposed by the Children's Food Campaign, which seeks to identify all marketing which is child-directed - irrespective of the media platform or venue, or the percentage or total numbers of children exposed.* (Children's Food Trust) (CAP, 2016b)

However, it must be noted that academic responders did not mention this policy alternative. This may be due to their removed association from these other responder types. The endorsement of the Children Food Campaign alternative policy was suggestive of responders sharing knowledge, and it may be that academic responders were not privy to this information.

Industry also advocated for alternative nutrient profiling models to be implemented, preferring to advocate for the voluntary European Union Pledge (2017). This voluntary regulatory framework aims to: *“support parents in making the right diet and lifestyle choices for their children”*. This pledge is industry-led, and accountability is also maintained by industry. Industry responders, although agreeing to increased regulation, directed policy attention towards proposals that were more favourable to their industry practices. Whereas non-industry responders attempted to increase support for the most robust policy proposals.

More specifically, non-industry responders supported the following:

2. The implementation of the Broadcast Committee of Advertising Practice (BCAP) Code to the non-broadcast Code;
3. The age bracket to which the Code is applied to be under 16-years-of-age;
4. To allow for previously banned techniques (such as using celebrities or licensed characters) to advertise fruit and vegetables;
5. The implementation of the Department of Health’s Nutrient Profiling Model (NPM);
6. For all non-broadcast media to be included in the regulatory Code.

Industry were supportive of:

1. Allowing for previously banned techniques to be used on all non-HFSS products;



2. Employing the 25% audience threshold measure to dictate whether advertising of HFSS products is permitted.

#### 4.6.2 Non-solutions

Within the framing matrix presented by Jenkin et al. (2011), non-solutions are defined as those policies that are explicitly opposed. Within this consultation, policy proposals identified as non-solutions centred on effectiveness.

Non-industry expressed concern over specific policy proposals, stating that they would be unsuccessful at reducing the amount of non-broadcast advertising of HFSS products children were exposed to, as well as leaving ambiguities in the Code that industry could continue to exploit. This was particularly centred on the proposals to implement a 25% audience threshold measure as well as relaxing the rules on utilising brand characters or celebrities to promote non-HFSS products:

*No. We are very concerned that by allowing any non-HFSS product to be advertised to children using celebrities and licensed characters, there would be many products just under the threshold score for HFSS which would choose to exploit such advertising techniques.* (Blaenau Gwent Local Authority) (CAP, 2016a)

Public health and government body responders furthered this argument by defining these non-HFSS products as ‘gateway products’. By this, they suggested that by allowing these non-HFSS products, that were not exclusively fruit or vegetables, to be advertised it would allow brands normally synonymous with HFSS products to continue to advertise to children. This contributed to their framing of industry as untrustworthy and willing to use any means possible to continue advertising to children. This contrasts with industry’s framing of themselves as ‘responsible’, who only seek to provide consumers with ‘fair, honest’ information “*to inform and educate consumers*” (Provision Trade Federation) (CAP, 2016d).

Furthermore, non-industry responders (advocacy, advisory, government, academic), except public health responders, expressed criticism over the

‘piecemeal’ approach to the regulation of both broadcast and non-broadcast advertising of HFSS products to children:

*This guidance does not adopt a sufficiently comprehensive approach. For example, it does not apply to brand equity characters, even though such characters do impact on children’s food preferences...* (Law and Non-Communicable Diseases Unit, University of Liverpool) (CAP, 2016c)

Industry responders, except Which?, opposed the policy proposals as a solution to reducing childhood overweight and obesity:

*However, obesity and diet are complex issues which will be relatively unaffected by these proposed rule changes.* (Incorporated Society of British Advertisers) (CAP, 2016c)

Throughout the consultation responses, industry presented conflicting frames: 1) supporting the improvement of regulations to improve children’s health; and 2) defining the overall policy proposals as a non-solution to improving children’s health. They defined children as a vulnerable group that required protection, whilst at the same time minimising any policy proposal that aimed to provide that protection. This may be indicative of two problems. One, industry have not yet come to a clear consensus on how to frame their responses to food and beverage policy proposals involving children. This may be due to it being difficult to argue against policies that aim to protect children. Two, industry employing techniques that seek to cause confusion amongst policymakers by not providing a clear consensus on policy proposals.

Whilst suggesting that the overall policy proposals would be ineffective, industry responders were concerned that the 25% audience threshold measure would be overly effective, and have a disproportionate impact on their business activities:

*Ferrero considers that the threshold of 35%, as used in the EU Pledge, is a more appropriate place to find the balance than 25% as proposed by CAP. 25% is disproportionate and is likely to deprive too many adults of the benefits of advertising.* (Ferrero) (CAP, 2016b)

The quotation above from the Ferrero response is indicative of a point of tension between non-industry and industry responses to the 25% audience threshold measure. Where non-industry responders defined this measure as ineffective, due to the high number of children that could still be exposed to HFSS non-broadcast advertising, industry responders often defined the measure as overly-restrictive and detrimental to adult consumers. By proposing an alternative percentage, industry again attempted to minimise the strength of regulation through the framing of policy proposals as infringing on adults' consumer rights.

The food and beverage industry responders were the only industry actor to specifically identify the Department of Health Nutrient Profiling Model (NPM) as a non-solution:

*Dairy UK believes that it would not be appropriate to apply the current Department of Health nutrient profiling model to identify HFSS products.*  
(Dairy UK) (CAP, 2016b)

The food and beverage industry responders defined the Department of Health NPM as insufficient to reduce the prevalence of unhealthy dietary preferences amongst children, preferring to endorse a voluntary system.

#### **4.6.3 Existing policy**

Non-industry responders were critical of the existing self-regulatory system, as well as the reliance on industry voluntary frameworks:

*It is of PHE's view that the current self-regulation for non-broadcast advertising of unhealthy foods and drinks plays an important part in maintaining an obesogenic environment.* (Public Health England) (CAP, 2016d)

There were several areas in which non-industry described industry as exploiting. Non-industry responders were critical of the ambiguities with the existing CAP Code:

*The current marketing rules are too vague and fail to protect children from HFSS marketing online and in other types of media. We therefore very strongly support CAP in revising these rules and doing as much as possible to protect our children from the marketing and promotion of less healthy food and drink. (Public Health Devon) (CAP, 2016d)*

By emphasising the perceived failure of the self-regulatory system, non-industry responders attempted to increase the salience of the issue to increase the likelihood of the most stringent form of the policy proposals being implemented. Advocacy, public health and academic responders expressed scepticism towards industry's desire to responsibly regulate advertising of HFSS products:

*IPH is concerned by the partial self-regulating nature of advertising standards in the UK. There are conflicts of interest inherent in such mechanisms (University of Liverpool et al, 2015). (The Institute of Public Health in Ireland) (CAP, 2016c)*

However, government body responders appeared to be less overtly critical of industry voluntary frameworks and their framing of themselves as 'responsible' advertisers:

*Industry self-regulation - There is an inherent tension in self-regulation but we must recognise the value that the power and creativity of advertising and marketing could bring to rebalancing our food culture away from a focus on HFSS food and drink. (Scottish Government) (CAP, 2016d)*

Instead, government body responders advocated for the inclusion of industry actors within the policy process. Their hesitancy to overtly criticise industry may stem from their overall governing position, where they not only consider public health but wider economic issues. Government body organisations arguably occupy a 'middle-ground' between all other organisational types within the policy process, and their approach to this consultation may be representative of that.

Non-industry responders' framing contrasts with industry's framing of existing policy as evidence of their responsible advertising practices, with Channel 4 claiming "*the UK's self-regulatory approach to advertising has been proven to be extremely effective*" (CAP, 2016b). Industry responders supported the maintenance of the CAP Code, with some improvements, alongside the continued use of their own voluntary frameworks:

*If a nutrient profiling model is to be used in a self-regulatory code, then that nutrient profiling model itself should arise from self-regulation.*

(Ferrero) (CAP, 2016b)

Once again, food and beverage industry responders framed the existing policy self-regulation as the most viable and effective policy solution for them.

Fourteen of the industry responders (eight food and beverage, one advertising, one media, and four retailer responders) took this 'responsibility' framing further by explaining their organisation's own voluntary Codes as more effective than existing policy:

*In practice, therefore, much of industry - with advertisers leading the way - is working to (or developing) self-imposed restrictions relating to advertising to children that in some areas are stricter than those found in the CAP Code. It seems sensible to address the apparent disconnect and bring the Code into line with existing good practice.* (Internet Advertising Bureau) (CAP, 2016c)

The advertising industry responders were particularly emphatic about their voluntary frameworks. Arguably, they attempted to position their industry as an example of best practice in effective policy development, and that even CAP was unable to match their high standards.

In addition, the food and beverage industry responders and retailer responders insisted that the existing policy provided consumers, and parents in particular, with the information make healthy dietary choices for their children:

*We are also committed to providing consumers, particularly parents, with all the information they need to make informed choices, through initiatives such as the voluntary front of pack scheme, which we were one of the first companies to introduce. (Britvic) (CAP, 2016a)*

## **4.7 Conclusion**

In conclusion, the analysis of the CAP consultation demonstrates that among the varying responder types, there were two consistent overall frames employed throughout. Non-industry responders employed a public health framing within their responses, one that aligned with the values represented in social justice approaches to public health policy (Beauchamp, 1976). In contrast, industry responders tended to employ an industry framing, in which values more closely aligned with a market justice approach to public health policy (Beauchamp, 1976). As seen throughout this chapter, non-industry and industry responders subtly advocated towards policy solutions that favoured their vested political and financial interests.

The following chapter describes the methodology employed for the focus groups with parents, secondary analysis of focus groups with children, and stakeholder interviews.

## **5 Methods: Secondary analysis of Child Focus Groups, Primary collection of Parent Focus Groups and Primary collection of Professional Stakeholder Interviews**

### **5.1 Introduction**

This chapter describes the focus group and interview data employed in this qualitative thesis to gain in-depth insights into the policy and public debate of the regulation of online advertising of HFSS products. The chapter explains the secondary analysis of focus groups with children aged between 12 and 15 years of age; the analysis of focus groups with parents who have children aged between five and 15 years of age; and the analysis of in-depth interviews with a range of relevant professional stakeholders (academics, advisory group members, advocacy group members, government body members and industry). In particular, the chapter describes why and how focus groups and interview methods were employed, the analytical approach used with each set of data and ends with a discussion on the reflexive process performed throughout the study.

### **5.2 Ethics**

Ethical approval was granted by the University of Glasgow College of Social Sciences Ethics Review Committee for all sections of the project (Appendix C).

#### **5.2.1 Gaining informed consent**

For the focus groups with parents and interviews with professional stakeholders, all participants were approached either by myself or the designated gatekeeper and provided with the participant information sheet (Appendix D), which contained my contact information as well as my supervisors. If a gatekeeper provided the participant information sheet to potential participants, they were encouraged to contact me with any questions or concerns they had about taking part. Focus groups and interviews were organised between one to three weeks

after initial contact, depending on participant availability. All focus groups and six professional stakeholder interviews occurred in person, with five professional stakeholder interviews taking place via telephone.

Prior to each focus group and interview, I read through the participant information sheet with the participants and checked they were all satisfied and had no outstanding questions or concerns. I answered any questions that arose. I then explained their rights as participants, including that they could leave at any time if they so wished. I described the aims of the research. Once all participants had agreed, they each signed a consent form (Appendix E) and I ensured they had my contact details in case of any issues in the future. At the end of each group or interview, I explained that a study summary would be available to them if they were interested.

For the children's focus groups, both children and a parent/guardian were required to sign consent forms (Appendix F). A similar process described above for the parent focus groups was employed by the study team for the original children's study. Again, participant information sheets were provided to both parents and children (Appendix G).

### **5.2.2 Confidentiality**

In the participant information sheet provided to participants and the consent forms that they signed, there was information about the confidentiality that participants could expect. Prior to commencing the focus groups and interviews, this was described further. I ensured participants that all data would be anonymised, and pseudonyms or numerical identifiers would be used. I highlighted that only the research team would have access to recordings and transcripts. Participants were informed that data would be held securely for 10 years, after which they would be destroyed in accordance with MRC (2019) and University of Glasgow (2019) guidelines. Participant contact details were stored in a secure, requested-access-only folder on a University network. No ethical issues arose during or after the focus groups and interviews.



## 5.3 Study 2: Focus groups with parents

### 5.3.1 Research questions

The two research questions that were used to guide the focus groups with parents were;

1. How aware are parents of online advertising of foods and drinks HFSS and what are their views on it?
2. What are parents' experiences navigating this commercial environment, and what do they think about initiatives to reduce children's exposure to commercialisation?

### 5.3.2 Introduction to focus group research

Morgan (1998) describes the history of focus groups as divided into three distinct time periods; 1) early work by both academic and applied social scientists, 2) market research carried out between the Second World War and 1990, and 3) recent research conducted in academic, market research and political settings. It is argued that this final period, where social scientists employed focus groups as a data gathering tool, resulted in its widespread use across several disciplinary fields (Morgan, 1998).

Barbour and Kitzinger (1999) developed a refined definition of the contemporary focus group as a response to their increasing popularity. They define focus groups as a *“group discussion exploring a specific set of issues...is ‘focused’ in that it involves some kind of collective activity”* (Barbour and Kitzinger, 1999, p4). Focus groups allow for the study of attitudes and experiences around specific topics (Barbour and Kitzinger, 1999).

### 5.3.3 Rationale for focus groups with parents

When reviewing the literature, it became clear that there was a gap in research where parents' views on the regulation of the online advertising of HFSS products were not considered. In policy debates involving children,

responsibility varies between governmental responsibility, industry responsibility, and individual responsibility (Henderson, 2015). Murphy (2003) theorises that parents are ‘responsibilised’ through the extension of the provision of care in the present, to the protection of children’s future health via the promotion of healthy behaviours by parents. In addition, children are framed as vulnerable consumers who must be protected (Colls and Evans, 2008), with parents, particularly mothers, often positioned as primarily responsible for this protection (Lister, 2006). When considering responsibility around the protection of children from harmful advertising, it is often parents who are framed as responsible for protecting children, and this was seen in the CAP consultation analysed in Chapter 4. However, the ‘voice’ of parents was notably absent in policy discussions regarding regulation of online advertising.

As such, it was deemed important to engage parents as key public stakeholders within the debate relating to online advertising of HFSS products, to gain insight into their views regarding online advertising’s regulation, and the frames (Goffman, 1986) which underpinned these views. It also provided the opportunity for the parents’ voice to be captured and considered, as policy debates often focus on those directly involved in the policy-making process (Henderson, 2015, Scutchfield et al., 2004). A failure to consider these voices in public health policy debate may lead to a mischaracterisation of societal discourses around a policy area, as well as omit those voices policy is designed to affect.

Focus groups were selected for three key reasons that relate to this study. Firstly, focus groups provide the opportunity to better understand group meanings, processes and norms (Bloor et al., 2001, Barbour and Kitzinger, 1999, Wilkinson, 1998, Asbury, 1995). This study aimed to understand how parents perceived and debated the online advertising of HFSS products and its regulation, and focus groups allowed for this type of interaction and data to be captured.

Secondly, focus groups may highlight areas where there is or there is not consensus on an issue (Bloor et al., 2001, Wilkinson, 1998, Asbury, 1995). Previous research has indicated that parents are unsure and sometimes naïve to the role online advertising of HFSS products plays in their children’s lives

(Cornish, 2014, Bailey, 2011, Kelly et al., 2009). Focus groups provided an opportunity to further explore this ambiguity.

Thirdly, focus groups can potentially transform the researcher-participant relationship (Barbour and Kitzinger, 1999). Focus groups require the number of participants to be greater than that of the researcher(s), and this is argued to shift the power dynamic in favour of the participants, albeit not completely eradicate it. This may result in the participants having increased control over the topics that they consider to be important in relation to the specified issue.

### **5.3.3.1 Limitations to focus group method**

Although there are several benefits to employing focus groups in qualitative research, there are potential limitations that are pertinent to address. One limitation is the need to create a lively discussion, which does not lead into one fraught with tension and/or conflict (Bloor et al., 2001, Fern, 2001). This an area of risk that needs to be prepared for. At the beginning of each focus group I highlighted that there were no right or wrong answers to the questions being asked, and that every opinion was valid. I also informed participants that if they did not feel comfortable answering a question(s), they did not have to do so.

Another limitation of employing focus groups as a methodology pertains to the impact on group dynamics when there are one or two participants in the focus groups who dominate discussions, which may silence quieter individuals (Bloor et al., 2001, Fern, 2001, Krueger, 1997). This may also lead to an issue of participants voicing the group view, rather than each participant's individual assessment. One technique to mitigate this issue is to direct questions to the quieter individuals in a polite manner to subtly shift group attention to them. An example of this, which I used during the focus groups, was "*Katie, how do you feel about this issue?*" This approach did not obviously silence the dominating members of the group, but rather encouraged quieter members of the group to speak.

Another potential issue of focus group dynamics is the role social status may play in the group (Fern, 2001, Asbury, 1995). Age, gender, race, education, occupation, income, and wealth can all have an impact on how an individual is

perceived and positioned within a group. Also, people with better communication skills are often perceived as possessing more status than those who with poorer communication skills and can be given more opportunity to talk by other participants. Social status can have a similar impact on a group as a dominating personality (Fern, 2001). If an individual perceives another to be of a higher social status than themselves, they may allow the other individual to be more vocal. Those with a perceived higher status can also have more influence on group opinion. Being aware of this possibility in advance helped to minimise it, as I conscientiously aimed to ensure that everyone had an opportunity to voice their views and opinions. I also informed participants that if they wished to, they could contact me after the focus group if they felt they had more to contribute on a particular topic.

### **5.3.4 Data collection design**

#### **5.3.4.1 Identification of sample**

An important aspect of sampling was to garner as diverse but relevant a sample as possible. Within focus group research it is encouraged that the sample should reflect a range of the population, even if it is not possible to reach representativeness (Kitzinger, 1995). In order to achieve as diverse a sample as possible and to engage hard-to-reach populations, non-probabilistic purposive sampling was used (Guest et al., 2006). This type of sampling results in participants being selected according to a set of pre-determined criteria that is relevant to the research aim.

#### **5.3.4.2 Sampling framework & inclusion criteria**

The sampling framework was designed after an in-depth literature search. Below is a table of the sampling framework designed for the study:

Criteria	Proposed
Children's age	5-15 years of age
Location	Scotland
Socioeconomic areas using Scottish Index of Multiple Deprivation (SIMD) Quintiles	Diversity across quintiles

**Table 9. - Sampling framework**

The study population was parents who have children aged between five and 15 years old. This age range was chosen to highlight changes in parents' views depending on their child(ren)'s age. This age range was also chosen as there exists controversy, particularly between industry and the public health community, over the impact that online advertising of HFSS products has depending on a child's age. This controversy was highlighted during in Chapter 4, which presented the analysis of the 2016 CAP consultation.

The sampling framework aimed to recruit both mothers and fathers for the study. However, only one father was recruited to the study despite approaching a variety of organisations designed for fathers only. From the fathers' groups that were approached, there was hesitancy from the gatekeepers to share the research further with some stating that they felt it would not be of interest to their group. Potential insight into this issue was provided during the focus groups, with mothers stating that they felt mothers took primary responsibility for food provision in the home. The one father who took part in the study spoke of how he and his partner shared the responsibility for food in the home. Issues with recruitment are discussed in more detail in section 5.3.5.1, and in the study limitations in Chapter 8.

A diverse range of recruitment sites were identified prior to the study commencing, to ensure participants from a range of socioeconomic areas were involved in the study. These sites were community organisations, such as family

homework clubs and community councils, as well as community social media groups.

The Scottish Index of Multiple Deprivation (SIMD) (Scottish Government, 2018) was used to match participants' postcodes to area deprivation level. SIMD considers area income levels and seven additional domains: employment; health and education; skills, training and geographic access to services; and crime and housing. It must be noted that there is debate surrounding the suitability of using SIMD data to establish deprivation (Fischbacher, 2014, Leyland et al., 2007). Fischbacher (2014) critiques the use of area level measures of deprivation, as it relies on an underlying hypothesis that the characteristics of a population are socially homogenous. Therefore, area level measures can be said to assume that deprived and non-deprived individuals live exclusively in deprived and non-deprived areas (Leyland et al., 2007), which is in fact not the case. This therefore must be considered when analysing the participants' views, in order to ensure that assumptions are not made. However, SIMD data was deemed the most appropriate measure to employ in this study as it allowed for a targeted recruitment strategy to engage participants from a range of areas within Scotland. The sampling framework and recruitment site selection were adapted after the first four focus groups, as it was identified that there was a lack of participants recruited from more deprived areas in Scotland.

Kitzinger (1995) describes the difficulties which can occur when deciding the composition of focus groups. There is debate as to whether the groups should be homogenous, to capture people's shared experiences, or heterogeneous, to capitalise on diverse experiences (Kitzinger, 1995). In the first focus group conducted the participants knew each other through a friendship group. This meant that participants shared much of each other's lives and therefore did not feel the need to discuss details that they knew the others were familiar with. This resulted in a requirement to ask for clarification or further explanation on particular issues which disturbed the flow of the conversation. It was decided after this point to aim to recruit participants who met each other through community organisations, rather than friendship groups. Although participants may have known of each other, and therefore be comfortable with one another, participants would provide context with their views.

### **5.3.4.3 Sample size**

The number of groups in a focus group study depends on the aim of the research and the available resources (Kitzinger, 1995). There is no exact number considered the 'gold standard' for focus group research, due to it not needing to reach statistical significance. Debate exists as to how many focus groups should be used in studies, with Barbour and Kitzinger (1999) proposing between three to over 50. Zeller (1993) argues for three to five focus groups, because additional groups do not usually provide more meaningful insights. Morgan (1996) however argues that the more important determinant with focus groups is the variability of the participants both within and across groups. Morgan also notes an element of practicality when it comes to establishing how many focus groups to conduct, in terms of time and resources that are allocated to the study (Morgan, 1996).

A sample of eight to 10 focus groups was aimed for but was reviewed continually as the research was carried out. The two sampling framework characteristics were age of children and socioeconomic background and these were used to establish when focus group recruitment was complete. Once there was a relatively even distribution across the age range of children as well as deprivation level, the focus group recruitment was concluded. It also became clear after group six that similar themes emerged from each focus group.

## **5.3.5 Conducting the study**

### **5.3.5.1 Recruitment**

#### **5.3.5.1.1 Characteristics of participants**

In total, 30 participants took part in eight focus groups. Twenty-nine of the participants were female, and one participant was male. The age range of their children was 10 months to 29 years of age, however, all participants had one or more children within the age range criteria for the study, which was five to 15 years of age. Participants lived in a range of socioeconomic areas, 19 of the 30 participants were from the two most deprived Quintiles (Q1 and Q2) in the SIMD16 classification, four were from Quintile 3 (Q3) and four were from the least deprived Quintiles (Q4 & Q5). Five potential participants cancelled prior to

taking part in the focus groups and did not want to reschedule attendance. Below is a table of the participant characteristics.



Participant Number	Focus Group Number	Age of Children (Years)	Gender	SIMD16 Quintile
1	1	13	Female	5
2	1	10, 12	Female	3
3	1	10, 13	Female	3
4	1	13	Female	5
5	2	5	Female	4
6	2	10, 13	Female	3
7	2	9, 11, 14	Female	4
8	2	10 months, 5	Female	5
9	3	11, 14, 21	Female	2
10	3	4, 6, 9	Male	2
11	4	4, 8	Female	1
12	4	13, 15, 23	Female	1
13	4	5, 11, 15, 21	Female	1
14	4	6	Female	1
15	4	7	Female	4
16	4	1, 8	Female	1
17	4	7, 11	Female	1
18	4	15, 18, 26, 29	Female	1
19	5	7	Female	5
20	5	10	Female	5
21	6	1, 3, 8	Female	2
22	6	2, 4, 8	Female	2
23	6	12, 15, 17	Female	3
24	7	5, 7	Female	2
25	7	7	Female	1
26	7	7, 11	Female	1
27	8	5, 10, 13	Female	1
28	8	2, 4, 7	Female	1
29	8	4, 5, 7	Female	1
30	8	7, 9, 12, 12, 17	Female	1

**Table 10. - Participant characteristics**

All focus groups, apart from two in Dundee, were conducted in Glasgow.

#### **5.3.5.1.2 Access and recruitment**

Recruitment took place between December 2016 and March 2017. Six of the groups were accessed through gatekeepers from community groups and community councils, and two were accessed through existing contacts.

Once gatekeepers were identified, I emailed to introduce the study to them and to ask to follow-up with a telephone call. During this call, I explained the study further and answered questions or concerns as well as talked through the participant information sheet and rights of potential participants. If the gatekeeper agreed to allow access for recruitment, I followed-up with a confirmation email.

Once I had secured access via gatekeepers, I attended local community organisations and introduced myself to attendees and explained the study. If they were interested in taking part, I provided them with the participant information sheet as well as my contact details. I also recruited using local community organisations' social media pages. This proved to be a fruitful approach, and 11 of the participants were recruited in this way.

After giving potential participants information concerning the study and my contact details, it was their decision whether to get in contact with me to arrange to take part in the study. This approach was taken so that the decision-making process lay with the participant.

Six of the focus groups were conducted in local community spaces, with two groups conducted in participant's own homes. These locations were selected to ease access for participants, as is recommended by Barbour and Kitzinger (1999).

#### **5.3.5.1.3 Recruitment difficulties**

The main recruitment difficulty was recruiting fathers to the study. As previously discussed, fathers appeared hesitant to take part in the study. After several attempts to recruit fathers through a variety of contacts and groups, the

study team decided that recruitment was unsuccessful, and this aspect of the study was modified due to resource and time limitations.

Another recruitment difficulty lay with organising a suitable time for all participants to take part in the focus group. It often took two to three attempts to find a suitable time, date and location. One group took several attempts to organise, and it resulted in losing one participant from the study. Focus groups were often organised in the evening to accommodate family routines.

#### **5.3.5.2 Topic guide development**

A topic guide was developed that was informed by the literature and the research questions (Appendix H). The topic guide went through a number of iterations before beginning the focus group research. The topic guide contained themes on; 1) food and the home, 2) children and the online home environment, 3) awareness and understandings of advertising, 4) unhealthy food advertising, and 5), regulation and responsibility.

After the pilot focus group, it became clear that there were issues with how theme 5 - regulation and responsibility - was introduced, as participants appeared hesitant to express their views. When participants were asked directly about what they thought about regulation, they were cautious to answer and it led to a stilted discussion. In order to remedy this for future focus groups, discussions were focussed on who the parents felt were responsible for the online advertising of HFSS products and if they felt regulation (statutory or industry self-regulation) was necessary. This proved to be a more relaxed way of introducing this section of the topic guide and participants often then brought up the topic of regulation themselves.

#### **5.3.5.3 Using stimulus in focus groups**

Barbour and Kitzinger (1999) discuss that the focus group facilitator should come prepared with a basic outline of key questions that seek to answer the study aims. They suggest that specific group exercises may be useful, and in relation to this study this included showing examples of advertisements.

Examples of online advertisements were used during the parents and children's focus groups in order to aid in discussion generation (Appendix I). A range of examples were selected. These selected advertisements were chosen for a variety of reasons. Firstly, a range of different forms of online advertising of HFSS products were selected to represent the diversity of advertising techniques employed online as identified during the literature review. As such, examples ranged from a simple brand website to an example of WOMM e.g. the influencer Zoella. Secondly, advertisement examples were selected based on brand popularity or influencer popularity. These selections were made by choosing well-known brands known anecdotally by the researcher, as well as influencers who had amassed a large following on social media (Childwise, 2016). These examples were then all shown during each focus group.

Although these examples were shown to aid discussion, it is important to note and reflect upon the potential impact of these prompts. Firstly, these prompts may have narrowed discussion so that parents only focused on the specific examples shown during the focus groups. The consequence of this impact may be two-fold: 1) it may have resulted in other important forms of online advertising that parents reported their children as viewing being omitted from the discussions; and 2) it may have led to more fruitful discussions, as parents could attach meaning to advertisements and as such better ground discussions in concrete examples. Anecdotally, I believe these prompts aided discussion rather than limited them. From my understanding of the flow of discussions during the focus groups, these examples allowed parents (and children) to highlight areas of concerns for them more accurately. When the example of an influencer was shown parents often expressed concern regarding these forms of advertisements and promotion. It also led to some parents reporting their experiences of multi-setting advertising, by stating that they had viewed similar advertisements in different settings. Although there was the potential for these prompts to limit discussion amongst parents, I believe the examples had a positive impact on parental discussion.

#### **5.3.5.4 Recording & transcribing**

All focus groups were recorded with permission from participants. This recording helped to ensure accuracy of record for data analysis (Finch and Lewis, 2003, Bloor et al., 2001, Barbour and Kitzinger, 1999). The recording device used was a digital audio recorder which I tested in a variety of locations to ensure recording accuracy.

Transcription was conducted by a specialist transcription service. The focus groups lasted between 47 minutes and 87 minutes. Due to there being multiple participants within each focus group, this generated a large volume of data. This is common in focus group research (Bloor et al., 2001). Although transcription occurred more quickly than if I had transcribed them all myself, it took considerable time to check transcripts against recordings for accuracy as well as anonymise the data. Once data were anonymised and numbers assigned to each participant, the transcripts were transferred into NVivo 11 for organisation and coding. The analysis process is described in detail in section 5.6.

During fieldwork I maintained a fieldwork diary. In this diary, I recorded my thoughts regarding data collection and the discussions I had with participants. This diary allowed me to take notes regarding the context of each focus group for later reflection.

### **5.4 Study 3: Secondary analysis of focus groups with children**

#### **5.4.1 Research questions**

The secondary analysis of focus groups with children aimed to answer the following questions:

1. How aware are children of online advertising of foods and drinks HFSS and what are their views on it?

2. What are children's experiences of navigating this commercial environment, and what do they think about initiatives to reduce children's exposure to commercialisation?

#### **5.4.2 Rationale for secondary analysis of focus groups with children**

It is now acknowledged within the sociology of childhood that children are *“active social agents who shape the structures and processes around them”* (Morrow, 2001, p256). Modernity has led to children's increased participation in contemporary consumption patterns, which has important considerations for identity formation and social relations with peers (Prout, 2000). As such, children should be considered a vital stakeholder when examining policies related to their lives and to the improvement of their health. Research that focuses on children's lives is essential for the development of responsive and relevant policies that cater to their needs and concerns (Boyden and Ennew, 1997). However, the 'voice' of children is often notably absent within the policy process despite being the subject of policy aimed at protecting their interests as a vulnerable group (Mehta et al., 2010, Prout, 2000). For this thesis, it was deemed important to consider children's views alongside parents, and the frames which underpin these views (Goffman, 1986), regarding the regulation of online advertising of HFSS products as it is a policy debate directly relevant to them.

To do so, a secondary analysis of qualitative data collected for a previous study, which sought to explore children's accounts of their experiences of non-broadcast and online advertising of HFSS products, was employed. This primary study aimed to remedy a gap in the empirical research regarding children's views of online advertising of HFSS products and its regulation in the UK. As such, the data collected during this primary study is of high importance and relevance to this current study. These data were collected between May 2016 and July 2016 and were originally analysed to inform the MRC/CSO SPHSU's response to the 2016 CAP consultation. I was involved in the data collection of this earlier study. In-depth, qualitative data on children's views regarding the

online advertising of HFSS products and its regulation is a knowledge gap within the literature, and as such offers new insights.

Secondary analysis of data is a methodological approach where existing data is analysed to answer research questions that differ from the research questions posed in the original research (Hinds et al., 1997). It is more traditionally associated with quantitative social research, however there is increasing use of it within qualitative social research (Long-Suthehall et al., 2011). Heaton (2008) identifies five types of secondary analysis: 1) supplementary analysis; 2) re-analysis; 3) amplified analysis; 4) supra analysis; and 5) assorted analysis. For the purposes of this study, the secondary analysis conducted was a combination of both supplementary analysis and assorted analysis. Supplementary analysis is when a more in-depth analysis of an emergent issue or aspect of the data. For this study, it was clear that a more in-depth analysis of how children specifically described online advertising of HFSS products was required and, if possible, their views on regulation. Assorted analysis is the re-use of existing data alongside newly-collected data. This study analysed children's data alongside newly collected data from parents and professional stakeholders, in order to generate original and impactful research that informs the academic and policy environment.

#### **5.4.2.1 Limitations to secondary analysis**

As with all research methodologies, there are potential limitations. One such limitation is the concern regarding what Heaton (2008, p40) terms "*the problem of data fit*". This is whether data collected for one study can be re-used for another purpose. As research designs within qualitative research can be flexible and vary in depth and breadth, there is a need to ensure the data meets the aims of the secondary study and are close enough in intent (Hinds et al., 1997). For this project, the children's data informed the design of the topic guides and as such areas covered within the children's focus groups, parent focus groups and stakeholder interviews were aligned. All three studies were designed with the intent of generating an understanding of views from key stakeholders regarding the regulation of online advertising of HFSS products. This allows for

the secondary analysis of this data as it coalesces with the aims of this PhD study.

A second concern surrounds “*the problem of not having been there*” (Heaton, 2008, p40), which is when analysts aim to interpret data that were collected by other researchers. This may lead to a lack of knowledge regarding the context of data collection. For this study however, I was directly involved in the planning and data collection alongside colleagues, and therefore possess this insider knowledge.

### **5.4.3 Aims of primary study**

The primary study aimed to understand children’s (aged 12-15 years) views on non-broadcast advertising of HFSS products. The study aimed to provide insights in children’s awareness, understandings and opinions of their and younger children’s exposure to non-broadcast advertising of HFSS products, and their views on the case for regulatory change. As described above in section 5.3, focus groups have several benefits and limitations pertinent to this study.

It is noteworthy that children appeared to find it difficult to speak to issues of regulatory change, and as such the aim of the primary study to understand children’s views on regulation is somewhat limited. This may be due to children’s limited ability, as a result of their age and cognitive development (Oates et al., 2002, Kunkel, 1990), to understand these more complex policy decisions. As such, this study sought to engage parents and professional stakeholders to attempt to somewhat remedy this limitation (see sections 5.3 and 5.5).

### **5.4.4 Assessment of quality of dataset**

Long-Sutehall et al. (2011) recommend conducting a quality assessment of the dataset employed for a secondary analysis, to ensure the dataset has the potential to answer the questions of the secondary research. For this study, there needed to be enough content within the children’s focus group transcripts about online advertising of HFSS products to ensure the research questions described above can be answered.



In order to assess data quality, transcripts were read in-depth and broad thematic codes created to understand breadth and depth of data associated with the online advertising of HFSS products. As the primary study focused on non-broadcast advertising of HFSS, which includes online advertising, the dataset was deemed suitable for inclusion in this study for further analysis. In-depth reading of the transcripts highlighted that much of children's discussion centred on online advertising of HFSS products, as topic guides from the primary study focused on this form of advertising as well as it being the primary source of advertising children could recall. As such, all 15 focus group transcripts were included for further analysis. This provided a large amount of data to be included in the study, and represented an excellent opportunity for cross-comparison across key stakeholders involved in the regulation of online advertising of HFSS products.

### **5.4.5 Study sample characteristics**

#### **5.4.5.1 Participant characteristics**

Children were recruited within Scotland. In total, 62 12-15-year-olds across 15 focus groups were interviewed. Twenty-four boys and 38 girls participated. Nine groups of children were recruited from areas of low deprivation (as defined by SIMD), five groups from areas of high deprivation and one group from areas of varying deprivation levels. The study employed the focus group method as literature suggests that small focus groups with children may be one of the best methods to employ as they replicate the natural and familiar form of communication children have with their peers (Gibson, 2012, Eder and Fingerson, 2002). Therefore, groups of 3-5 friends were recruited.

Children were approached and given information sheets (Appendix F) through gatekeepers (parents and family members of children aged 12-15-years-old). Children were given at least 24 hours to consider whether they wished to take part before researchers followed up with the gatekeeper. Overall, it was often the case one child was recruited who then employed snowball sampling to recruit friends to participate. This helped to ensure children felt comfortable in the groups they participated in.

#### **5.4.5.2 Study conduct**

Focus groups were facilitated by a study researcher, with children given the opportunity to ask questions or raise any issues prior to the focus group commencing. The study researcher also reiterated the aims of the study and the children's participant rights. All focus groups were audio-recorded and transcribed verbatim.

The topic guide employed for the study included: leisure time, viewing habits and the perceived impact of advertising. Visual prompts of advertisements were used to stimulate discussion. Focus groups lasted between 44 to 86 minutes.

### **5.5 Study 4: Stakeholder interviews methodology**

#### **5.5.1 Research questions**

The two questions used to guide the stakeholder interviews were:

1. How do stakeholders, including public health representatives, academics, corporate actors and government representatives, perceive online advertising of foods and drinks HFSS and regulation of the online environment?
2. Which stakeholders and arguments dominate the debate about online advertising of foods and drinks HFSS, and which interests and values underpin the frames that they promote?

#### **5.5.2 Introduction to individual interview research**

Gerson and Horowitz (2002, p4) write *“to unravel the complexities of large-scale social change, it is necessary to examine the intricacies of individual lives”*. This quote highlights that individual interviews provide the opportunity to examine how changes are experienced, interpreted, and shaped by the responses of strategic social actors (Gerson and Horowitz, 2002). In a similar fashion to focus groups, it gives researchers the opportunity to probe past the ‘what’ and question the ‘how’ and the ‘why’ (Green and Thorogood, 2014).

Interviews are understood to be conversations with a purpose (Mason, 2002a). This demonstrates the need for active engagement by both the interviewer and interviewee around relevant issues, topics, and experiences. The interview represents the centrality of talk and text in our social world as a method of communication (Mason, 2002a). The interview allows for the researcher to ask questions on specific topics, in order to gain a better understanding of that individual's views and perceptions on that topic. The interviewees in this study were a sample of stakeholders identified from the CAP consultation responses (see section 5.5.5 for more detail on recruitment).

### **5.5.3 Rationale for interviews with professional stakeholders**

As detailed in Chapter 3, the third set of actors key to the debate surrounding the online advertising of HFSS products to children, in addition to parents and children, are those professional stakeholders directly involved in the policy-making process (industry, advocacy, government representatives, academics). Professional stakeholders actively engage in framing to ensure policy meets their vested interests (Entman, 1993). A similar rationale to conducting the CAP consultation analysis applies to engaging professional stakeholders in interviews, it allows for the identification of the predominant framing of issues, which makes policy debates comprehensible (Hawkins and Holden, 2013).

Stakeholder interviews are often referred to as 'elite interviews', however the term 'elite' is fraught with tension because it implies a level of superiority above other participants (Harvey, 2011, Dexter, 1970). Other terms such as 'non-standardised', 'exploratory', or 'journalistic' have been used, but are argued to be more confusing. It was therefore decided that the most appropriate term, for the purpose of the thesis, was 'professional stakeholder'. The term 'professional' was employed as it recognises that all participants in this study (parents and children included) are also considered to be stakeholders.

There is no clear-cut definition of 'elites' or 'stakeholders' (Harvey, 2011, Smith, 2006). Smith (2006) argues that there has been a lack of critique in the literature defining elites or stakeholders. Often, stakeholders were defined as those who possess power to influence decisions, and this definition sets them in

opposition to those who do not possess power. Smith (2006, p645) argues that this “*dichotomy between ‘powerful elites’ and ‘powerless others’*” is a simplistic one, and does not take into account the varying nature of power. Harvey (2011) suggests defining stakeholders within the context of a study can aid in preventing this dichotomy. Therefore, professional stakeholders in this study are those who submitted to the 2016 CAP consultation on the non-broadcast advertising of unhealthy food and soft drinks to children (CAP, 2016f).

There were four main benefits of stakeholder interviews that were pertinent to this study. Firstly, they can, like standard interviews, provide rich in-depth data that supplies first-hand accounts of events and experiences (Richards, 1996). This is meaningful for this study as it can allow for better understanding of the debate on regulation of online advertising of HFSS products from the perspective of different stakeholder groups. Secondly, stakeholder interviews can also be an excellent method of choice for shedding light on interpreting documents (Richards, 1996). Within the context of this study, the interviews with stakeholders were an opportunity to question participants on their organisation’s response to the CAP consultation. Thirdly, stakeholder interviews can reveal information that is not recorded elsewhere or that is available for public release (Richards, 1996). In terms of this research, this offered new insights into how decisions were made for the consultation submission. Fourthly, stakeholder interviews can be useful for establishing networks within the research field (Richards, 1996). This is both useful for establishing strong contacts for future research, as well as research engagement opportunities.

Stakeholder interviews were selected in addition to the analysis of the CAP consultation scoping review for three reasons. First, the stakeholder interviews took place after the consultation and changes to the regulatory Code were announced. This presented an opportunity to understand how stakeholders felt about the updated Code. Second, it allowed me to probe statements made during the CAP consultation responses, such as the statements made regarding the evidence base on online advertising of HFSS products. This is a method that has been employed in previous work, most notably Hawkins and Holden’s (2013) analysis of the framing employed by the alcohol industry. Third, it gave me the

opportunity to seek stakeholders' views on parents' perceptions of the regulation of online advertising of HFSS products.

### **5.5.3.1 Limitations to stakeholder interviews**

As with any research method, there are limitations. One limitation is that stakeholders are individuals who may be extremely busy and hence difficult to access (Harvey, 2011). Although it would be preferable for the interviews to take place face-to-face, it may be more feasible, due to time, resources, and location, for stakeholder interviews to take place via the telephone (Stephens, 2007). During the study, telephone interviews were used in order to allow flexibility for the participants.

Another limitation is that stakeholders may provide rehearsed answers that adhere to the 'party-line' (Harvey, 2011). These individuals may have prepared for the interview and may answer questions according to their organisation's views rather than their own. To avoid receiving answers that repeat the consultation submissions, I asked questions that probed past the written document as well as asking questions that emerged through the interview process. During the analysis, this was also taken into consideration.

A final limitation is that stakeholders could be defensive, as they may perceive the researcher as being there to interrogate and criticise (Harvey, 2011). This may lead to tension during the interview that would impede its progress. The participants may also become agitated if they feel they are being questioned too intensely. In order to avoid this, I prepared well beforehand by establishing a good rapport with the participants prior to the interview. This was done by being readily available for any questions from the participants, and easily contactable.

## **5.5.4 Data collection design**

### **5.5.4.1 Identification of sample**

During the early design phase of this study, it was intended for the sample to be identified through a search of relevant news articles. However, during this

period it was announced that the CAP consultation was to be launched in May 2016 (CAP, 2016f). As previously stated, this consultation was focussed on updating the regulatory code of non-broadcast advertising of food and soft drink to children, including online advertising. As such, the consultation then provided an opportune sampling framework, as it was argued that each consultee had a 'stake' in this debate.

Kezar (2003) argues that stakeholders are an important, yet under-interviewed, population to study due to their expertise in the topic of study. Their views on the online advertising of HFSS products and its regulation may differ from that of parents, and these differences are important to capture and understand if researchers are to better inform policy (Kezar, 2003). Their views may also differ between stakeholder types, and again these differences are important to understand. As seen in the literature review, the views of stakeholders are considered to be a gap in the current literature in this area. As such, all participants recruited for this study (children, parents and professional stakeholders) were considered to be an under-represented group within the literature focused on understanding views on regulation as an appropriate policy response in relation to the online advertising of HFSS products.

In order to provide a comprehensive overview of the debate, it was important that stakeholders from multiple sectors were recruited (Goldstein, 2003). For this study, it was important to recruit participants from the food and drink industry, advertising industry, advocacy (those who campaign) groups, advisory (those who advise others e.g. the government) groups, government bodies, and academics.

#### **5.5.4.2 Sampling framework & inclusion criteria**

As previously described, the inclusion criteria for the stakeholder interviews were those whose organisation had submitted to the CAP consultation. Each submission was submitted either by an individual or an organisation. The framework for this study required that the participants worked for the organisation that submitted to the CAP consultation and could provide an accurate account of their organisation's position within the debate.

In order to recruit for this section of the study, stratified purposive sampling was employed (Bryman, 2012). The sampling framework aimed to recruit participants from three sectors: 1) industry; 2) advocacy, advisory and academic groups; and 3) government bodies. These groups were selected as they were the largest contributors to the CAP consultation. It was planned that five participants from each sector type would be recruited, with an aim to recruit 15 participants in total. In terms of sub-sectors, within the industry sector both the food and drink industry and advertising industry were targeted. Within this purposive sampling approach, snowball sampling was also used. Snowball sampling is when participants introduce the researcher to other potential participants who meet the inclusion criteria (Bryman, 2012).

In order to prevent the participants from being identified, further details on the sampling of the study are not given.

#### **5.5.4.3 Sample size**

The number of individuals interviewed for a study can vary depending on the purpose of the study and access to participants (Bryman, 2012). This number can range between five and 50 interviews, and some experts avoid the notion of 'amount' entirely (Dworkin, 2012). Debate surrounds the recommended number; however, it is agreed that the aim of qualitative research is to gather in-depth knowledge. This in-depth study was not focused on obtaining generalisability, rather to gain in-depth insight into specific stakeholders' views regarding the regulation of online advertising of HFSS products and compare these to parents' views.

When deciding on sample size, one of the main concerns with this study was gaining access to stakeholders (Stephens, 2007, Goldstein, 2003). Goldstein (2003) explains that recruiting stakeholders is difficult and can minimise the number of interviews that can be conducted in a study. With this in mind, as well as the limited time resource, it was decided that the study should aim for between 12 and 15 participants. This, in combination with the focus group data, secondary analysis of focus group data as well as the review of the CAP consultation responses was seen to generate a considerable amount of data that would allow for an in-depth analysis of the three data sets.

In total, eleven interviews were conducted with stakeholders. There were several difficulties with recruitment, which are discussed in detail below in section 5.5.5.1.3.

## 5.5.5 Conducting the study

### 5.5.5.1 Recruitment

#### 5.5.5.1.1 Characteristics of participants

In total, 11 participants based in the UK were recruited to this section of the study. Six of the participants were female, and five were male. Below is a table describing the organisation type of each participant.

Participant number	Sector type	Sector sub-type
1	Civil society organisation	Advisory
2	Civil society organisation	Advocacy
3	Civil society organisation	Advocacy
4	Civil society organisation	Advocacy
5	Industry	Advertising industry
6	Civil society organisation	Advisory
7	Government	Governmental body
8	Industry	Food and drink industry
9	Academia	Researcher
10	Academia	Researcher
11	Industry	Food and drink industry

**Table 11. - Stakeholder participant characteristics**



#### **5.5.5.1.2 Access and recruitment**

Recruitment took place between June 2017 and March 2018, with a three-month break between August 2017 and November 2017 as I undertook an internship at the Scottish Government and was unable to conduct interviews.

Recruitment for this study was particularly difficult, despite the prominence in the UK policy sphere and media attention given to the advertising of HFSS products in relation to childhood obesity. In total, 54 organisations who submitted to the CAP consultation were contacted throughout the recruitment of the participants. The first participants recruited were from the advocacy, advisory and academic sector, resulting in recruitment for this sector stopping to dedicate time to recruitment for the remaining sectors (n=7). This led to the remaining 30 of these advocacy, advisory and academic organisations being omitted from the sampling framework. Forty-nine out of the 86 organisations were therefore still contactable, with 47 of these contacted for participation. Two of these remaining organisations were not contacted due to lack of contact information. Some organisations informed me immediately that they did not want to take part or did not think it would be suitable for their organisation. Others asked for more information and then declined to take part. In some cases, after a period of contact with potential participants and agreement to take part in the study, the interview did not take place. This happened with six potential participants. Despite continued efforts to re-engage these participants, they either did not respond or informed me they no longer found it appropriate for them to take part in the study. Unfortunately, recruitment for the study was difficult, and many of the contacted organisations declined or did not reply to contact despite repeated attempts.

I recruited participants using a variety of methods, which became more innovative as recruitment progressed. I began by making initial contact through email, or by sending letters to or telephoning the head office of the organisation if an appropriate email was not found. For two out of the eleven participants, this initial contact was all that was necessary to elicit a response. For two of the advocacy participants, contact was made via snowballing from another

participant. For the seven other organisations, it took several points of contact before a response was received. With the final 11 participants that did take part in the study, it often took a period of negotiation before they agreed to an exact time and location.

Other recruitment strategies included browsing Twitter hashtags, such as #obesity, in order to find and contact participants or organisations who responded to the CAP consultation if contact details were difficult to find via organisation websites. I conducted searches on the employment social media site LinkedIn. I also watched television programmes and read news articles that focused on the advertising of HFSS products to identify potential participants who were employed by suitable organisations.

#### **5.5.5.1.3 Recruitment difficulties**

Recruitment for the stakeholder interview proved to be difficult for all sectors, more so than I was initially expecting. In particular, industry and governmental body stakeholders were the hardest to recruit.

Government body participants rarely replied to my repeated contacts, despite trying a variety of methods. Occasionally, they would state their view on online advertising in one sentence. Only one governmental body participant took part in the study. This was despite two other potential participants agreeing to take part, and then cancelling. I followed up with the participants who cancelled to rearrange, however they did not reply to any further contact.

Industry participants, from both the food and drink industry and advertising industry, were also incredibly difficult to recruit. The main difficulty with these sectors was identifying an individual to contact. In emails, letters and telephone calls I stressed that there was little empirical research examining the industry sectors' views and that their opinions were important to examine. Despite this, only three participants agreed to take part.

Although five participants from the advocacy sector were recruited to the study, they also proved to be a somewhat difficult group to recruit. There tended to be concern surrounding the amount of time they would have to dedicate for the

interview; however, this was eased when I confirmed it would take approximately an hour. One participant was helpful in providing contact details and putting me in contact with other potential participants whose organisations had responded to the CAP consultation, and this snowballing led to a further two participants from two different organisations within the advocacy sector.

Overall, considerable hours were dedicated to recruitment, however due to time and resource constraints it was decided that recruitment had to end in March 2018. However, the analysis of the 2016 CAP consultation somewhat remedies these difficulties in recruitment for the professional stakeholder interviews. The responses can supplement the interviews, and vice versa, providing new insights into data that was otherwise not possible.

#### **5.5.5.2 Topic guide development**

The topic guide for the stakeholder interviews was more problematic than the topic guide for the focus groups. Initially, the topic guides were developed based on the findings from the analysis of the CAP consultation as well as the parent focus groups. The main difficulty was the stakeholders were from different types of organisations and arguably required different types of questions. For example, an industry member needed to be asked different questions to that of a member of an advocacy group. This was due to their position in the debate around the regulation on online advertising of HFSS products. This led to the development of four different topic guides for the stakeholder interviews: industry members (Appendix I); government, MPs, and civil servants (Appendix J); civil society organisations (Appendix K) and academics (Appendix L). These topic guides were framed around similar areas but probed in different directions depending on the type of stakeholder. Industry participants were queried more on complying with regulation for example, whereas advocacy groups were queried on campaigning and the potential need for change.

There were four overarching themes: 1) stakeholder position 2) understandings of advertising of unhealthy food and drink 3) the CAP consultation and industry/government/advocacy group involvement 4) and regulation of HFSS product online advertising to children.

The topic guides were adapted after the first two interviews, in order to incorporate more questioning on how parents felt about the online advertising of HFSS products and its regulation. This was done to gain insight into how stakeholders felt about how parents viewed the different sectors' role in regulating the online space, as the first two participants expressed interest in these and provided comments important to the study. Questions in the topic guides were largely open-ended questions to aid in generating discussion. However, occasional closed-ended questions were utilised to establish the direction of questioning.

### **5.5.5.3 Recording and transcribing**

All the interviews were recorded with permission from the participants. As seen in the methodology used for the focus groups, a digital recording device was used. Five of the interviews were conducted by telephone, and for these a secure recording telephone was provided by the University of Glasgow.

All recordings were sent to a specialised transcription service and transcribed verbatim. The interviews lasted between 34 minutes and 68 minutes. It must be noted that the interview which lasted 34 minutes was one that was limited in time due to a meeting that the participant had to attend at short notice. Again, it took considerable time to check all transcripts and anonymise the data. Once this process was complete the transcripts were imported into NVivo 11 for organisation and coding.

## **5.6 Analysis of focus group and interview data**

### **5.6.1 Analytical approach**

In order to analyse consistently and systematically across the three data sets generated during the focus groups and interviews, it was decided that one analytical method would be employed. Each data set were analysed individually first, following the analytical approach described below. Analysis is based on descriptions provided by the participants, but the interpretation of this for the purpose of presenting the findings is conducted by the researcher. This is done

through the extraction of meaning from the data, generating patterns from this data (Spencer et al., 2003). In order to systematically analyse the data, thematic analysis was employed (Floersch et al., 2010). Thematic analysis involves examining the accumulated data and describing similarities and broad themes across the data set. Braun and Clarke (2006) assess thematic analysis as involving the identification, analysis and reporting of themes in the data. The thematic analysis of data should be conducted as a process and one that is iterative, starting close to the data and moving further away as analysis progresses (Spencer et al., 2003).

#### **5.6.1.1 Analytic hierarchy approach**

To conduct a systematic thematic analysis, I followed Spencer et al.'s (2003, p213) approach of generating an analytic hierarchy. This analytical approach was used for the data generated during the parents' focus groups and the professional stakeholder interviews also. They describe this approach as follows:

*We describe this analytic structure as a form of conceptual scaffolding and refer to it as the analytic hierarchy. The hierarchy is made up of a series of 'viewing platforms', each of which involves different analytical tasks, enabling the researcher to gain an overview and make sense of the data.*

Prior to developing the analytic hierarchy suggested by Spencer et al. (2003), I read and re-read each transcript thoroughly to immerse myself in the data. Following the thematic analysis approach, broad coding of the transcripts was conducted to establish a list of themes and concepts that emerged through this initial coding process. These codes can also be viewed as broad themes. After performing this initial broad coding, I then re-read the transcripts to ensure all relevant data were included in each of the broad codes. Next, I moved onto the second level of analysis of generating descriptive accounts.

Researchers should be aware of their role in subjectively interpreting participants' accounts, especially as those accounts are subjective representations of participants' experiences (Creswell, 2002). Through the recognition of the intrinsic interpretation within the research process,

researchers' perception of the data should be acknowledged to be informed by their own backgrounds and experiences. This was performed throughout the data collection and analysis process and is examined further in section 5.7.

#### **5.6.1.1.1 Descriptive accounts**

The second stage recommended by Spencer et al. (2003) is to use the synthesised data to generate descriptive accounts. The purpose of these accounts is to identify key areas and map these across the data. Again, the focus of this section of analysis was to maintain the use of the participants' own language to describe their varying views. This phase of the analysis is similar to that described as qualitative descriptive analysis (Neergaard et al., 2009, Sandelowski, 2000). This phase of the analysis process is particularly useful to shed light on a gap in knowledge as well as providing answers to questions of policy relevance. For this study, this resulted in a further analysis being conducted focusing on specific issues of power (see section 5.7 for detail). It was at the descriptive analysis phase that each broad code was sub-coded, as well as re-coding sections of data as patterns and relationships across the data were generated (Braun and Clarke, 2006). At this point I also began to add 'memos' (notes on thoughts and possible patterns), as recommended by Braun and Clarke (2006) in order to begin to develop explanatory writing. This process was highly inductive. Patterns were generated through multiple coding exercises or rounds. It allowed for the original broad codes to be developed, 'creating order' within the data as described by Spencer et al (2003).

#### **5.6.1.1.2 Explanatory accounts**

The explanatory account stage of the data analysis aims to find patterns of associations within the data, and account for why those patterns occur (Spencer et al., 2003). For this study, this resulted in understanding the connections between themes across the data sources and informed the discussion.

As the analysis progressed, patterns were generated in what underpinned the views found through the descriptive analysis. To explore these further, contextual factors were examined as to how they may be associated with the participant's opinion. Themes were grouped together to generate an image of

the overarching concepts that related to the research topic and research questions guiding the study. Again, this process was iterative and often involved re-examining the original transcripts. Figure 1, 2 and 3 below depicts the coding process followed throughout the data analysis of each individual data set. They also depict where these codes were synthesised into the following Findings Chapters (6&7) and Discussion Chapter (8).

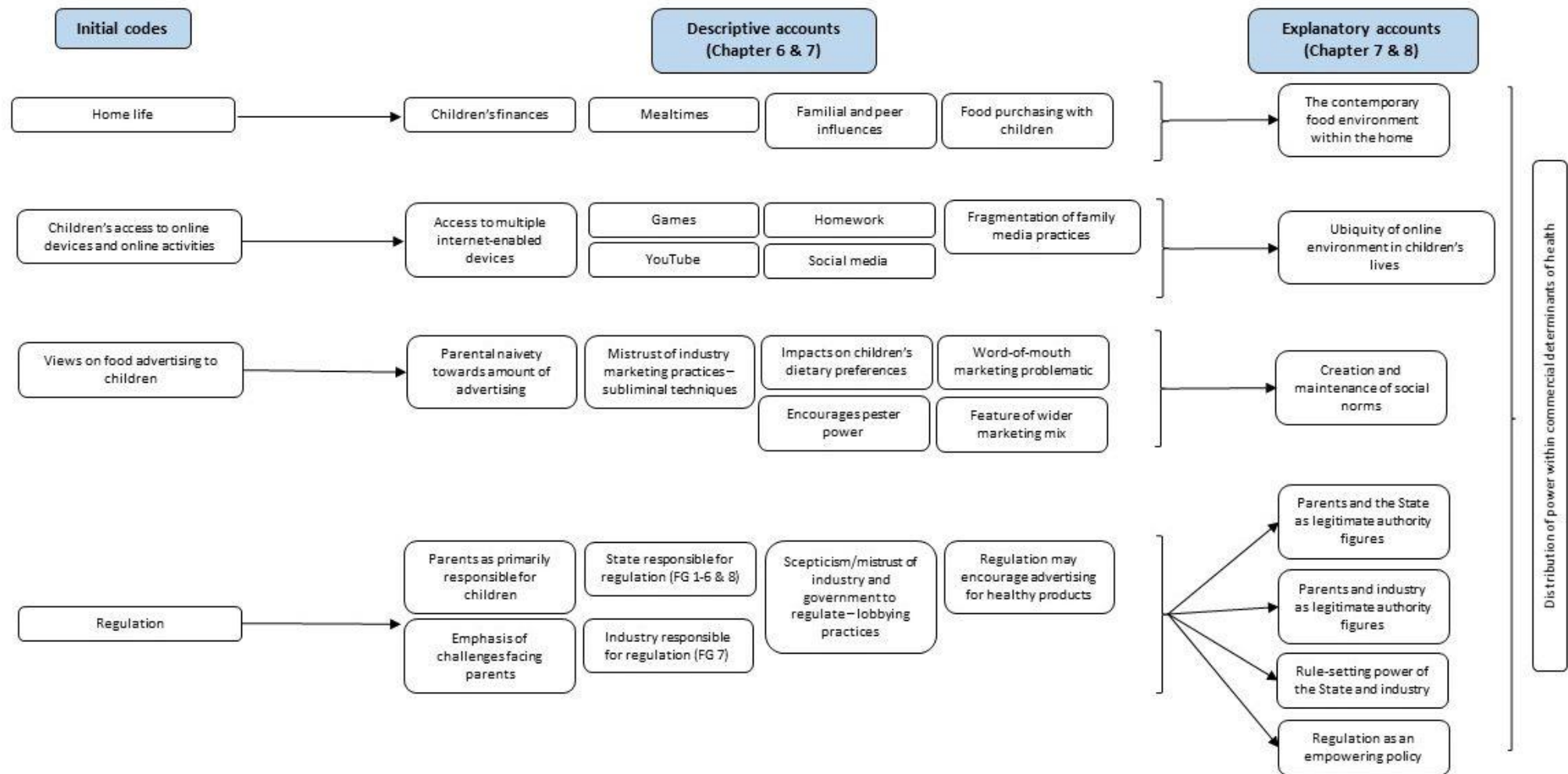


Figure 7. - Analysis coding process for parents' focus group data



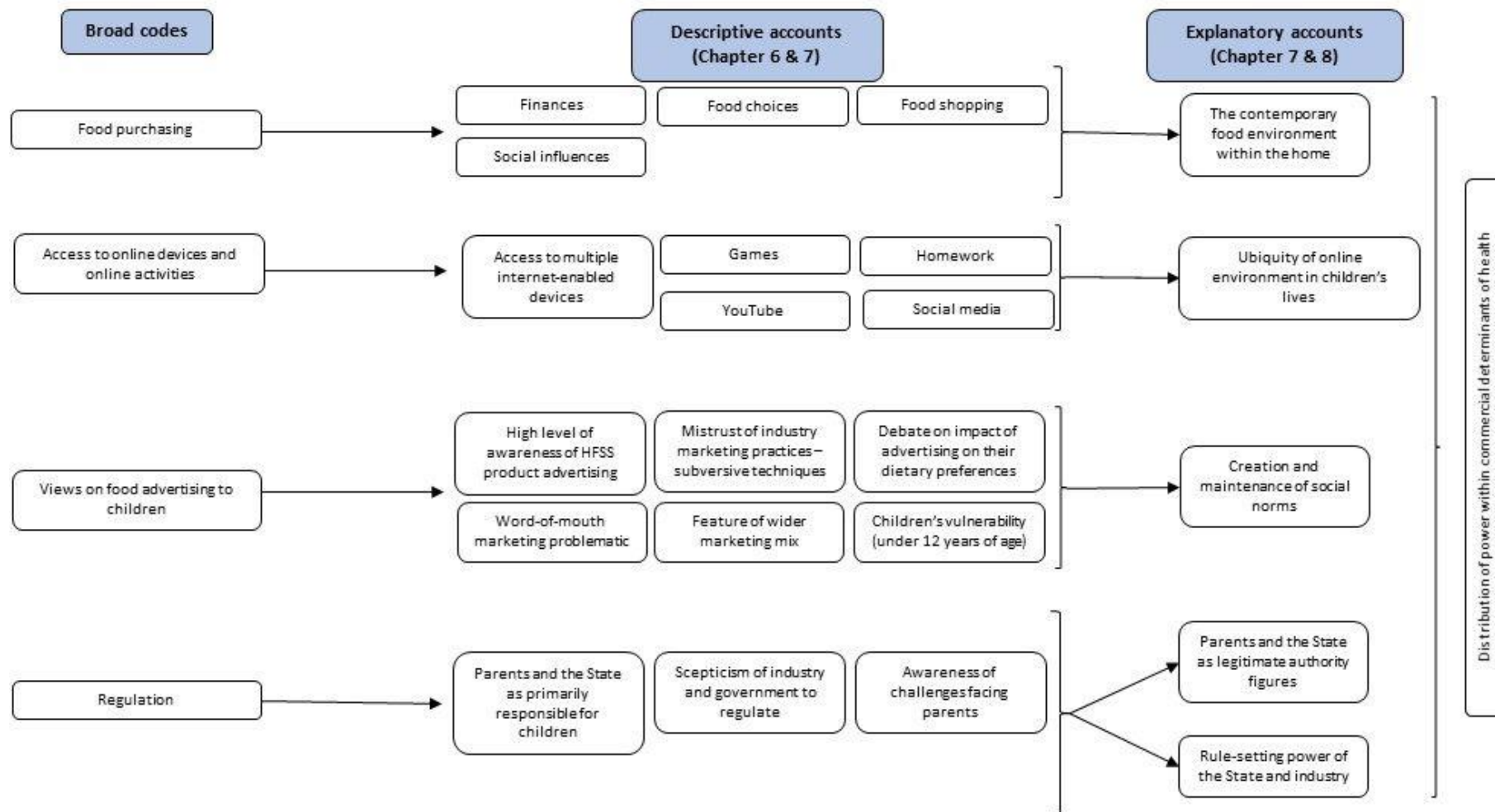


Figure 8. - Secondary analysis coding process for children's focus group data

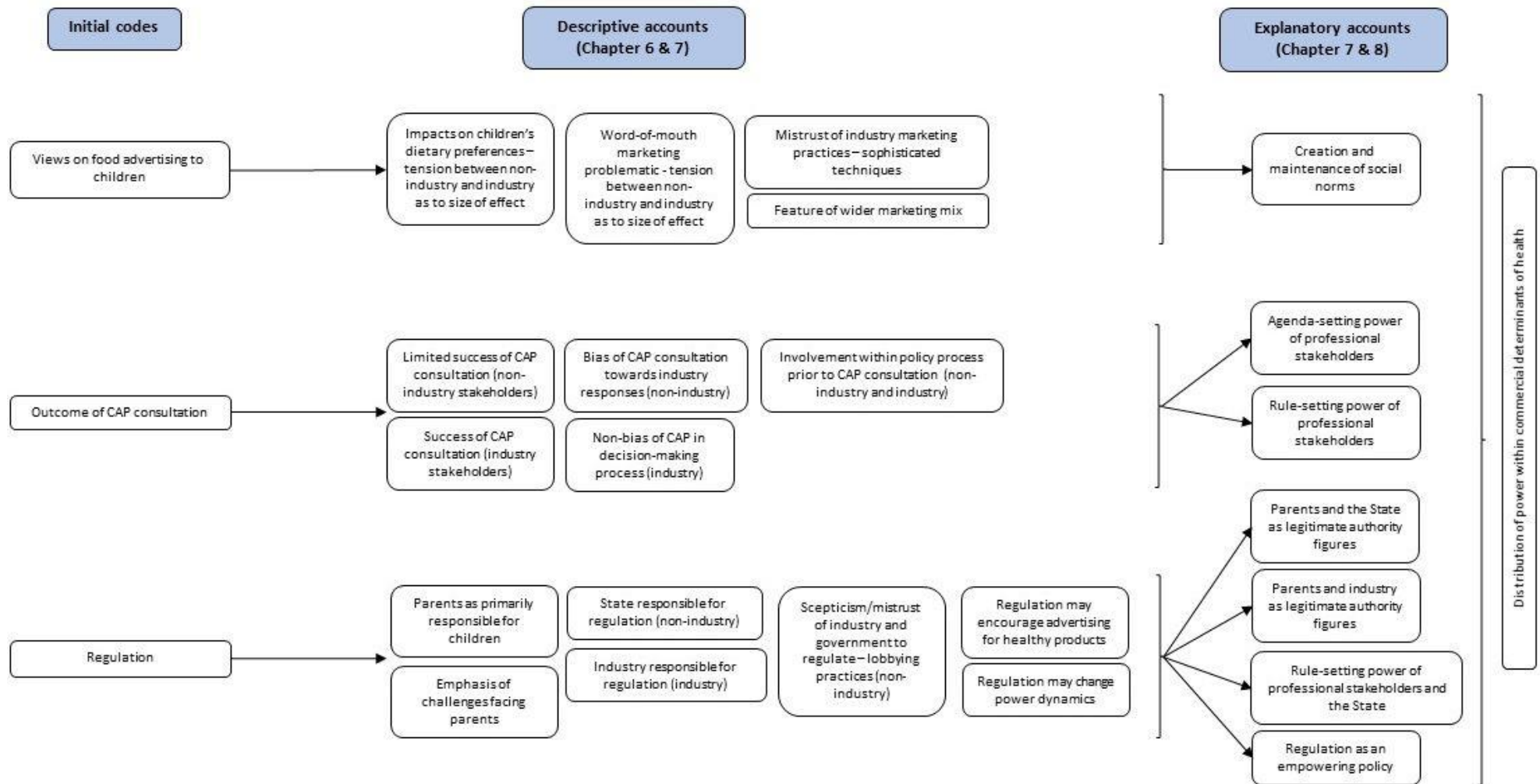


Figure 9. - Analysis coding process for professional stakeholder interview data

## 5.7 Synthesis of data

As previously stated, the purpose of employing multiple methods for this study was to elicit several important viewpoints regarding the regulation of online advertising of HFSS products. The synthesis of the four data sources for this project was complex and was conducted through several iterations of analysis. As such, it is important to reflect on this process as it provides important contextual information as to how each findings chapter emerged.

Once individual analyses of each data set were complete, the data synthesis of all four data sets began. Although the data synthesis occurred over many iterations, it can largely be separated into two separate exercises: 1) a synthesis of all the data concerning views of online advertising of HFSS products employing a framework approach; and 2) a data synthesis and further explanatory analysis of the role of power as predicating responses to regulation as a policy response to online advertising.

The first phase of data synthesis was designed to generate ‘comprehensiveness’ across the data sets. In order to do so, I merged the projects together, and used the common themes from each individual analysis to generate initial codes. Initially, I had performed this through NVivo, however once the secondary analysis of the children’s focus data was complete and added into the data mix and NVivo regularly crashed, it became apparent that another technological approach was required. As such, a large data synthesis framework was produced in Microsoft Word (see Figure 10 below). This also allowed me to have a more comprehensive overview of all the data. Within this framework, I generated descriptive summaries of the data. The broad codes (as depicted in Figures 7, 8 and 9) were employed as a base from which to construct this framework. This ensured the framework was built from the individual analyses allowing for cross-comparisons to be conducted between the data sets. It highlighted where there was consensus around an issue, or disagreement, as well as laying bare where certain actors’ did not offer any viewpoints. Once this was complete, I compared and contrasted these data in order to coalesce or refine themes across

the data as well as highlight deviant cases. This process was immersive, inductive and deductive. It often involved me going back to the original transcripts and individual coding exercises to ensure clarity was maintained throughout. The findings from this contextual overview are presented in Chapter 6. Chapter 6 explores how children, parents and stakeholders viewed the online advertising of HFSS products and its impact on children's dietary preferences. It centres on the interaction of online advertising of HFSS products to children in the contemporary food environment as part of a wider marketing mix.

AutoSave: 10:50 AM Data synthesis framework.docx - Saved to N: Drive Lauren White

File Home Insert Design Layout References Mailings Review View Help EndNote X9 Design Layout Tell me what you want to do

Clipboard Font Paragraph Styles Editing Voice

DATA SYNTHESIS FRAMEWORK

THEME	SUB-THEME	CHILDREN (focus groups)	PARENTS (focus groups)	NON-INDUSTRY (interviews and CAP consultation)	INDUSTRY (interviews and CAP consultation)
Home life (children and parents' focus groups)	Mealtimes	Children did not discuss mealtimes frequently. It appeared that for them, mealtimes were not a stressful event. This may be related to them not being involved in the provision of meals.	Parents discussed mealtimes in-depth. It appeared to be a source of stress for them, due to theirs and their children's busy lives. It resulted in the family eating weekday meals separately. Meals had to be quickly prepared and eaten in order to achieve all tasks necessary. Weekend meals seemed to be a much more protected event. This was when parents ensured the family ate together and was used as a family bonding experience. This was important to the parents in the study that this time was protected.	Interviews: Non-industry did not discuss mealtimes.  CAP consultation: Non-industry did not discuss mealtimes.	Interviews: Industry did not discuss mealtimes frequently.  CAP consultation: Industry did not discuss mealtimes.
	Food purchasing	Children explained that in order to purchase food, they were given pocket money or given money as and when they needed it. Money was often given as a result of completing household tasks (for both pocket money and money on an ad hoc basis). Children purchased a wide range of items with their money (food and soft drinks, clothes, games, make-up) or they saved it to purchase more expensive items. When they did buy food and drink, it was often HFSS products they bought. They spoke about how easy it was for them to buy these products. These products were often bought with friends and appeared to have a social aspect to it. It also appeared to be a routine to buy these products. Some children did not buy food products. They all reported however that their spending habits did change as they got older, and often products their	Similar to mealtimes, parents described food shopping as a stressful event. They also said that if they avoid taking their children food shopping, they did so. However, this was not always possible due to various reasons. Parents described having to do multiple food shops in a week, but said this meant children had lots of opportunities to pester them for HFSS products they had not intended to buy. Parents appeared frustrated by this, as they products were <u>unhealthy</u> and it meant their shopping was more expensive than planned. Parents described having to negotiate with their children when purchasing food and soft drinks. Parents did not necessarily want to always deny their children HFSS products when <u>shopping</u> , but described having to consider what their children had ate throughout the day. This appeared to be a large	Interviews: Non-industry did not speak about food purchasing in-depth, however some did acknowledge that when parents and children are buying food it may be a site for pestering to occur.  CAP consultation: Non-industry described advertising as potentially impacting parents' purchasing decisions by giving misleading health claims. Skews the information parents rely on.	Interviews: No reference to food purchasing. However, they did speak about how they wanted to help parents and children make good food choices. Although not explicitly about food purchasing, it could be argued that they were referring to the choices parents and children make when purchasing food and drink products.  CAP consultation: Industry referred to wanting to help parents make more informed choices, and that industry were part of the solution to achieve this.

Figure 10. - Data synthesis framework example

The need for a second phase of data synthesis emerged once it was realised that underpinning many of the concerns related to online advertising of HFSS products to children and the regulation of this advertising medium, was a concern of how power was exerted, maintained and extended in the contemporary food environment. It was decided amongst the study team that a further analysis of the coded data related to these concerns regarding power was required, and I returned to all four data sets as well as revisited the academic literature on power dynamics within commercial determinants of health. As such, the application of Fuchs and Lederer's (2007) theoretical framework, which explores how power in relation to global corporations, is exerted and maintained, was deemed a suitable approach from which to conduct a further analysis. The application of this theoretical framework to the empirical data generated in this study represents a novel contribution to the scientific literature, and demonstrates the importance of considering power relations within policy debates involving multiple stakeholders. This theoretical framework and its application are explained further in Findings Chapter 7. Figure 11 below depicts an overview of the coding process across all four data sets following the data synthesis process.

As can be seen from the above, data synthesis was a complex and drawn-out process. However, it proved incredibly fruitful, providing novel insights into the policy and public debate surrounding the regulation of online advertising of HFSS products to children.

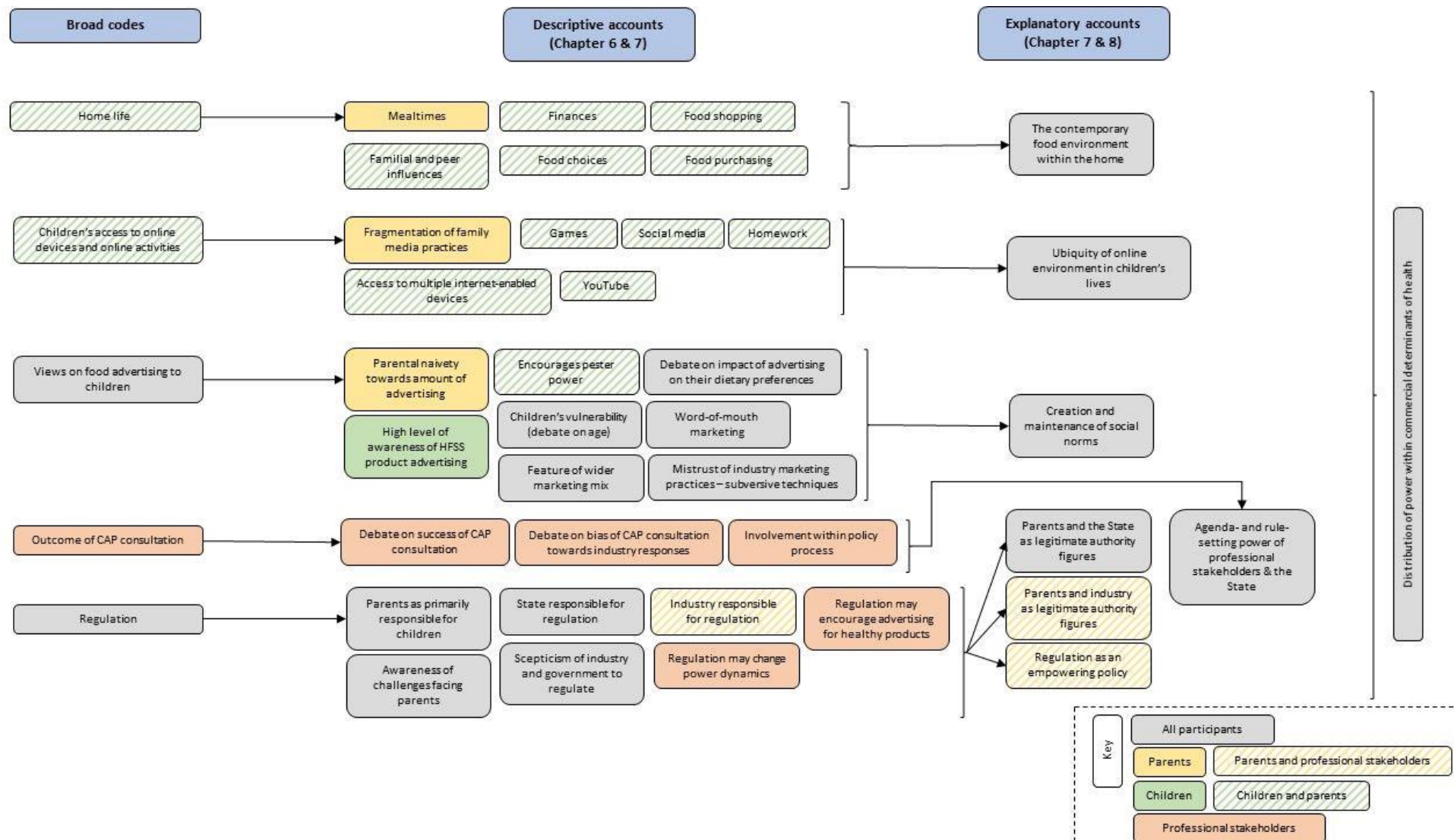


Figure 11. - Combined coding for focus groups, interviews and CAP consultation responses

## 5.8 Reflections on role as researcher

Reflection is the process whereby the researcher reflects upon the data collection and interpretation process (Green and Thorogood, 2014, May and Perry, 2011). It is an active process which encourages reflection on the impact of the researcher on the data, of both their presence and research methodology (Alvesson and Skoldberg, 2000). It can be said it is a source of new knowledge to researchers, one that can add better context to the data (Enosh and Ben-Ari, 2016). Within this thesis, reflection is understood to be “*deliberate awareness involving both a contemplative stance (state of mind) and intentional activity aimed at recognising differentness and generating knowledge*” (Enosh and Ben-Ari, 2016, p578).

My experience of facilitating the focus groups was a positive one, albeit with some minor issues. All of the participants were parents as per the sampling framework, which I felt might have put me at a disadvantage of being able to understand their position as I am not a parent. I was also concerned that they would feel I would not understand their position, particularly as I was younger than all the participants. However, using my naivety as a non-parent, I encouraged parents to go into more detail about their experiences. I aimed to ensure parents that I was there to find out about their lived experiences, and that they were the ‘experts’ in their lives. I felt that this may have led to a more positive and relaxed experience for the participants.

In some instances, however, it was difficult to maintain this naivety particularly when it came to parents asking me about the current regulations around online advertising of HFSS products. When this occurred, as it did in every focus group, I would explain the current regulatory system. I would ensure I did not express opinions on this regulatory system. I found that participants would often want to know my opinion on the regulatory system, however when this did arise I would attempt to turn the question back to the participants to elicit their opinions and attempt to gain their insight. When this occurred, participants seemed to acknowledge and accept this.



During the stakeholder interviews, I was highly aware of my position as a young and relatively inexperienced researcher and approaching these individuals for interview, particularly when I considered them to be experts in the area. I was aware however they may have viewed me as an expert in the area. I found it difficult to negotiate these conflicting views: on one hand, I felt that I had to be deemed proficient enough to be researching the topic and interviewing these individuals, and on the other I felt that I was a novice researcher. In the interviews, I tried to place these concerns aside and focus on the aim of the interviews, which was to gather the participants' views and experiences. At the beginning of the interview I would explain to participants that there were no right or wrong answers, as I did in the focus groups. However, I did occasionally feel self-conscious during the interview, and this may have come across as a form of nervousness.

The other consideration that I made was that the participants were being interviewed as a representative of their organisation, and therefore would potentially be answering my questions from this stance rather than their personal view. It may have been that some answers given by the participants were rehearsed, and on occasion this did appear to occur. When this occurred, I would further probe their answers to try to elicit more insight. I also found that if I used my naïve position as a novice researcher, they would explain things more fully. As the interviews progressed, the participants tended to relax and be more forthcoming with their answers.

In addition to these concerns, I had to maintain an awareness of the position from which I was conducting this research. As a researcher based within public health and social research, I was aware of the evidence surrounding the role of industry and commercial determinants of health. As such, this may have impacted which areas of research I found most pertinent to address.

## **5.9 Conclusion**

This chapter presented the remaining three studies employed during the PhD in order to generate an understanding of the policy and public debate surrounding the regulation of online advertising of HFSS products to children. The focus

groups with parents and children represent the public side of the debate. The CAP consultation analysis and professional stakeholder interviews represent the policy side. The synthesised data generated multiple insights into the debate, and are presented in the following Findings Chapters (6 & 7) and the Discussion Chapter (8).

## **6 Findings: Children's, parents' and professional stakeholders' views on online advertising of high in fat, sugar and salt products in children's contemporary food environment**

### **6.1 Introduction**

This chapter largely presents the descriptive accounts generated following Spencer et al.'s (2003) analytical hierarchy. These findings are based on the views gathered during the focus groups with children aged 12 to 15 years old, focus groups with parents, professional stakeholder interviews (with some reference to the findings from the CAP consultation), and were generated through an inductive analytical process.

The chapter begins by examining how these participants viewed the online advertising of HFSS products, with a focus on how they considered it as impacting on children's dietary preferences. Next, it explores how participants' descriptions of online advertising of HFSS products in children's lives could be conceptualised as one feature within the wider marketing mix which may impact on children's dietary preferences, purchasing behaviours and childhood overweight or obesity.

### **6.2 The online environment in children's daily lives**

The following sections, exploring children's access to the online environment and their online activities, draw upon the findings generated through the analysis of the focus groups with children and parents. Children and parents possessed direct, first-hand knowledge as to how the online environment featured in children's daily lives. Professional stakeholders appeared to be less focused on how the online environment featured in children's daily lives, instead preferring to focus more acutely on the online advertising of HFSS products specifically (see section 6.3).

### 6.2.3 Children's access to internet-enabled devices

Children and parents often described the online environment as featuring heavily in children's everyday experiences, forming a core component of children's daily activities. Parents explained that their children had access to multiple media devices such as smartphones, tablets, laptops, and gaming devices:

*Where do I start with technology? Oh no. (laughs) That's terrible. Right, [son's name] has PlayStation 4 and a mobile and a laptop. That's terrible. Oh. [son's name] got a laptop, an iPhone, and a PlayStation 3.*  
(Parent Focus Group 7 participant 24 - children aged five and seven)

A key theme to arise was that increasingly devices were Internet-enabled and mostly transportable, with family media practices fragmented throughout the home, and children accessing the online environment independently of their parents. Children confirmed this, describing a variety of technological devices that they used such as mobile phone, computers, iPads and tablets. These devices were not only accessed within the home but within educational settings also:

*I was in Physics and I had my iPad open - 'cause my search history from all my home iPad and my school iPad are connected.* (Children's Focus Group 1 - two females aged 14 and 14 and two males aged 13 and 14)

From discussions with parents and children, it was clear that accessing the online environment was commonplace for children. It appeared that children were readily able to access online content throughout the day.

### 6.2.4 Children's online activities

Many children in the focus groups described partaking in many activities online, with primary activities including communicating with friends, playing online games or watching videos. These activities were often facilitated through social media websites:

- *Snapchat.*
- *Yeah, chatting to people.*
- *Instagram.*
- *Social media just in general.* (Children's Focus Group 4 - four females aged 14, 14, 14 and 15)

Children often easily recalled a wide variety of online activities that they or their friends undertook. These activities appeared to be weaved throughout their daily activities, further suggesting how commonplace online activities were for these children. Several of these activities, for example Snapchat, can also only be accessed through personal mobile devices, such as smartphones. This is suggestive of children regularly using Internet-enabled devices designed to be used in isolation 'from' others rather than 'with' others.

Parents often similarly described a wide variety of online activities including completing homework, although parent participant 7 felt that this was an excuse to gain extra access to online devices:

*...even in primary school their homework's online. I don't know what it is in primary one but my son's spelling words is online Glow and there's been other variations of it throughout the years and certainly my daughter that's her, whenever she's been naughty I'm like 'right iPad, laptop, phone' and she's like 'I need to do research' you know. That's her come back and I'm like 'oh aye do you aye'. Mhmm research aye.*  
(Parent Focus Group 2 participant 7 - children aged nine, 11 and 14)

Parents expressed concern surrounding the amount of time their children spent online and how this may impact on children:

*My wee boy, if I let him he would stay online a' night, chatting.* (Parent Focus Group 4 participant 13 - children aged five, eleven and 15)

Again, parents appeared to refer to their children's online media consumption as occurring in their own bedroom or in isolation from parental supervision, particularly at night when parents are unlikely to be able to monitor what their children are doing online.

### 6.2.5 Monitoring of family media practices: lack of agency

As alluded to previously, parents said that as their children got older family media consumption became increasingly fragmented. When the parents' children were between the ages of five and nine years, it appeared parents tried to have an increased level of control over what their children consumed online. This sometimes took the form of co-viewing or supervising in communal family living spaces within their home. For example, participant 10 described how his young children's access to the Internet was restricted through a pre-approved website list that he installed on their iPad and Kindle devices:

*So when they go on to their, onto their page or their Kindle that accesses the internet, it doesn't allow them to search for anything, but it does have, it's like a load of bookmarks of websites that have been preapproved for children of that age...So you can't search, but there's a whole list, a whole load of sort of predefined stuff. Now I'm saying all this, they do use... so if they get the iPad, and they go on YouTube, which they do, again just when we're around...It's kind of based on this system whereby it has a whole load of suggestions on underneath. So often if they have the iPad, I can see them, they're in the room [living room], and they're kind of clicking on stuff that has been suggested to them. So, on the whole, for our lot their internet access is pretty restricted.*

(Parent Focus Group 3 participant 10 - children aged four, six and nine)

As children grew older and spent more time away from their parents, the amount of independence that parents allowed them online increased. This was despite concerns remaining as to their children's Internet usage or the activities they partook in:

*The only problem is that I would say by 9 o'clock 'okay that's enough', whereas if I didn't I'm sure she would continue. But I wouldn't say there*

*has been any problem, I wouldn't say there has been anything. But then I don't know. I used to when she was a wee bit younger, but I need go and check her account now. It's a bit of a breach of trust as well and she's got to feel that we trust her. So em...I suppose that's the worry with things like that, they could be in a pickle with something and it's not as obvious.* (Parent Focus Group 1 participant 1 - children aged 13)

Parents described children often watching programmes through subscription services, catch-up services or YouTube, once again consuming this content independently of any supervision.

A tension appeared to exist for parents between allowing their children space to be independent online, against also desiring to monitor their media practices. Parents felt that in the contemporary media environment, it was a huge challenge and often not possible for them to effectively manage their children's media practices vigilantly. Parents' lack of agency over these media practices concerned them, however they were unsure how to improve or increase it. It could be argued that parents considered the online environment as an external 'intruder' into their family's home, which intercepted their relationship between themselves and their children that they had to contend and manage.

In contrast, children appeared less stressed about this monitoring compared to parents and described varying experiences with their parents monitoring of their online activities. This may reflect their ages (12 to 15 years of age). For some children, their parents maintained close scrutiny over their activities online:

*Oh, like every, I don't know, hour or so, like, my mum or dad would come in and just see what I'm doing [on the computer], like, just make sure that everything is fine, nothing's wrong - but yeah, just mostly every hour.* (Children's Focus Group 3 - five males aged 13, 13, 14, 14 and 14)

Whereas for other children, their parents were described as being less vigilant over their online activities:

*My mum never goes through my phone or anything. She never asks to see what I'm doing. (Children's Focus Group 4 - four females aged 14, 14, 14 and 15)*

Children recognised that as they grew older, their parents gave them increased independence online:

*Yeah. When we were younger, our parents used to, like, not really be so keen on us having social media...they, kinda, like to know what we're doing as we, like, in the last two years, maybe, they've just kinda trusted us. When they were watching us, we weren't, like, doing anything wrong, so. (Children's Focus Group 6 - four males aged 13, 14, 14 and 15)*

For children, their parents monitoring of their online activities appeared to be a 'fact of life' that did not require much thought or attention. Parents participants, however, appeared to be much more concerned about how this monitoring may impact on their relationship with their children. As such, as children aged it appeared that parents had to decide to accept the risk that their children may view online content, they may not like them to engage with. This concern of children's increased vulnerability as they aged was cited as a main cause within several of the CAP consultation non-industry responses.

### **6.3 Views on online advertising of high in fat, sugar and salt products to children**

The following sections draw upon the findings generated through the analysis of the focus groups with children and parents as well as the professional stakeholder interviews. As can be seen above, the online environment was a core component of children's daily activities. This is important to note, as it is indicative of the potential exposure to online advertising of HFSS products children may experience. The following findings demonstrate that the online advertising of HFSS products is a concern to the majority of participants, with a particular emphasis on the power of Word-of-Mouth-Marketing (WOMM) and online advertising as a feature of the wider marketing mix.



### 6.3.1 Impact on children's dietary preferences

There was general agreement amongst parents and professional stakeholders, with both sets of participants describing online advertising of HFSS products as impacting on children's dietary preferences, albeit to varying degrees. Parents suggested online advertising of HFSS products impacted on daily life, such as encouraging children to desire and consume increased amounts of HFSS products. They were also concerned with the misleading dietary behaviours portrayed in online advertising:

*I mean [son's name] for one, at one point in his life, because of these YouTube channels, at one point thought that it was fine to eat a whole packet of cookies as long as you've got milk with it because milk and cookies are good for you together. I'm like, "Who told you that?" "Such and such" [YouTube influencer] (Parent Focus Group 7 participant 25 child aged seven)*

Parents were not only concerned with the spread of false dietary information, but also described online advertising as encouraging requests for HFSS products:

*My daughter asks for Gatorade because she watches, like, YouTube channels and it's like online gamers, so she just watches young boys playing games... so it's like Hershey bars and Gatorade and I'm like "You can't get Gatorade here." "Oh, but you can just buy it online." I'm like "Oh, can you?" (Parent Focus Group 4 participant 17 - children aged seven and 11)*

Parents appeared frustrated with the impact of online advertising of HFSS products on their children's dietary practices, as it appeared to undermine their attempts to provide their children with a healthy diet amongst an array of other hindering factors. For example, parents described a busy home life, where food provision was a stressful event:

*So we have a really busy life...but regards to mealtimes it can sometimes be that we eat at different times to others, so it's not necessarily that we all sit down at the actual table together every night of the week that*

*doesn't happen.* (Parent Focus Group 1 participant 2 - children aged 10 and 12)

The tension associated with meal provision, in conjunction with the perceived impact of online advertising, appeared to suggest that parents were experiencing anxiety regarding food provision in the home. Online advertising of HFSS products arguably further contributed to that stress, as children desired foods that parents considered unhealthy.

When parents exclusively focused on online advertising of HFSS products they conceded that they were unaware that there existed a plethora of means through which companies marketed and advertised their products online. Parents reacted with shock at the variety of advertisements that existed online, when presented with examples during the focus group. Parents were also alarmed as to the pervasiveness of online advertising, and its subliminal nature. Yet, parents did not appear to be naïve about the potential impact this advertising may have had on their children's dietary preferences:

*Children are making choices more for themselves...you are very very impressionable even though you think are making good choices you are very impressionable at that age.* (Parent Focus Group 1 participant 2 - children aged 10 and 12)

However, some parents contended that parents held responsibility to educate their children about the differences between a healthy and unhealthy diet as well as improve their children's advertising literacy:

*P24: It's life I think. If you teach your kids fae the get go an' they know like right fae wrang, fact tae fiction an' things like that. it's the whole...*

*P25: An' when it's healthy, when it's no' healthy.* (Parent Focus Group 7 participant 24 [children aged five and seven] and participant 25 [child aged seven])

These participants felt that although this type of advertising existed and was potentially problematic, it was the parents' responsibility to mediate the impact

of such advertising. These parents who advocated for increased parental responsibility felt that parents should be responsible for regulating the impact that online advertising had on their children's dietary preferences. This is discussed further in Chapter 7, which examines views on regulation and responsibility.

Despite disagreement existing as to who's responsibility it was to mediate the impact of online advertising of HFSS products, parents appeared acutely aware of the impact this not only had on their children's dietary preferences but also family purchasing behaviours. For example, all parents described preferring to shop independent of their children due to children's repeated requests for HFSS products:

*Researcher: And food shopping, do you go shopping with your children or do you try and do it on your own?*

*P24: Only if I have to take the kids.*

*P25: Yeah, on my own. Because when... if you are shopping and bring children it's so...*

*P24: More expensive as well. I find it's more expensive if you take kids shopping with you. (Parent Focus Group 7 parents 24 [children aged five and seven] and participant 25 [child aged seven])*

Similarly, children described behaviours that encouraged their parents to purchase HFSS products, occasionally without their parents being aware of it occurring:

*But if you go with him you're like, "Dad can I get this?" "Yes." "Dad, can I get this?" And then you'd get like that much chocolate and he's like, "Why do we have so much chocolate?" I'm like, "I asked you to, if I could have it and you said yes". (Children's Focus Group 1 - two females aged 14 and 14 and two males aged 13 and 14)*

Non-industry stakeholders and industry stakeholders similarly described the impact that online advertising of HFSS products may have on children's dietary preferences, yet non-industry stakeholders placed greater emphasis on its impact. To highlight this impact, non-industry stakeholders referred to the evidence base on online advertising of HFSS products:

*Well, evidence shows that advertising influences children's decisions to choose food...so anything that we can do to improve the diet of the Scottish population will be amazing, and this is one of the things that we can do, influence advertising and marketing of products to anyone, really, but especially to children, because they are more easily influenced by it than adults. (Advisory Stakeholder 1)*

Parents and non-industry stakeholders emphasised the role that online advertising, and advertising more generally, had on impacting children's dietary preferences. They were concerned that this form of advertising skewed children's dietary preferences to those HFSS products they considered problematic.

In contrast, although industry stakeholders agreed that online advertising of HFSS products may have an impact on children's dietary preferences, they appeared to minimise such effects:

*And then you're still going to have a problem further down the line, because advertising being only one relatively small influence can only be one relatively small part of the solution as well. (Advertising Industry Stakeholder 5)*

Industry stakeholders referenced other factors that may impact children's dietary preferences such as education or parental feeding practices. Arguably, this was an attempt to focus attention on other factors, which centre on individual behaviours, within children's lives. Industry appeared to attempt to infuse a sense of doubt around this potential impact by highlighting the "relatively small influence" of such advertising. As such, although they appeared to be acknowledging the impact, they continued to employ complexity arguments that undermined this.

In addition, industry stakeholders omitted any reference to children's purchasing behaviour or pester power. This may be indicative of their desire to avoid associations between their products and tension between parents and children. However, they did describe their desire to provide children with a range of food options, from which they could make an informed choice:

*And so for the food and drink industry, that's about making sure that children have access to a wide range of diet choices, which includes lots of stuff, you know, which is lower fat, lower sugar, healthier options. As well as the treats and the indulgences, which, you know, which we continue to think are an important part of diet. (Food and Drink Industry Stakeholder 8)*

Although industry participants did not directly refer to food purchasing, it could be argued that their referencing to their role in the provision of food choice is a technique to insert themselves as part of the solution to help children and parents navigate a complex food environment.

There was less cohesion amongst the child participants surrounding the impact online advertising may have on children's dietary preferences. Most children in this study identified children and young people as vulnerable to the effects of online advertising:

*Kids are probably more easily persuaded to like things, or want things than adults. (Children's Focus Group 3 - five males aged 13, 13, 14, 14 and 14)*

These children referred to specific parts of advertisements, such as humour or slogan choice, that made them more memorable and, therefore, more likely to influence their decision-making when purchasing food products. The majority of children appeared quite accepting of the persuasive intent of advertisements as impacting their dietary preferences.

In contrast, a minority of children suggested they would not be influenced by online advertising, or advertising in general, to purchase HFSS products:

*I don't think it's as much [that] it's been advertised, I think it's really whatever I kinda, like, fancy having. It's "Can you buy that?" But it wouldn't be because of advertising. (Children's Focus Group 7 - four females aged 14, 14, 15 and 15)*

These children appeared to resist the suggestion that online advertising may influence their purchasing or consumption decisions and were arguably less open to discussing the effects of advertising. Instead, they described their consumption preferences to be driven by an internal desire to consume the product rather than external influences. This was despite their ability to readily recite HFSS products theme tunes and slogans or describe HFSS product advertisements in detail. For these children, they potentially viewed their preferences as being formed independently of external influences such as advertising.

Despite differences in how children viewed their own vulnerabilities to advertising influence, there was a general agreement that children of younger age (under 12 years of age) were most vulnerable to the effects of advertising of HFSS products:

*I just think, like, all the advertising on TV you see, like it's just affecting young children. Like, they see, like, a McDonald's thing then they see it, like, driving around, they'll be like, "Okay, I want McDonald's" (Children's Focus Group 7 four females aged 14, 14, 15 and 15)*

For the children in this study, there were two views on the impact of online advertising of dietary preferences, and who they viewed as being at most risk from such advertising. For some children, they appeared to possess a level of self-reflection that allowed them to assess not only other children's vulnerabilities, but also their own. Other children were insistent that they were not vulnerable to such advertising and focused attention on younger children, despite their ability to accurately recite HFSS product slogans or jingles. This is in contrast with all parents and professional stakeholders, who expressed, to varying degrees, that both children and, arguably more so, young people were vulnerable to online advertising of HFSS products. Although children were actively engaged with discussions regarding online advertising of HFSS products,

they were not necessarily always critical of online advertising of HFSS products. As these children were aged 12-15 years old, the age group at which was identified by industry responders to the CAP consultation as able to critique the effects of advertising, it may be representative of their inability to recognise how the persuasive intent of online advertising may impact on them. It arguably negates industry arguments that the age of 12, as cited in early advertising literature (Martin, 1997, Peterson and Lewis, 1988, Peterson et al., 1984), is the age to which children are no longer affected by advertising.

### **6.3.2 Word-of-Mouth Marketing: Influence of advertising peer-to-peer marketing, YouTube and by YouTubers on children's dietary preferences**

Word-of-mouth marketing (WOMM) was a prominent source of online advertising of HFSS products. WOMM is the commercialisation of commonplace consumer communications, where consumers provide information about products to other consumers (Freeman and Chapman, 2008). For children, parents and non-industry stakeholders, WOMM primarily occurred through YouTube and Snapchat, with YouTubers identified as a source of online HFSS product advertising that were considered particularly problematic.

Although parents expressed concern with the interconnections between the online and offline environment, as well as how brands engaged with other forms of entertainment, parents were most concerned with how powerful YouTube appeared to be in influencing their children's preferences and purchasing behaviours. YouTubers, or vloggers as they were occasionally termed, were seen to be incredibly influential in their children's lives:

*Kids just seem to follow and emulate these kids, and it's crazy because most of the time, they're the same age as them, so, you always just assume that kids would look up to someone older and whatever they do. I actually think it's more powerful if there's somebody their own age that's on there because it's a bit of, like, peer pressure as well. (Parent Focus Group 5 participant 19 - child aged seven)*

Parents appeared to liken YouTubers to “peers”, and this is suggestive of their concern regarding the close ‘friendship’ their children may have with their preferred YouTuber. Parents spoke of how the ‘cool kid’ was no longer in school, but instead online selling products:

*But if you think about, it’s like school, even back in the day when they didn’t have all this level of advertising, there was always, like, some cool kid that everybody wanted to be like, or copy, or, you know, that was influential. So, if, for example, your JoJo Bow, like if the cool girl started wearing a JoJo Bow, even if there wasn’t, like, advertising, other girls would start to want to wear it as well. The same, it’s just that but... They’re on your screen now, they’re selling you stuff. (Parent Focus Group 5 participant 15 - child aged 7)*

One YouTuber was referred to on several occasions as encouraging emulating behaviours amongst children. Zoella, a YouTuber who creates lifestyle videos (Appendix H), was a popular individual for children to engage with. For example, participant 1 argued that she felt that her child was being “brainwashed” by Zoella and was able to repeat particular lines that she had learned from Zoella’s videos. Parent participant 2, who had children aged 10 and 12, described an experience that she had with her daughter that was influenced by Zoella:

*I mean it’s things like...we were down in Bath in the summer and there was a restaurant chain, I can’t remember what it’s called but I’d never heard of it and my daughter was like ‘oh my god can we go there that’s where Zoella goes’ and it looked like quite a you know it was all like ice cream you know, it looked nice but it was just really appealing to her and all because of Zoella again. (Parent Focus Group 1 participant 2 - children aged 10 and 12)*

Parents were concerned that their children failed to recognise YouTubers promoting products or services as a form of advertising due to the subliminal nature of the advertisements in YouTubers’ videos. Parents discussed the placement and integration of advertisements throughout the video with the YouTuber promoting or using the products, rather than before the video as is



more traditionally seen. Parents expressed concern that this made the advertising or product placement increasingly difficult to identify, and that their children were unaware that they were ultimately being advertised to.

In addition, it could be argued that the above quotations are suggestive of a wider concern that YouTubers are an external presence or ‘friend’ that have entered their children’s private space without parental consent. Arguably, parents would normally vet individuals who interact with their children, particularly if these individuals entered their home or their children’s bedrooms. In the case of YouTubers, which interact with their children’s lives through the online environment and appear to possess significant influence, the ability to conduct the vetting process is removed. The sense of control over who their children are ‘interacting’ with is diminished. Due to the nature of the online environment, there is no real way for parents to mitigate the individuals from ‘entering’ their home, especially as it often occurs in private in children’s own bedrooms. This makes it inherently difficult for parents to combat the HFSS product marketing messages that YouTubers may be promoting.

Parents’ views were somewhat aligned with children’s views on the power and influence such YouTubers or influences possess. The majority of children described watching YouTube and communicating with friends through the platform. Some of the children’s focus groups described how YouTubers endorsed HFSS products or were sponsored by HFSS brands, but were critical of YouTubers’ failure to always disclose this as a form of advertising:

*I saw it on a YouTubers channel, he was just playing a game and then, but he was talking about the new thing. He was probably like sponsored by them or something because he, don’t think he’d talk about it.*

(Children’s Focus Group 5 - four males aged 12, 12, 13 and 13)

Children expressed an awareness of the wide marketing reach these YouTubers possessed, somewhat in contrast to parents concerns that they were unable to recognise it. For example, the quotation below discusses a YouTuber’s association with the HFSS cereal brand Krave (Kellogs, 2019):

*And then I've seen a YouTuber advertise Krave. KSI, and he did something, because he was sent out something by the company, then, probably paid or something to do it and then - he's got like a million subscribers, so, a lot of people would have seen it, so. (Children's Focus Group 8 - one female aged 12 and two males aged 12 and 14)*

These children were aware of the potential reach these YouTubers may possess, demonstrating a level of awareness of the influence YouTubers may have. Children held their preferred YouTubers in high regard, with some accepting that they would be interested in HFSS products if their favourite YouTubers promoted them:

*With the Coca-Cola one I saw like a YouTuber that I watch and I would probably click on that because I like watch his videos and stuff and I'm interested. (Children's Focus Group 5 - four males aged 12, 12, 13 and 13)*

Children's admiration for their preferred YouTubers aligned with parents' concern over the influence that YouTubers have as the digital 'cool kid'. However, it appeared that children in the study were less able to understand or articulate that this may be due to YouTubers possessing a peer-like influence. However, although some children acknowledged the influence these YouTubers may possess, they expressed a frustration with the lack of alignment between YouTubers unique selling point and the HFSS products they promoted:

*Well, it's good because, well, it's good for them 'cause they'll get the money from just advertising it, but, for like, other people they might not want to see, like, an ad for Kit Kat on You Tube, because it's not really related to what you're watching, yeah. (Children's Focus Group 8 - one female aged 12 and two males aged 12 and 14)*

In comparison to other forms of online advertising such as brand websites or pop-ups, children appeared to be more open to the idea that YouTubers' promotion of HFSS products may influence their own consumption practices. These views aligned with parents' concern surrounding the power YouTubers possess over children's likes and dislikes, due to the admiration children had for

YouTubers. This is potentially demonstrative of YouTubers not only being a form of WOMM, but also of peer-to-peer marketing that has not been seen before in traditional broadcast advertising. It demonstrates that online advertising of HFSS products has moved marketing from one that has largely been associated with a traditional 30-second television advertisement, to one that is much more integrated into children's entertainment consumption practices.

In addition to YouTube advertising, HFSS product advertising through the photo-sharing and messaging social media platform Snapchat (2019) was a key site of advertising for children in this study:

*And Snapchat, they have filters for advertising, and it's usually, like - well, there was a Vimto one the other day. (Children's Focus Group 2 - four females aged 12, 12, 12 and 14 and one male aged 14)*

Filters are images placed over the top of photographs or videos, and the image (Prolific North, 2016) below displays the Vimto filter as described by the children in the study.



**Figure 12. - Vimto filter on Snapchat**

Children repeatedly referred to Snapchat advertising as an irritating form of marketing:

*But the ones on Snapchat are so annoying. The Vimto one on Snapchat is just so annoying. (Children's Focus Group 1 - two females aged 14 and 14 and two males aged 13 and 14)*

Despite children expressing annoyance at the advertisements through Snapchat, it is, in conjunction with YouTube advertising, indicative of a marked development in advertising practices by HFSS brands. Arguably, the integration of advertising features with the ubiquitous photography of everyday life (Hand, 2012), enabled through portable Internet-enabled devices, may be employed by HFSS brands to become part of children's social interactions. It is a clear form of WOMM, where brands essentially engage children in promoting their HFSS products to their peers. Such marketing is not only present in the media children consume, but children can now actively partake in the marketing itself.

Six of the eight non-industry stakeholders were also critical of the use of YouTubers by HFSS brands to promote their products, citing it as a key advertising medium which the HFSS will exploit:

*I think YouTube's gonna be a really big, a really big area, and also probably an area where we're gonna see lots of innovation about how industry still try and promote their products. (Advocacy Stakeholder 2)*

They considered it to be a new form of marketing, one that represented a shift from more overt marketing practices to ones that could be conceptualised as covert:

*Yeah, I think, so I think I'd echo that, in terms of its, you know, we're seeing sort of increasingly sophisticated, almost marketing doesn't look like marketing, and I think that, I think there was a big issue with Oreos over the last kind of year or so and that kind of caused a lot of, you know, a bit of public debate about the ethical and the emotional sort of appeal to marketing as well as the health harms, so yeah, I think YouTube is going to be probably one of the biggest areas under the new CAP rules. (Advocacy Stakeholder 2)*

Although there was less discussion amongst non-industry stakeholders surrounding the function of YouTube and YouTubers as a novel advertising technique, their concern regarding its subliminal nature chimes with the concerns raised by parents and, to some extent, children. The movement from overt marketing to covert marketing is one that was described by parents and children, with children now able to actively partake in the marketing itself. Once again, it is indicative of how online advertising has moved advertising to one that is found within entertainment, rather than one that is arguably in addition to entertainment.

Conversely, industry stakeholders expressed limited concern regarding advertising through YouTube and YouTubers and appeared to insinuate other social media sites as potentially more problematic:

*I'm not really aware of YouTube being a big... it's certainly not been raised with me. I mean, I know that the BCAP restrictions apply online, and as I understand it, the big platforms - Facebook, YouTube, Twitter - are, because they are so big, they have very good audience profiling capabilities, which enable them to target their adverts very carefully. So I'm not aware of YouTubers being a big issue, it's not been raised with me as a big issue. (Food and Drink Industry Stakeholder 8)*

Industry stakeholders also appeared to mitigate parents' concern over YouTube as a site for problematic HFSS advertising by insinuating as parents failing to understand the CAP Code:

*And I think, you know, I kinda have some sympathy with that [parents' concern over YouTube]. I think that advertising is regulated wherever it appears, so there is a possible, possibly some misunderstanding - or lack of understanding - about how online advertising is regulated, or whether it's regulated. (Advertising Industry Stakeholder 5)*

It appeared that industry stakeholders were attempting to frame HFSS advertising through YouTube and YouTubers' as non-problematic, in direct contrast with children, parents and non-industry stakeholders. They also appeared to shift blame from their advertising practices to parents limited

knowledge regarding the regulatory code. As seen in the CAP consultation analysis, industry stakeholders focused on the ‘knowledge task’, where they highlight deficiencies in the knowledge individuals possess rather than their marketing or advertising practices. Perhaps it is also an attempt by industry to limit the scope of what is deemed ‘problematic’ advertising, arguably to minimise debate over the impact of such subliminal advertising.

### **6.3.3 Online advertising as feature of wider marketing mix**

The impact of online advertising of HFSS products on children’s dietary preferences and ‘pester’ power were indicative of the impact on specific behaviours through a specific form of advertising. However, parents, non-industry stakeholders and, to an extent, children also expressed concern over the role online advertising of HFSS products has on brand awareness through its function as part of brands’ wider marketing mix. Parents described viewing advertising of HFSS products in multiple settings:

*But they are literally everywhere now. My daughter plays for a hockey team and they’ve got the M on their strip and you think you know all you need to see is that M and you know... (Parent Focus Group 1 participant 4 - child aged 13)*

Parents and non-industry stakeholders described the promotion of HFSS products as a ubiquitous feature of the contemporary food environment:

*But, but it becomes, it’s so normalised and so constant, it, as the same with anything else like that, when it happens all the time, you just don’t think of it as anything out of the ordinary. (Parent Focus Group 3 participant 10 - children aged four, six and nine)*

Parents expressed concern and frustration that children were not only exposed to advertising online, but through multiple settings. Although parents felt online advertising of HFSS products impacted daily life, such as making children aware of new HFSS products or increased brand awareness, it was the cumulative impact of advertising in the online and offline environment that had the greatest impact. It appeared parents found it difficult to discuss online advertising of

HFSS products to children exclusively, and often linked it to other forms of promotion they had seen in the offline environment. For parents, the pervasive, cumulative impact of HFSS product promotion in contemporary society was problematic and made attaining a healthy diet for their children increasingly difficult.

The pervasiveness of advertising in both the online and offline environment was related by some parents to how successfully companies linked their different forms of advertising together, from broadcast to non-broadcast, to increase brand awareness and engagement as much as possible. They spoke of the subconscious impact that HFSS product advertising had, particularly if this advertising was repeated over time:

*P8: I was going to say is it more kind of sub...subliminal as in you know I think a lot of these companies it's just getting their brand on something...*

*P7: And then maybe when they are in the supermarket they'll see...*

*P8: Yes...and then 'oh gosh I saw that on the Hunger Games that must be really good'. So it's not...*

*P7: And that's dear that stuff I've seen that it's not just any stuff...*

*P8: So it's not it's kinda just it's like any sort of branding for a company you just want...*

*P7: Yeah it's the image imprint on your mind yeah. (Parent Focus group 2 participants 7 [children aged nine, 11 and 14] and 8 [children aged 10 months and five])*

Although this study was primarily concerned with online advertising of HFSS products, parents discussed their views regarding television advertising frequently. Parents expressed surprise that their children did not necessarily find advertisements annoying, but instead found them entertaining. Children were able to repeat the taglines and information that were in the

advertisements to their parents, with one participant claiming it was like “*gospel, as dogma*” (Parent Focus Group 3 participant 10 - children aged four, six and nine). This indicated increased brand engagement by the children, with parents citing that their children would ‘sell’ products to them.

Parents were concerned with not only the interconnections between advertising in the online and offline environments, but also how HFSS product brands connected with other forms of entertainment or play to further promote their products. Examples of this were Star Wars or Frozen cereals, McDonalds and Subway toys, or competitions that children could enter such as the Krave competition below (Figure 13). For some parents, this was what drove their children to choose certain food products or brands over others. They argued that it improved children’s perception of the advertised HFSS product, making it more difficult for parents to mitigate the effects of such advertising. Again, it could be argued that parents were undermined by pervasive, multi-setting advertising in which online advertising was one feature.

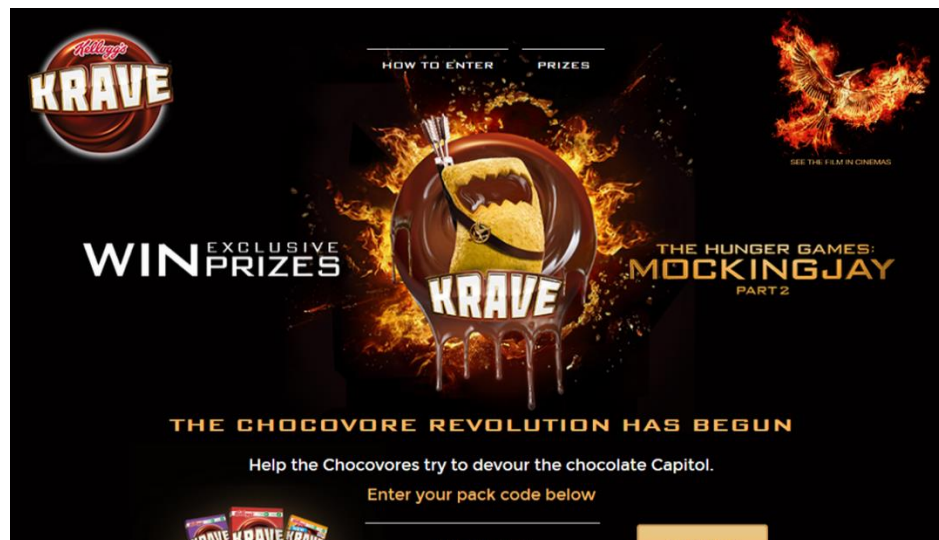


Figure 13. - Krave & Hunger Games collaboration online advertisement

For example, participant 9 described an experience of an online competition sponsored by an HFSS product company, which her child entered regularly:

*I hate them. I absolutely hate them. That really was a complete bugbear for me. That because, because [son's name] has got no kind of concept of*



*kind of what's reality and what's, you know, he would be, he would be convinced that he was gonna win that. And he would come to me continually and say, "Oh, can I? Can I? Can I do this? Can I join this? Can I do this quiz? Can I do? Can I...?" And, "When am I gonna find out when I've won it? When am I gonna?"* (Parent Focus Group 3 participant 9 - children aged 11, 14 and 21)

This naivety concerned parents, as they felt their children did not have the skills to see past the competition to the actual advertising intention. Parents felt it potentially exploited children's vulnerabilities, especially as children could not understand the unlikelihood of winning the competition. Again, it raised brand awareness amongst their children, and they felt it encouraged brand loyalty. Parents' frustrations with the amount of online competitions that their children wished to enter, that are often linked to a HFSS brand, is again indicative of the challenge that promotion and advertisements create. Parents had to compete against these opposing forces when educating their children about healthy food. Once again, it arguably represents the obstacle that advertising creates when attempting to attain a healthy diet.

Non-industry stakeholders similarly expressed concern with the other sites of HFSS product advertising. Although they largely focused on the promotion of products through the online environment (perhaps as an attempt to raise the salience of such advertising), there were brief discussions as to other marketing practices such as sport sponsorship or promotion within schools:

*But also, on another level, what schools are doing. Like, within individual schools, who are they inviting to do presentations? Who are they allowing to be their sponsors? This is form of advertising as well. And this is more regulated on the local level, I think. So there might be things that local communities, local groups, local areas can do for themselves when it comes to advertising. Or sponsorship of local sports clubs by food and drink industry.* (Advisory Stakeholder 1)

As seen in the parent focus groups, non-industry participants extended their consideration of advertising to include that of other marketing techniques. In contrast, industry participants as seen in the CAP consultation, tended to focus

on advertising techniques as an either/or scenario. In the industry interviews, there was little reference to other marketing practices. Rather, they tended to focus on their corporate social responsibility (CSR) campaigns, such as improving the media literacy of children through education programmes:

*We have a media literacy programme, which is specifically aimed very much at that, about equipping children to be media literate so that, so they can evaluate advertising critically, and so they've got the skills to kind of think about it critically, and assess it, and know what it, what its, kind of, role is and, you know, to understand that people are trying to sell them things. (Advertising Industry Stakeholder 5)*

Arguably, these CSR campaigns are another form of promotion packaged as they often include corporate branding. Once again, it appeared industry were keen to separate out their promotion practices, arguably to reduce the salience of any concerns regarding the cumulative effect of their wider marketing mix on children's dietary preferences.

Although children did not explicitly relate online advertising of HFSS products to other advertising and marketing techniques employed by brands, they did describe a range of other advertising and marketing techniques that they had been exposed to. As with parents, children described viewing adverts within the online and offline environment. For example, Focus Group 3 discussed sport sponsorship by HFSS brands:

*I think, like, with the bibs you sometimes get, not at professional level, but at the kind of boys club, you see all the bibs are sponsored by McDonald's. They all have the McDonald's sign on them. (Children's Focus Group 3 - five males aged 13, 13, 14, 14 and 14)*

In addition, this group described their local McDonald's as sponsoring their football team, and this was promoted in the McDonald's restaurant:

*Well, in like most McDonald's you go into, like, the one down in [town name], they've got a sign with a [town name] strip with the McDonald's*

*badge on it, like, saying how they sponsor the team and give them the strips and stuff, and like promoting, like, sports and stuff in young people, which is kind of, like, contradicting the fact that they're selling unhealthy food.* (Children's Focus Group 3 - five males aged 13, 13, 14, 14 and 14)

Children readily linked local sports teams with global HFSS corporations. For instance, children's awareness of the conflict between the healthfulness of sport and the unhealthfulness of the products McDonald's produce was an example of them demonstrating a critical awareness of corporate advertising. Indeed, taken together, the findings presented throughout this chapter suggest that children were adept at recognising different forms of advertising across the marketing mix, even if such views did not always translate into their recognition of its impact on their own dietary preferences.

In addition to viewing HFSS product advertisements within the sporting environment, they discussed the placement of advertisements of HFSS products on billboards, buses, taxis, television, stores, cinema, product placement in movies, shopping centres, and in telephone boxes:

*I see quite a lot of things like billboards and the sides of buses and stuff.*  
(Children's Focus Group 2 - four females aged 12, 12, 12, and 14 and one male aged 14)

Children appeared to easily recall advertisement for HFSS products, more so than non-HFSS products. This may be indicative of the wealth of HFSS advertisements within their environment, or that they are more memorable than non-HFSS advertisements. Either way, it is indicative of a pervasive promotion environment that children were aware of and are surrounded by.

## **6.4 Conclusion**

In conclusion, children and parents described the online advertising of HFSS products as featuring heavily in children's lives. Children were able to readily access the online environment and, when online, witnessed a variety of online advertisement types. The majority of parents, children, and professional stakeholders expressed a view that online advertising of HFSS products

detrimentally impacts children's dietary preferences. However, a minority of children dismissed this impact and industry-stakeholders appeared to minimise such impact. YouTube and YouTubers were a particularly problematic form of online advertising. Furthermore, online advertising of HFSS products to children was positioned as one feature of a wider marketing mix brands employ. Parents were particularly critical of this, with children similarly describing others form of promotion that they had seen in the offline environment. Again, non-industry stakeholders expressed similar sentiment, whereas industry stakeholders described CSR campaigns that could also be considered as other forms of promotion.

As such, it appeared that the online advertising of HFSS products was a ubiquitous feature in children's lives with debate existing around the impact of such advertising. This debate is reminiscent of that seen within the responses to the CAP consultation and is evident of some cross-similarities between the public and policy debate. The findings presented in this chapter suggest that within the home, online advertising of HFSS products, as part of a wider marketing mix, intercepts the food relationship between parents and children. Although disagreement existed between children interviewed regarding the impact of such advertising, there was a consensus from participants that online advertising of HFSS products impacted on children.

The following chapter examines how the role of power was discussed by participants within this debate and was indicative of their views on regulation to remedy the pervasiveness and impact on online advertising of HFSS products. It builds upon the findings of this chapter, demonstrating the importance of a consideration of power when examining policy and public debates surrounding policy issues.

## **7 Findings: Instrumental, Structural and Discursive Power and the Role of Regulation**

### **7.1 Introduction**

Concerns of how power was exerted, maintained and extended was an underpinning feature of the findings from children, parents and professional stakeholders. The purpose of this chapter is to present the explanatory accounts generated following Spencer et al.'s (2003) analytical hierarchy, examining how issues of power regarding the online advertising of HFSS products and the obesogenic environment (Swinburn et al., 1999), were viewed and responded to by the participants in this study. Participants' views on power were an indicator of their acceptability of regulation of online advertising of HFSS products as a policy response.

The analysis of views on power was conducted following an operationalisation of the theoretical framework by Fuchs and Lederer (2007) for assessing corporate power, presented below in section 7.2. The findings are presented under the three differentiations of power as described by this framework: 1) instrumental power, 2) structural power, and 3) discursive power. It is of note the child participants in this study appeared to find it difficult to conceptualise and talk to issues of power. However, they described some instances that align with the conceptualisation of power by Fuchs and Lederer (2007), particularly discursive power.

This analysis not only engages with corporate power, as is the focus of Fuchs and Lederer's (2007) work, but also extends the theoretical framework to include a consideration of non-corporate power (e.g. advocacy groups, parents and children) as well as State power. It aims to demonstrate that an analysis of corporate power alone (although important) may result in an underestimation of the power dynamics at play within the obesogenic environment related to the regulation of online advertising of HFSS products.

As indicated in the literature review presented in Chapter 2, there has been increased focus on the role of power within commercial determinants of health

literature. This increased focus has drawn heavily upon theories of power from political science and international relations. However, these studies have largely focused on industry practices, rather than how power is viewed and conceptualised by varying actors within a policy debate. As this thesis aims to provide an in-depth examination of the policy and public debate regarding the regulation of online advertising of HFSS products to children, it is important to consider the relationship between power and public health policy. By generating a greater understanding of the power dynamics at play within a policy debate, researchers and policymakers can be more sensitised to the issues and be better placed to support interventions that address the commercial determinants of health that detrimentally affect population health. The following sections describes the theoretical framework selected to analyse the findings within Chapter 8.

## **7.2 Theoretical framework for analysis of power: conceptualisations of power within political science**

It is important to acknowledge that power is not a single concept, but rather is manifested in multiple forms that are difficult to define (Lukes, 1974). Definitions of power exerted by corporations have evolved over time, with power initially defined following Dahl's (1957), where A has the ability to make B do something that B would otherwise not do. This form of power is argued to be visible, with McKee and Stuckler (2018) contending that this power is often shaped and enforced by laws and regulations. However, this traditional theory of power fails to account for the increasingly hidden or invisible forms of power modern corporations employ to maintain their influence within the policy process. Hidden power is considered to be used by corporations to create or reinforce *“social and political values and practices that permit consideration of only issues that are innocuous to A”* (McKee and Stuckler, 2018, p1168). For example, hidden power involves agenda-setting practices, or the ability to define the narrative. The third form of power, invisible power, involves the legitimisation or de-legitimisation of certain discourses in order to promote the vested interests of the corporation (Lukes, 1974), for example, how issues are framed. Taken together these three forms, or faces (Lukes, 1974), of power demonstrate the varied ways that power can be asserted.

Although the above conceptualisation of power by Lukes (1974) provides a useful base from which to analyse power relations, his theory is grounded in the examination of local urban politics rather than multi-national corporations. As such, it is useful to consider a conceptualisation of power that builds upon Lukes' work (1974) which is focused on multi-national corporations and is a more appropriate approach for studying the commercial determinants of health.

### **7.2.1 Corporations and instrumental, structural and discursive power**

Fuchs and Lederer (2007) present a theory-driven three-dimensional framework of the power multi-national corporations yield, which builds upon Lukes' (1974) consideration of the three faces of power. Fuchs and Lederer's (2007) framework builds upon this work by considering the power of corporations, rather than local urban politics, in the global context. As such, it is a useful framework of power for the purposes of this thesis. This framework allows for the systematic consideration of both how corporations and other actors exert and maintain their power, but also how different actors respond to that power within a debate. The framework posits that in order to effectively account for the power of corporations, researchers must consider three types of power: 1) instrumental power; 2) structural power; and 3) discursive power. Fuchs and Lederer (2007) call for all three perspectives to be considered when examining the power of corporations within governance. The following sub-sections explain this framework, demonstrating how it relates to wider issues within the commercial determinants of health literature and how it guided the analysis of the data.

#### **7.2.1.1 Instrumental power**

Instrumentalist approaches to power tend to *“employ an actor-centred, relational concept of power based on the idea of individual voluntary action and focus on the direct influence of one actor on another”* (Fuchs and Lederer, 2007, p4). This perspective draws heavily upon Dahl's (1957) definition of power where A has the ability to make B do something that B would otherwise not.

Analyses of instrumental power explores how actors may directly influence political decision-makers, and as such impact on policy output.

In the case of how instrumental power applies to corporate actors, Fuchs and Lederer (2007) contend it is apparent in how corporations seek to influence the political process, such as through the lobbying of political actors and associated finance activities. In the case of the commercial determinants of health, an example of this form of power is the alcohol industry's lobbying spends. As described in Chapter 2, USA Senate records show that the largest alcohol companies spent \$150million on lobbying practices between 1999 and 2011 (Jernigan, 2011). This large spending power is also indicative of the financial activities that these corporations may undertake as part of their lobbying practices.

Fuchs and Lederer (Fuchs and Lederer, 2007) argue that despite lobbying practices being considered a traditional political activity, it remains an important activity employed by contemporary corporations. As a result of corporations expanding their lobbying practices, corporations are argued to have gained a competitive advantage over civil society actors (Higgott et al., 2000, Ledgerwood and Broadhurts, 2000). In addition, lobbying activities can result in varying influence between corporation types, such as between small businesses and large corporations.

#### **7.2.1.2 Structural power**

As the title suggests, theories of structural power contend that the material structures in which actors operate impact on the distribution and exercise of power (Fuchs and Lederer, 2007). As described by Fuchs and Lederer (2007, p 5),

*In contrast to instrumentalist approaches, then, structuralist approaches emphasise the input side of policy and politics and the predetermination of the behavioural options of political decision-makers.*

Structuralist approaches to analysing power distribution, therefore, focus on the agenda-setting and rule-setting practices of corporations (McKee and Stuckler,



2018, Petticrew et al., 2018, Moodie et al., 2013). Fuchs and Lederer (2007) designate this as the second face of power (Lukes, 1974). Agenda-setting theories propose that certain issues will be unlikely to reach the policy agenda, or be transformed into policy, as they are unlikely to be adopted. This is due to actors defining the narrative of what is acceptable in policy and what is not, and Russell (2006) describes this defining of acceptable policy boundaries as the Overton window. The Overton window designates that policies that fall within this window of discourse are designated as acceptable policies, and those that fall out with it as unacceptable and often unworthy of further discussion (McKee and Stuckler, 2018).

In addition, corporations may not only shape what will not be viewed as acceptable policy, but also be directly involved in the rule-setting itself (Fuchs and Lederer, 2007). This may occur through the inclusion of corporate actors in State policy-making, or through self-regulatory measures. For example, McKee and Stuckler (2018) describe how UCIs place advisors on key committees, or create ‘revolving door’ systems whereby public officials can move into lucrative positions as consultants within their corporations. Alcohol corporations have employed these methods, particularly in low- and middle-income countries (Bakke and Endal, 2009). Lesotho, Malawi, Botswana and Uganda were assisted by SAB Miller in writing their national alcohol control policies. Self-regulatory frameworks or public-private partnerships are a further example of the exercise of structural power by corporations. Within this study, the CAP Code on non-broadcast advertising of food and soft drinks is an example of such a self-regulatory framework.

Within these structural contexts, corporate actors can control the creation and diffusion of policy or economic standards. In the case of instrumental power, it may be that corporations exert this form of power in reaction to certain policy decisions or votes. Structural power, however, occurs much earlier in the policy process, highlighting and/or omitting areas for which they see as suitable for rule-setting. As such, it may be considered a proactive form of power. This in turn allows corporations to be a key decision-maker in the policy process, influencing the design, implementation and monitoring of the rules.

Fuchs and Lederer (2007) highlight the hidden nature of this form of power that is difficult to evidence, due to it often occurring in private. As such, it is a form of power that leaves no trace, one that is potentially difficult to recognise or assess empirically. However, they contend that this form of power is vital to attempt to study if we are to understand the complex nature of the environments within which corporations exert power, as well as how this power may be responded to by others. Corporations' growth and structural change, through geographical and financial expansion, result in corporations increasing influence over the governance process.

### **7.2.1.3 Discursive power**

The third approach to the analysis of power presented by Fuchs and Lederer (2007) is discursive power. As the term suggests, it focuses on the discourse employed by corporations including communicative practices and socio-cultural values. In comparison to instrumental and structural power, it is arguably apparent even earlier in the policy process as it shapes ideas and values, ensuring that corporations desires are viewed as the norm by other actors within the policy process. Therefore, as stated by Fuchs and Lederer (2007, p8), discursive power *“influences the frames of policy problems and solutions, of actors in the political process, and of politics and the political as such”*.

In addition, discursive power is associated with who is considered to be a legitimate actor within the policy process. Through the shaping of social norms using strategic discourse, corporate actors place themselves as legitimate rule-makers or figures of authority. However, this legitimacy is only ensured if the receivers of discourse place trust in the validity of the message delivered. As such, this process is one that is arguably cyclical, each dependent on the other.

In his book, titled *Legal but Lethal*, Freudenberg (2014) critiques the increase in UCIs political legitimacy and authority. Freudenberg and Galea (2007) argue that corporations are the dominant global organisational form in the 21<sup>st</sup> century. It is argued that corporations have displaced prior social influences, such as religion, family and government, resulting in an increase in their influence over population health (Moodie et al., 2013, Freudenberg and Galea, 2007). Following Fuchs and Lederer's (2007) framework of power, this increase

in political legitimacy has arguably occurred through the employment of discursive power to frame corporate actors as legitimate policymakers in order to pursue their vested interests (Scott et al., 2017, Hawkins and Holden, 2013, Holzscheiter, 2005, Levy and Newell, 2005, Arts, 2003, Levy and Egan, 2000).

Furthermore, corporate actors employ discursive power to portray their organisations as good corporate citizens (Dorfman et al., 2012a) through CSR campaigns as well as positioning public health actors and politicians as unreliable figures (Fuchs and Lederer, 2007). Through the process of highlighting their industry as good, while portraying politicians or public health as ineffective, corporate actors are able to legitimise their position in the policy process.

This form of power is not one without controversy (Fuchs and Lederer, 2007). As Prakesh (2002) notes, corporate actors' growth has led to a process of both de-regulation and re-regulation due to an increased antitrust scrutiny of corporations underlying aims. In political science, this is evident through the increased volume of literature examining this power across multiple UCIs (Hawkins and McCambridge, 2018, Petticrew et al., 2017a, Scott et al., 2017, Hawkins and Holden, 2013, Hawkins and Linvill, 2010). These studies highlight the techniques employed by UCIs to exert discursive power in order to align policy with corporate vested interests. The studies recommend countering these techniques, to limit the influence of such power on the policy process. However, these earlier studies have largely focused on conducting a documentary analysis of how corporate actors enact discursive power. There has been minimal examination of how multiple participants respond to this form of power and, as far as the researcher is aware, this thesis is the first to conduct such an analysis within the area of HFSS products and the regulation of online advertising of such products.

Figure 14 below is a diagrammatic representation of how instrumental, structural and discursive power interplays within the policy process, developed specifically for this PhD thesis.



**Figure 14. - Power and the Policy-Making Process**

### 7.2.2 Application of theoretical framework

As can be seen from above, the theoretical framework presented thus far has been applied to examine corporate power. Although a useful and important application, it potentially underestimates the power dynamics at play within a policy debate. Through the data analysis, it became clear that the participants were describing varying actors' exertion of power and not only corporate power. As such, it was decided to expand the application of the three-dimensional framework to include an examination of power of all actors identified as important by the participants. This is inclusive of industry, State, advocacy and public power. This novel application of the theoretical framework produced important and interesting findings when considering the power dynamics within the obesogenic environment and how this may impact on participants' acceptability of regulation as a policy response to online advertising of HFSS products.

## 7.3 Instrumental power

Fuchs and Lederer (2007, p4) propose instrumental power to be the strategies employed by corporations to "*influence decisions of formal political decision-makers, i.e. policy output*". These techniques generate direct influence of one actor upon another, and examples of these are lobbying and/or finance activities.

Within this study, it was apparent that there were several instances where participants described views that may be conceptualised as instrumental power or as discussing instrumental power. The majority of parents expressed concern over lobbying:

*P10: I mean who else is gonna hold, what is essentially a powerful industry with quite, the food industry is huge, and they have massive access to the law and lobbying MPs and, and... and, so, yeah, you're right, who is gonnae...*

*P9: Stick up for people.* (Parent Focus Group 3 participant 9 [children aged 11, 14 and 21] and participant 10 [children aged four, six and nine])

For parents they considered such lobbying as attempts to place industry in more powerful positions than non-industry actors, such as the public or the “people”. Non-industry stakeholders interviewed expressed a similar discomfort with industry’s investment into lobbying decisions-makers, particularly in reference to the removal of the regulation of HFSS advertising within the UK Government’s Childhood Obesity Plan:

*I think that the fact that it [advertising of HFSS products] was in the report from the Health Select Committee, the Brave & Bold Action one, showed that the Health Select Committee themselves had seen the value in it and thought it was something that should be included, and so the fact that it wasn't in the final plan, I think, was a result of intense lobbying by the food industry, and I think it's a shame that that overruled the strength of the evidence that we have.* (Academic Stakeholder 9)

Specifically, non-industry stakeholders referenced industry’s lobbying of the Department of Culture, Media and Sport (DCMS):

*...we know that behind the scenes there is certainly a lot of lobbying and DCMS and again...why marketing and promotion's never happened within the final plan was partly because of, you know, we know that the Department of Health was very enthusiastic, the Department of Culture, Media and Sport was not, and we've never had that, we've had that you know, we've had actively hostile ministers, cabinet ministers...* (Advocacy Stakeholder 3)

For the majority of parents and non-industry stakeholders, the lobbying conducted by industry was deemed problematic, and as an attempt to directly influence decision-makers. Non-industry stakeholders were more specific in their examples of these overt lobbying practices and expressed concern over the direct impact of this lobbying. It is arguably demonstrative of the privileged access that industry have to the policy-making process compared to the public, particularly to decision-makers within the Department of Culture, Media and Sport.

Instrumental power also appeared to be exerted by industry through their financial activities, as argued by one non-industry stakeholder:

*And you know, that is, in all of this, that is the big, you know, if you were to look at what, why have we not got more progress, or why has the government not intervened at any point, it would be the power of the advertising agencies, now more than the food industry, and the, and the hold that I suppose the kind of money, you know, the "show me the money" side, has on the DCMS, particularly. (Advocacy Stakeholder 3)*

Some parents also expressed concern with the financial relationship that they described as existing between industry and State actors:

*I don't think that [regulation] would ever come into play because there's too much a financial gain that there is to be had, so as much as they could do it I don't think that's ever gonna change because the government and the companies are making so much... (Parent Focus Group 4 participant 14 - child aged 6)*

These concerns regarding the financial and lobbying associations, which were viewed as mutually beneficial, between industry and State actors is arguably representative of both the State and industry possessing some form of instrumental power over the other. On one hand, industry lobby political actors to ensure public health policies do not infringe on business profit margins and appear to possess some form of financial hold over government departments as indicated by Advocacy Stakeholder 3. On the other hand, parent participant 14

expressed their view that the State themselves could be benefiting financially from this relationship.

In contrast, industry stakeholders interviewed for this study identified public health advocacy groups as lobbyists, which they considered problematic:

*I mean, partly because it, advertising to children is a very, particularly topical issue at the moment, and there's a lot of interest in the subject, particularly from politicians and lobby groups, in terms of sort of the wider debate around health, and children's health and obesity.*

(Advertising Industry Stakeholder 5)

This could be conceptualised as industry viewing public health advocacy groups as exerting a form of instrumental power themselves. It is indicative of multiple actors within the debate regarding online advertising of HFSS products exerting some form of instrumental power. It appeared to be an important technique employed by both industry and non-industry actors to influence decision-makers to form policies that served each organisation's vested interests.

## 7.4 Structural power

Structural power, as defined by Fuchs and Lederer (2007), pertains to the development of material structures that underlie behavioural options and as such includes both direct and indirect decision-making power. Structural power can take two forms: 1) actors' agenda-setting power (e.g. what issues are deemed as within the Overton window (Russell, 2006)) and 2) actors' rule-setting powers (e.g. regulatory frameworks). As such, it is arguably the form of power most directly related to the overarching aim of this thesis: understanding the policy and public debate surrounding the regulation of online advertising of HFSS products to children.

Views that can be conceptualised as referencing structural power were mostly found within the interviews conducted with the professional stakeholders. This may be due to their proximity to the policy-making process.

### 7.4.1 Agenda-setting

As previously stated, agenda-setting is the process in which actors attempt to control what issues reach the agenda of policymakers and what issues do not, indirectly influencing the design of rules and policies. It comprises of actors knowingly refusing to propose certain policies as they recognise the unlikelihood of them being adopted. There were several instances that may be conceptualised as structural power exerted through agenda-setting practices.

Non-industry stakeholders highlighted, throughout their interviews and CAP consultation responses, that online advertising of HFSS products was an issue requiring policy attention, despite the updating of the CAP Code following the 2016 CAP consultation:

*So we think it's a step in the right direction. However, there are a number of loopholes, which we would like, we would prefer not to be there. (Advisory Stakeholder 1)*

In addition, non-industry stakeholders emphasised their concern that several issues raised by non-industry responders to the consultation were managed inappropriately:

*Limitations, I think an awful lot of the concerns that were voiced by the public health community weren't really dealt with in a way that mirrored the evidence base. (Advocacy Stakeholder 2)*

Non-industry stakeholders appeared to insinuate that the CAP consultation was one that was unfairly biased towards decisions that were not informed by the evidence presented in their responses, and that their voice was somewhat downplayed or disregarded. This is indicative of a concern of a potential lack of agenda-setting power by non-industry actors within the policy process.

In contrast, industry stakeholders attempted to shift attention away from regulation of online advertising of HFSS products to other policy areas they designated as problematic:



*What we've done...is almost take advertising out of the equation, to some extent, and say, "Well, you know, we've all agreed that we're gonna stop..." Not that there's been, I would say, you know, a huge volume of advertising of junk food to children, but if we, if we can say as a sector, "Well, actually, we've stopped doing that, and we've all agreed that we're not going to do that anymore", and if you take that factor out of the equation, then it, you know, it might help in the longer term to focus efforts elsewhere. (Advertising Stakeholder 5)*

Industry stakeholders appeared to attempt to frame further regulation of online advertising of HFSS products as a less acceptable policy solution and to close this policy avenue, whereas non-industry stakeholders desired it to continue to be viewed as a worthwhile policy solution. Industry stakeholders designated the further strengthening of the regulatory Code as unworthy of further discussion.

In addition to their framing of future regulation of online advertising as an acceptable or unacceptable policy, industry and non-industry stakeholders described their involvement in the policy-making process prior to the launch of the 2016 CAP consultation. Non-industry described their involvement throughout the CAP consultation process:

*Through the course of the CAP consultation, both before, during and after, we had meetings with [name] at the CAP and some of his colleagues...even two weeks ago we had a meeting with the ASA...they asked us to come in, recognising how...important a stakeholder we now are in this process and important as well, like influential, in terms of at least public and media coverage, so I think that's again kind of how things are positioned. I would say that we have a particular, particularly on the non-broadcast side of things, we have a particular role that more so than some other people...not necessarily due to expertise per se, but more because we are seen as being the...the point of contact that can then be spread out further and wider as well, respected to get our views kind of properly done. (Advocacy Stakeholder 3)*

Although the quotation above is extensive, several features within it are useful to unpack as being illustrative of other non-industry stakeholders' views on their

organisation's agenda-setting power. First, they demonstrated their continued involvement in the policy-making process. Other non-industry stakeholders also referred to their meetings with both CAP and ASA. Second, they described their influence within the policy-making process, referring to the CAP's and ASA's reliance on them as an *"important stakeholder"*. This is indicative of their view that they were a legitimate voice within the policy-process, and that their views may influence the issues worthy of inclusion. Third, they positioned themselves as influential over other stakeholders out with the CAP and ASA, by highlighting the public-facing role of their organisation and engagement with media.

Although industry stakeholders did not overtly state that they aimed to influence the agenda, they often described being involved in trying to influence the policy-making process. Food and Drink Industry Stakeholder 8, who was part of an overhead industry organisation, described their advisory role to members:

*So we, we were pretty active in the run up to the regulations coming into effect in advising members exactly what they meant, where they applied, which media they applied to. What the definition is of children, for those purposes, all that kind of stuff. But we don't have any kind of regulatory role with our members beyond that. So it's purely advisory.*  
(Food and Drink Industry Stakeholder 8)

It is suggestive of their mediating role between the regulators and the rest of the food and drink industry, one that could be conceptualised as a guardianship role controlling the dissemination of information. It also positions their organisations as an integral part of the regulatory process, performing a guiding role to other industry members.

In addition, non-industry described how they considered industry actors as potentially influencing the agenda through their involvement in the policy-making process. For example, Advocacy Stakeholder 4 described the origins of the CAP consultation:

*And this consultation very much came from the advertising association trying to get ahead of the childhood obesity plan. This consultation was announced a good few months before the original date, which may have*

*even been earlier than September 2015, for the childhood obesity plan. And it was seen very much as a manoeuvre to get ahead of any tough action on the advertisers. Because then government can say, “We’ll wait for the outcome of this consultation”...we felt that they were trying to get ahead of the game, really. (Advocacy Stakeholder 4)*

The quotation above is illustrative of how some non-industry stakeholders viewed the CAP consultation as a way for industry to ensure that future policies regarding online advertising of HFSS products were within their control. It is indicative of the messier, and more difficult to evidence nature of agenda-setting as described by Fuchs and Lederer (2007). It is one that it built upon actors’ view of a situation, rather than any direct empirical evidence such as official documents describing these practices.

Lastly, the CAP consultation analysis in Chapter 4 is arguably the clearest example of how both industry and non-industry exerted agenda-setting power over the debate surrounding the regulation of online advertising of HFSS products. Within the CAP consultation responses, it was clear that both industry and non-industry attempted to frame certain policy solutions as more or less acceptable, through their identification of causes, non-causes and policy solutions. Similar arguments were made in the interviews, indicating a continuation of these agenda-setting techniques across time and stakeholder types.

#### **7.4.2 Rule-setting**

As discussed previously, Fuchs and Lederer (2007) contend that the definition of structural power should not only include the agenda-setting function of such power, but also include the rule-setting function. They argue that actors’ *“material structures and organisational networks may also endow actors with direct rule-setting power”* (Fuchs and Lederer, 2007). Within this project, it was evident that there were concerns regarding the rule-setting power of both the HFSS product and advertising industries from non-industry stakeholders and most parents. In contrast, industry stakeholders expressed their support for this form of structural power and advocated for industry involvement in the design

and maintenance of regulatory frameworks, and a minority of parents rejected the rule-setting power of the State.

As described in Chapter 2 the current regulatory framework for monitoring the online advertising of HFSS products is self-regulatory. This demonstrates the structural rule-setting power industry possess within the current UK regulatory environment. For parents in Focus Groups 1-6 and 8, as well as the non-industry stakeholders, this self-regulation was considered problematic:

*I think they are getting off the hook, the non-broadcast TV lot...Yup so I think they are getting off. I think it's a farce to think they can regulate themselves.* (Parent Focus Group 1 participant 1 child aged 13 years old)

As such, these participants expressed support to strengthening the regulatory system and for the State to possess that structural power:

*Well what I've just seen in terms of the online advertising content is actually quite frightening and I do think that that should be regulated and I think it's right that this is the level of regulation that's happening on TV...and I think that is the place of government to do all that stuff.* (Parent Focus Group 3 participant 10 children aged four, six and nine)

The anxiety expressed in the above quotation is also illustrative of some parents acknowledging that they were unaware of the variety and amount of online advertising their children were exposed to prior to their participation in the focus groups. For these parents, the focus groups arguably raised their awareness of this form of advertising.

Children in this study found it difficult to talk to issues of rule-setting extensively, however there was some limited discussion as to their views on who they think should be responsible for setting the rules surrounding online advertising of HFSS products. Although the following quotation is extensive, it is representative of the limited debate amongst children surrounding their scepticism of the rule-setting power of industry:

*Thinking about it now, it should actually probably be the government because if it was the companies that were like making the product and advertising it they would probably like...*

*Wouldn't have any rules.*

*Yeah, just do what they want.* (Children's Focus Group 5 - four males aged 12, 12, 13 and 13)

Amongst these children, they debated as to whether the food industry should possess such rule-setting power. This was reminiscent of the views described by the majority of parents in this study. Yet, a minority of children expressed a scepticism towards the State's ability or desire to effectively regulate the online advertising of HFSS products:

*The only problem with the government like they're a bit lazy about it 'cause they have so much stuff to do they might be like, "Oh just a food advert, it doesn't matter. Let's just say yes and we'll tick all the boxes."* (Children's Focus Group 1 - two females aged 14 and 14 and two males aged 13 and 14)

These children were concerned that the State would not consider the online advertising of HFSS products as a priority, and as such dismiss their responsibility to robustly regulate it. It was also indicative of a scepticism as to whether the State would perform rule-setting as robustly as they should.

Non-industry stakeholders also expressed concern with the rule-setting power industry possess within the CAP, and their direct influence on the designing of rules which serve their vested interests:

*I mean, industry regulating themselves, it's good that they're regulating, it's good that they're doing something, but to quote one of the members of our steering group, the industry are not going to cut their own throats. If they don't have to do something to lose money, they won't. And public health is not their main priority. Making profit is.* (Advisory Stakeholder 1)

In contrast to other non-industry stakeholders' views as exemplified in the above quotation, Advocacy Stakeholder 2 and Government Body Stakeholder 7 were less concerned with industry conducting this improved self-regulation, and appeared to be more focused on the effectiveness of that regulation:

*So in terms of who is regulating it, it shouldn't matter as long as you have a structure that reflects, that accurately reflects the health harms and properly enforces a code that reflects those health harms. (Advocacy Stakeholder 2)*

Despite these participants expressing concern with the power the industry possessed in the obesogenic environment, this concern appeared to be mitigated if the regulatory Code was effectively strengthened and monitored. It suggests that amongst non-industry stakeholders there was some disagreement as to who should take primary responsibility for this regulation. It could be argued that Advocacy Stakeholder 2 and Government Body Stakeholder 7 were for self-regulation, if that regulatory framework was strengthened appropriately and robustly monitored.

Conversely, industry stakeholders and parents in Focus Group 7 identified the State as possessing excessive structural rule-setting power. Focus Group 7 expressed frustration with the State, viewing their rule-setting power as constraining:

*They're literally... government, if you ask me, are putting us into a box and taking away our choices now. (Parent Focus Group 7 participant 25 - children aged five and seven)*

In addition, Focus Group 7 participants described the State as infringing on an individual's freedom of choice:

*P25: Well was that not the whole point of Britain? Have we not got freedom, d'you know what I mean? That's like the whole point.*

*P24: Aye.*

*P25: D'you know what I mean?*

*P24: Aye, it's like they're taking away...*

*P25: They're taking away choices.* (Parent Focus Group 7 participant 24 [children aged five and seven] and participant 25 [child aged seven])

This concern regarding their freedom of choice was despite having expressed annoyance at online advertising of HFSS products that targeted children and acknowledging it impacted their children's dietary preferences (see Chapter 6). Their perception of freedom appeared to be related to their conceptualisation of British society, where British citizens exist in a liberal society in which individuals dictate their own lives. It appeared that for these parents, the maintenance of freedom of choice was of greater importance than a reduction in advertising of HFSS products online. Focus Group 7 participants were resistant to the idea of the State intervening in how they and their children engaged in consumer society. Although these parents recognised that children were a vulnerable population that required protection from the impact of online advertising, when prompted in the focus group, they said that parents should provide that protection, and that Government 'over-reached' in their role. As such, it appeared they rejected the structural rule-setting power the State possessed.

Industry stakeholders similarly expressed a concern of State's rule-setting power:

*I think, you know, what one of the other kind of consequences of having a self-regulatory system is that you, you are always conscious of the threat that if the government chooses to, it could decide it wanted to, you know, develop statutory regulation, and take over regulation of the industry, and that's clearly not something that we would want.* (Advertising Industry Stakeholder 5)

Industry stakeholders concerns regarding State regulation contrasted with non-industry stakeholders and some parents concerns with self-regulation. It appeared that for the industry stakeholders in this study, they aimed to both

reject the rule-setting power of the State, whilst highlighting the rule-setting power of industry. Advertising Industry Stakeholder 5 repeatedly highlighted the effectiveness of the self-regulatory system:

*But I think there are a lot of benefits to self-regulation, and particularly with respect to advertising, that, you know, that mean it's the most appropriate system, and actually the UK self-regulatory system for advertising is pretty much, you know, it's world class, and it's often held up as one of the best examples of self, of a self-regulatory system.*

(Advertising Industry Stakeholder 5)

In addition, industry stakeholders often referred to their corporation's own marketing code as a further example of their responsible marketing practices:

*So, obviously, as the marketing code goes above and beyond the current regulations, then obviously we're all totally aligned and above what the current regulations are...and we have internal compliance systems to ensure that the code is adhered to.* (Food and Drink Industry stakeholder 11)

In a similar fashion as non-industry stakeholders, industry stakeholders were keen to emphasise their role in implementing change within the policy process, with Food and Drink Industry Stakeholder 8 stating that they were “*active movers in trying to persuade CAP to adopt that change*”. Advertising Industry Stakeholder 5 stated that they “*worked closely with CAP*” through the consultation process. The findings suggest that structural power was viewed to be possessed by both industry and the State, however tension existed over who should possess that power and the role regulation performed in addressing structural power.

## **7.5 Discursive power**

Discursive power, the third differentiation of power presented by Fuchs and Lederer (2007), emphasises the power exerted through discourse. This form of power is argued to frame and shape the norms, values and desires to be in line with those exerting such power. As stated in the theoretical framework at the



start of this chapter, this form of power enters much earlier in the policy process than structural power. It concerns the symbols and storylines employed by actors to frame issues that serve their vested interests.

The moral evaluation frames employed by industry and non-industry responders in the CAP consultation (e.g. market justice versus social justice and children's rights versus industry rights), as presented in Chapter 4, are clear examples of the discursive power employed by industry and non-industry actors within the debate surrounding the regulation of online advertising of HFSS products. It was often from these wider discursive frames that actors drew upon to define the problem, designate causes, and propose certain policy solutions. The themes presented below, overlap with the findings presented in Chapter 4.

### **7.5.1 Creation and maintenance of social norms**

Lukes (1974, p23) describes discursive power as resulting in the following:

*Indeed, is it not the supreme exercise of power to get another or others to have the desires you want them to have - that is, to secure their compliance by controlling their thoughts and desires?*

As can be seen in Chapters 4 and 6, children, parents and professional stakeholders described how online advertising of HFSS products can affect children's dietary preferences, arguably creating preferences for foods that align with the products promoted by the HFSS industry. They noted that online advertising of HFSS products is one feature within a complex food environment, which contributes to the creation and maintenance of an obesogenic environment. This, in turn, challenged parents' ability to make independent decisions over the food they provided to their children:

*The other thing is probably that the current kind of obesogenic environment that we have and the kind of, the cause of that being strongly, more strongly related to poor dietary choices than lack of physical activity means that it is, it can be really quite hard for parents to make healthier choices and improve sort of diet for them and their family. (Advocacy Stakeholder 2)*

Some children acknowledged the subversive techniques industry employed to direct purchasing decisions:

*I think they make it look good so that even if, consciously, you don't think 'I want to go out and buy that', subconsciously, you'd think 'Yeah, that looks good' and then next time you see it, you'll be like 'Oh, yeah, the advert made that look really good. I'll get it. (Children's Focus Group 2 - four females aged 12, 12, 12 and 14 and one male aged 14)*

It is indicative of some children's awareness of this discursive power industry possess, through their ability to subliminally influence children's dietary preferences and resulting purchasing behaviours. However, as seen in Chapter 6, other children suggested they were not influenced by such advertising despite being able to readily recall advertisement jingles or brand taglines.

Despite acknowledging the detrimental impact advertising may have on their children's dietary preferences, a minority of parents viewed these marketing practices as the norm:

*P25: 'Cause they like to make it fun so the kids'll actually stop what they're doing and watch it. They like to make it appealing. If they're advertising it they'll make it a good advertisement so it gets the kids' attentions.*

*P24: They're doing their job right then, ain't they?*

*Aye, so they're doing their job right really. (Parent Focus Group 7 participant 24 [children aged five and seven] and participant 25 [child aged seven])*

Children in this study expressed a mistrust of the messages conveyed in the advertisements they were exposed to if they deemed the advertisement's content to be overtly misleading, believing that organisations were selective as to what they chose to disclose:

*The first one was trying to imply like healthy eating because it's like one of your five-a-day. But then it's for like McDonald's.*

*It's for McDonald's, it's like McDonald's should give up making themselves healthy. They're never gonna manage.*

*They're never, like it's so obvious...*

*It's like "I'm gonna go to McDonald's and get carrots."*

*... That's no one actually goes to McDonald's to get carrots. (Children's Focus Group 1 - two females aged 14 and 14 and two males aged 13 and 14)*

Children placed doubt in the legitimacy of these overt marketing practices by industry to engage parents and children with their brand. The employment of discursive power, to shape parents' and children's brand perception, was rejected when it was exerted overtly. However, they appeared to only mistrust these techniques when they explicitly juxtaposed what the brand is typically known for. As seen in Chapter 6, when advertisements were considered humorous or did not contain messaging which contrasted with children's brand perceptions, children appeared more likely to express favourable responses to those advertisements. This, in addition to their references to and group engagement with advertisement jingles, taglines or social media, potentially demonstrate the discursive power of industry as exerted through advertisements. These advertisements appear to form a component of children's social interactions, and arguably represented the normalisation of these marketing messages in children's lives.

Following Fuchs and Lederer's (2007) conceptualisation of discursive power, it may be argued that the creation and maintenance of the obesogenic environment, as described by participants in this study, is demonstrative of the discursive power exerted by industry actors to socially condition the public into perceiving the consumption of HFSS products regularly as the norm. Through the positive reinforcement of HFSS products through marketing online, industry are not only exerting and maintaining this discursive power, but are extending it into

new advertising arenas. Although the majority of children, parents and non-industry stakeholders expressed an awareness and concern regarding the extensive online advertising and wider marketing of HFSS products, they recognised that they were not able to mitigate the effects of such advertising as readily as they desired.

Yet, some parents and non-industry stakeholders were enthusiastic as to the possibility of industry creating new social norms through the advertising of healthy food and beverages:

*Food industry is not only producing unhealthy food, they're also producing healthy food, and what we want them to do is to do more of it...this is what we have seen was happening in the Nordic countries, and how they've done it all was big partnerships between government, businesses and third sector organisations, that everyone was sitting together and trying to figure out how to do this. (Advisory stakeholder 1)*

As such, although there was a concern regarding current advertising practices there was some optimism for how the food and beverage industry may perform some role in renegotiating these established social norms through an adjustment of who possesses instrumental power. This was also seen in non-industry responses to the CAP consultation (Chapter 4), where non-industry supported the involvement of the food and drink industry in promoting healthy products such as fruit and vegetables. Participants' concerns regarding instrumental and structural power (i.e. agenda-setting and rule-setting power) appeared to originate from their concern over who possessed discursive power and, as such, who they considered to be legitimate authority figures.

## **7.5.2 Legitimate authority figures: the State, industry or parents**

### **7.5.2.1 The State**

For the majority of parents (Focus Groups 1-6 and 8), the State was considered to be a legitimate authority figure for such regulation:

*...there's lots of pressure on parents and there's lots of things for kids so its...it needs government to tackle it. (Parent Focus Group 1 participant 2 - children aged 10 and 12)*

Non-industry stakeholders expressed a similar view:

*We feel it should be government. We definitely, we want it regulated on the national level by the government to, one, to create a level playing field - I'm sure you've heard this phrase so many times. (Advisory Stakeholder 1)*

As such, it appeared that the majority of parents and non-industry stakeholders expressed a willingness to place trust in the validity and legitimacy of the State as regulators, more so than industry actors. However, these participants recognised that in the current regulatory system the State is unable to enact on this discursive power due to the structural power exerted by industry.

Children also appeared to view the State as a legitimate authority figure, often describing the State's role as one that should promote healthy dietary practices:

*I don't really know who, I think that would be more like a government advert thing, rather than like a particular company - but I think they should, like, be trying to - because obviously a lot of people, the problem is...the lack of education, the lack of...knowing...what are good goals, like, eating-wise, to have. So if the government could, like, put out different adverts and stuff that promote eating a certain amount of, like, eggs or something - I don't know - like, that would be helpful as well. (Children's Focus Group 10 - three females aged 15, 15, and 15 and two males aged 15 and 15)*

In addition to the promotion of healthy foods, some children felt that government should also encourage uptake of physical activity, for example through the provision of activity tools or trackers:

*They could also make it so that means, like, the government pays the companies, like Fitbit, and some parts of Apple, to, like, make it, so,*

*that means more people can get them, get Fitbits and other healthy things that make you stay fit. They could also, like, lower the price of, like, healthy foods by making, well, taking some of the money from the government to put it into, like, healthy foods etc. (Children's Focus Group 8 - one female aged 12 and two males aged 12 and 14)*

In contrast, as seen in section 7.3.2, the minority of parents (Focus Group 7) appeared resistant to the State as a legitimate authority figure:

*See if they want to advertise Irn Bru or like juice, the Lilt, that was advertised, and then sometimes they advertise like Pepsi, Diet Pepsi, fair enough, it's up to the people who want to drink it. You can't shove it down people's throats. (Parent Focus Group 7 participant 25 child aged seven)*

The parents in Focus Group 7 expressed a frustration and mistrust regarding the messaging or discourse delivered by the State:

*P24: I don't know. I think right now the government are scaremongering when it comes to food. Honestly. See this whole sugar this and sugar that and...sugar this and sugar that, it's a bit much if you ask me. It's getting to the point where they're ramming things down our throat. (Parent Focus Group 7 participant 24 [children aged five and seven] and participant 25 [child aged seven])*

In addition, these parents often related the regulation of online advertising of HFSS products to other public health issues where they described experiencing the negative impact of State public health policy, such as the banning of smoking in pubs in 2006 (ASH Scotland, 2018):

*That's... all your tax money from your cigarettes, that's what helps your NHS, right? That was something that Maggie Thatcher had started years and years ago. Now think how well our NHS was running, until they cut, obviously they stopped obviously all the smoking things, the smoking ban here...That destroyed a whole ray of jobs everywhere, right over the full country...You think the amount of pubs and clubs alone that shut down*

*because of that.* (Parent Focus Group 7 participant 24 children aged five and seven)

Although the study was explicitly focused on the regulation of online advertising of HFSS products in the context of rising childhood overweight and obesity, parents often expressed a general resistance to State intervention in their lives. Participants in Focus Group 7 were recruited from a more socioeconomically deprived area of Scotland, as designated by SIMD data, and as such may have been more exposed to the perceived impact of such policies.

Industry stakeholders similarly expressed a hesitancy towards the State as a legitimate rule-setter, yet it was not as explicitly stated as the participants in Focus Group 7. Rather, it appeared they aimed to place doubt over the State's effectiveness as authority figures by framing the State as unable to implement a consistent public health strategy to address childhood obesity:

*One of the things that the government looked at when it produced that strategy [Childhood Obesity Plan] was whether or not rules around advertising needed to be tightened. We argued strongly that the rule, the existing rules were tight enough. And we also noted that we were going to tighten them further by extending them into the non-broadcast space...And so we argued that we didn't think there was any need for any further restrictions on advertising at this time. So the government obviously weighed the evidence, and when the strategy was published, they decided not to pursue any further restrictions. And now here we are, eighteen months later and, you know, we're back in having that debate again.* (Food and Drink Industry Stakeholder 8)

Through the framing of State policy as disjointed yet circular, and that this disjointed process negatively impacted industry, it appeared industry stakeholders were attempting to position themselves as 'victims' of ineffective public health policymaking, subject to continual changes out with their control. It also arguably de-legitimised the State as decision-makers and rule-setters. The commentary on the omission of advertising of the Childhood Obesity Plan (2016) as a result of the weak evidence base is a direct contradiction of non-industry stakeholder arguments, who inferred that this occurred due to industry

lobbying of State actors. As such, it appeared that both industry and non-industry, as seen in the CAP Consultation, were attempting to frame the debate in such a way that both served their vested interests as well as positioned their sector as somewhat powerless within the policy process, whilst de-legitimising other political actors. It represents the complexity of power dynamics within such a debate.

### 7.5.2.2 Industry

In addition to their de-legitimation of the State as an authority figure, industry attempted to legitimise their own role in the policy-making process through emphasising their “*responsible*” practices:

*And industry’s role is to... Yeah, well, from our point of view, be as responsible as possible and not just adhere to the code, but always - and the laws - but always try and go above it and lean into issues rather than do the minimum.* (Food and Drink Industry Stakeholder 11)

The framing of industry as a responsible actor was also evident within industry responses to the CAP consultation. This aligns with the moral evaluation frame employed by industry responders to the CAP consultation (Chapter 4). By framing industry and their process of self-regulation as one that is a good solution (Head, 2008), it arguably aimed to position industry as a competing source of authority and one that is potentially more effective. By continually referring to their industry as responsible, as well as emphasising their success in designing effective regulatory frameworks, industry reinforced their position as an authority figure within the debate regarding the regulation of online advertising of HFSS products to children.

Furthermore, industry stakeholders interviewed framed other measures to reduce rates of childhood obesity as more effective policy solutions:

*Exercise is definitely part of the answer...Another would be, you know, teaching kids in schools to understand where food comes from, and to grow it and to cook with it. And, you know, from what I hear from the people I speak to where that is happening, that seems to have quite a*



*profound impact on kids. 'Cause a lot of kids don't understand where food comes from, and just to kind of have a basic understanding of that, a basic understanding of nutrition, to experience the joy of growing vegetables and then cooking them yourself, these are the kind of things it seems to me that would make a difference. (Food and Drink Industry Stakeholder 8)*

This appeared to be an attempt to shift attention away from the regulation of online advertising of HFSS products, at the population level, to other behavioural policy solutions. These recommended policy solutions were primarily focused on the 'knowledge task' (Jenkin et al., 2011), or the provision of education and information to affected communities. This was indicative of industry stakeholders, as seen throughout industry responses to the CAP consultation, drawing on their discursive power to attempt to shift policy attention from the regulation of online advertising of HFSS products to other policy solutions they positioned as more effective.

In contrast to industry's emphasis on their role as legitimate authority figures, most parents, non-industry stakeholders and a minority of children were unconvinced of this legitimacy. Once again, there was limited discussion by children on industry's role as legitimate authority figure. However, a minority of children positioned industry unfavourably:

*Because the food industry can be like, they make, it'd be just like the same ad, that's good, I'll say yours is good, okay? And then they'll be like, "Oh yeah, okay, that's a great deal," and they'll be like...*

*And the food industry...*

*... scumbags. (Children's Focus Group 1 - two females aged 14 and 14 and two males aged 13 and 14)*

Some parents also expressed a scepticism as to industry's position as a legitimate authority figure. As seen in section 7.3.2., some parents positioned industry as ineffective rule-setters due to their aim of maintaining profit:

*...massive global corps, you know, control the world, basically. You know, that's the bottom line. It's like they're the ones that are making the decisions behind every single government. So, that's what we've got to fight against, all of us, you know, if we want to eat better food. (Parent Focus Group 5 participant 19 child aged seven)*

For participant 15, their expressed concern with the level of control global corporations possess over the State on both a national and global scale. The language used in this quotation produces ideas of industry being positioned an overriding presence in governance processes, both on a national and international scale.

### **7.5.2.3 Parents**

Although there was debate between the participants in the study as to whether the State or industry were considered as legitimate authority figures, all participants' framed parents as possessing (or should possess) authority over their children's diets. It was clear that the regulation of online advertising of HFSS was framed as a policy solution only if it did not infringe on parental autonomy:

*Yeah...there's got to be a certain amount of em...parents having the confidence and being allowed to parent their own children as well without the government constantly putting legislation in place 'oh you've got to do this you've got to do that'. (Parent Focus Group 2 participant 5 children aged five)*

Children agreed that parents should possess responsibility over the impact of online advertising of HFSS products and their children's diets:

*So, they can still - they can make the rules about the advertising that goes on using the rules of what age, and then it's up to parents of whether they let those rules actually take their effect with their child, by letting their child have an [social media] account on that. (Children's Focus Group 2 - four females aged 12, 12, 12, and 14 and one male aged 14)*

Yet some children suggested that parents already undertake a large amount of work within and out with the home, and as such may not be best positioned to conduct regulation:

*‘Cause I mean like obviously parents would do anything for their kids, like I’d say probably most parents work and then if they have like younger kids as well it’s sort of a bit of a chore if you’re having to like check that they’re not like watching something like, thing with like vodka in it or like...*

*Especially most parents if they’ve been working or whatever and the kids are just nagging on about something they’ll probably just be like, “Yeah, whatever,” d’you know what I mean? (Children’s Focus Group 4 - four females aged 14, 14, 14, and 15)*

In addition to this, children described how increasing independence as children age may also disrupt parents’ ability to regulate the effect of advertising on their dietary preferences:

*I don’t think they have as much of a say as they did when we were younger, and they could kinda choose what we have. But because we’re kinda...*

*Older.*

*... a lot more independent they don’t have as much a say. (Children’s Focus Group 7 - four females aged 14, 14, 15, and 15)*

For children in this study, parents were positioned as a legitimate authority figure however there was tension surrounding how much responsibility parents should have for online advertising of HFSS products and its dietary impact. It is indicative of children possessing an awareness of the challenges associated with the online advertising of HFSS products and how parents may find it difficult to negate these challenges.

Non-industry stakeholders expressed similar views, in that parental autonomy is important to maintain. Yet, they were more explicit than parents in their desire for parents to not only maintain autonomy, but also to gain a sense of power within the obesogenic environment and over the online advertising of HFSS products to their children:

*So, it's not just about restricting freedom...What we're saying is let's take the power and the choice of what your children are eating, let's take it away from the food industry and give it back to you as parents.*

(Academic Stakeholder 9)

It appeared that the academic stakeholder above was arguing that regulation, in contrast to the nanny-state frame often associated with regulatory policies, would in fact increase parental autonomy. This is suggestive of a re-framing of regulation, one that moves from it being a disempowering act to one that is empowering (Dawson, 2016). This re-framing is reminiscent of other non-industry stakeholders' arguments for improving regulation, as well as parents' desire to gain increased control over their children's dietary preferences.

In addition, they emphasised that parents undertook considerable labour in relation to attaining a healthy diet for their children, as highlighted above by children, in spite of the several challenges highlighted in Chapter 5:

*Yeah I think there's a - sometimes in a political debate, it comes back to, well the parents should be responsible. But it fails to acknowledge, to some extent, what parents are already doing...Parents are already saying no to their child's food request eight times a day, or whatever it is. So I think we need to document what parents are already doing, and recognise what they're already doing before talking about what they're not doing.* (Advisory Stakeholder 6)

Yet, some non-industry stakeholders appeared frustrated with parents' lack of engagement with advocacy groups who campaigned on their behalf:

*AS4: But they also have a responsibility to, to understand it as an issue and to help push the government. 'Cause, you know, there's been a few*

*campaign tactics, we've tried to get parents' juries on board, and parent organisations. And they have failed. They don't want to get involved in it.*

**RE: Okay. And have they ever given a reason as to why?**

*AS4: No. And that has been quite disheartening at times. (Advocacy Stakeholder 4)*

It could be argued that for some non-industry stakeholders, it was frustrating that parents were not enacting fully on the discursive power they may possess within the policy process. However, this contrasted with parents supporting the advocacy groups' campaigning, as they, as parents, described possessing little time to perform such campaigning themselves:

*P9: I think that they're actually quite useful and I think they're useful because someone's out there monitoring what's going on. Okay? So, I don't have time to be checking all this kind of stuff (yeah) so sometimes you need people to be keeping—*

*P10: To have oversight. (Parent Focus Group 3 participant 9 [children aged 11, 14, and 21] and participant 10 [children aged four, six and nine])*

Therefore, there appeared to be a disconnect between the expectations of some non-industry advocacy stakeholders and parent participants. Arguably, parents were also framing advocacy groups as possessing some level of authority through their monitoring of the advertising of HFSS products.

Throughout the industry interviews, despite probing, industry stakeholders were hesitant to comment on the role of parents within the regulatory process. Food and Drink Industry Stakeholder 8 was the only industry stakeholder who comment on the parental role and similarly considered parents as a legitimate authority figure:

*Well I think parents are... are the front line of looking after their kids. (Food and Drink Industry Stakeholder 8)*

Stakeholder 8 furthered their argument that parents were ultimately responsible for their children's dietary preferences and the impact of online advertising of HFSS products by suggesting that industry's role was to provide help:

*But where people overall are making choices about their diet that enable them to be a good weight, and not overweight. So back to your question about parents you know, they - we need to find ways to support them, and that isn't easy, it's clearly not easy, 'cause we're not doing a great job it, you know, not us, not government, not schools. (Food and Drink Industry Stakeholder 8)*

For the Advertising Industry Stakeholder 5 and Food and Drink Industry Stakeholder 11, they were hesitant to comment on the role of parents due to them not being parents themselves. However, throughout the industry CAP consultation responses, industry described a desire to aid parents through the provision of education.

## 7.6 Conclusion

In conclusion, this examination of power following, and expanding on, the theoretical framework presented at the start of this chapter, not only considered how power is described by the varying participants in this study, but also how this power is responded to. The findings presented in this chapter suggest that instrumental, structural and discursive power are important considerations when attempting to understand the policy and public debate surrounding the regulation of online advertising of HFSS products to children. These forms of power underpinned many of the participants' concerns, and spanned the focus groups, interviews and consultation analysis examined in this study. Tensions mainly existed surrounding the power held, exerted and maintained by industry and the State.

Participants' conceptualisations of power appeared to predicate their acceptability of improved regulation as an appropriate policy response to online advertising. For the majority of participants, statutory regulation was considered the most effective way to re-negotiate the power dynamics

presented in this chapter and increase the power of those actors that they deemed as good and legitimate authority figures. However, a minority of participants expressed resistance towards this form of increased regulation as they were concerned this would reduce the power of those actors who they deemed as legitimate authority figures.

The following chapter discusses the findings presented across Chapters 4, 6 and 7, and contextualises them within existing literature.

## 8 Discussion & Conclusion

### 8.1 Introduction

The chapter offers a summary of the most important and original research findings from this study and discusses these findings within existing literature, in order to answer the research question guiding this study:

*How is the UK regulation of online advertising of high in fat, sugar and salt products to children viewed from both policy and public perspectives?*

These novel findings demonstrate that the online advertising of HFSS products to children remains problematic, weaving into family life and causing conflict, through the creation and maintenance of social norms and values. When considering how to address such problematic advertising, participants' views on and responses to the instrumental, structural and discursive power various stakeholders possessed in relation to online advertising was an influential, underpinning feature. Ultimately, there was a majority desire to protect children from the effects of online HFSS advertising and for the broader power dynamics to be re-negotiated. Regulation was viewed as a tool to re-negotiate the power dynamics that were identified as problematic. Views, as presented across the three Findings Chapters, aligned with social justice and market justice framings of public health. The chapter ends with a consideration of the original policy, practice and academic contributions of this PhD thesis, as well as recommendations for future research.

For clarity, Appendix N presents a summary of the findings in relation to each sub-research question. This also helped inform the discussion below.

### **8.2 Views on online advertising of high in fat sugar and salt products to children: normalised and pervasive feature of children's online activities**

The following section relates to three of the seven sub-research questions:



1. *How aware are parents of online advertising of foods and drinks HFSS and what are their views on it?*
2. *How aware are children of online advertising of foods and drinks HFSS and what are their views on it?*

Participants in this project generally agreed that online advertising of HFSS products could impact on children's dietary preferences and purchasing behaviours. Debate existed as to the extent of this impact, with some children suggesting that they were not aware of being impacted by advertising, and industry stakeholders describing advertising's impact as small when considered amongst a range of other factors contributing to rates of childhood obesity in the UK. However, parents, some children, and non-industry stakeholders considered online advertising of HFSS products to negatively impact on children's dietary preferences. The literature on the impact of online advertising of HFSS products on children suggests that online advertising leads to preference for and consumption of HFSS products (Coates et al., 2019b, Norman et al., 2018, Boyland and Tatlow-Golden, 2017). The findings from this project suggest that these impacts are well understood by most children, parents and stakeholders, and that they contribute to a range of factors which make it difficult for parents and children's to attain a healthy diet in the contemporary food environment.

Children's views on advertising were complex and suggest that for 12-15 year olds some debate existed as to the impact advertising may have on their dietary preferences, with some children suggesting minimal impact. These children suggested they would not be impacted by advertising, appearing to argue that they would be able to 'self-regulate' advertising's persuasive intent. However, recent research suggests that children's self-regulation may not be as effective as children describe. Norman et al.'s (2018) study, which examined children's self-regulation of their eating when exposed to both television and online advertising, found that marketing of HFSS products overrides children's self-regulatory responses to eating. This impact is increased when these marketing messages are repeated over time and across multiple media platforms (Norman et al., 2018).

Data from children in this study show that they were aware of less explicit forms of advertising such as those advertisements found on social media platforms or YouTube. In addition, they also somewhat recognised the power that such advertising may have directly on dietary preferences, particularly on younger children. This contrasts with previous research which found children possessed a limited awareness and ability to recognise covert forms of online advertising (Critchlow et al., 2019). However, despite this level of active engagement with discussions on online advertising, it appeared children were limited in their ability to critically engage with the complexities of advertising, which does align with previous studies (Critchlow et al., 2019, De Pauw et al., 2018). Children were less likely than parents to actively criticise the role that online advertising of HFSS products may have on their dietary preferences and or associate these impacts with conflicts within wider family relationships (Buijzen and Valkenburg, 2003a). As such, although the children in this study were perhaps more aware of the variety of advertising online, this awareness did not necessarily extend to children's ability to criticise how this may impact on themselves or wider family relationships. It suggests children remain vulnerable to the effects of online HFSS product advertising.

### **8.2.1 Word-of-Mouth Marketing**

As seen in Chapter 6, YouTubers and other forms of Word-of-Mouth Marketing (WOMM), such as Snapchat, were identified by children, parents and non-industry stakeholders as particularly problematic forms of HFSS advertising online. A recent study conducted by Coates and colleagues (2019a) assessed the extent and nature of food and beverage cue presentation in YouTube videos by influencers popular with children. The study, conducted in 2017, found that 92% of their 300 YouTube video sample contained food and beverage cues, which is considerably higher than previous studies examining TV product placement or advertisements (Whalen et al., 2017, Scully et al., 2014). The prevalence of this form of 'hidden' advertising, where HFSS brands engage with YouTubers to promote their products, appears to be on the rise and may account for some public and policy stakeholders' concerns in this study. This is despite the updated CAP Code coming into force during the conduct of Coates et al.'s (2019a) research. If the updated CAP code were effective, Coates et al.'s (2019) potentially should have found a decrease in such cues or advertisements within

YouTube videos. However, they did not report such a finding. In combination with children and parents' high level of awareness of HFSS product advertising through YouTubers, it is suggestive of the current updated self-regulatory Code may remain ineffective due to the subversive nature of YouTuber advertising, which the updated CAP Code does not necessarily address.

In addition to the prevalence of YouTuber HFSS product advertising, parents and children considered YouTube advertising as potentially more influential than other advertising forms. The subversive nature in which this advertising occurs made it increasingly difficult for children to identify as advertising, as it was implicit rather than explicit. Baldwin et al. (2018) highlighted that children found it increasingly difficult to differentiate between the advertising content and entertainment content of social media advertising. Children in this PhD study reported that they tended to view this content when alone, rather in the company of parents, making it difficult for parents to monitor and discuss this advertising with them (Mascheroni and Olafsson, 2014). This was particularly true for parents of older children in this study (aged 10 to 15 years). This is an important finding as it undermines arguments, as seen by industry actors in this PhD project, advocating for parental responsibility to educate children about advertising, as parents are simply not often present when such advertising occurs.

Limited research has been conducted examining HFSS product advertising through YouTube, or via YouTube influencers (Baldwin et al., 2018), it is useful to compare the findings presented in this thesis with other studies examining social media advertising of other unhealthy commodity products such as tobacco (Freeman and Chapman, 2007). Arguably, the concerns raised by some children, parents and non-industry stakeholders regarding HFSS products are applicable to other unhealthy commodities (Paek et al., 2014, Freeman and Chapman, 2007). Paek et al. (2014) and Freeman and Chapman (2007) report on anxieties as to the volume of children or young people who may have been exposed to YouTube advertisements promoting tobacco and e-cigarette products. For example, Paek et al. (2014) conducted a content analysis of 365 e-cigarette videos on YouTube, where they estimated that by the end of 2011 15.5 million users viewed the e-cigarette videos analysed during their study. If the same number of users

viewed similar levels of YouTube videos promoting HFSS products, this may result in high numbers of children being exposed to harmful advertising, which could contravene CAP's regulatory Code (CAP, 2016g).

In addition to parents' overall concern of the volume of HFSS product advertising through YouTube to children, parents were more specifically anxious as to the power they perceived YouTubers possessing over their children's dietary preferences. This aligns with a growing body of research examining the role such marketing plays in encouraging poor health behaviours amongst children (Coates et al., 2019b, Baldwin et al., 2018, De Pauw et al., 2018, Paek et al., 2014, Freeman and Chapman, 2007). For example, Baldwin et al.'s (2018) study found that viewing brand content on YouTube and self-reported exposure to HFSS product advertising online were associated with increased consumption of HFSS products compared to non-exposure. In accordance with wider studies on social media influencers, parents viewed YouTubers as shaping their children's attitudes and behaviours (Baldwin et al., 2018, Freberg et al., 2011). Similarly, children in this study described admiring their preferred YouTubers (Ofcom, 2018), citing they would consume products they promoted, even when expressing criticism if those products did not align with the YouTubers' unique selling point. Although previous research has indicated that children admire their preferred YouTubers and that it is an effective form of WOMM, this study demonstrates that children have a far more intimate relationship with YouTubers compared to other forms of promotion, such as celebrities. This is a hugely important finding. It appears more in line with that of peer-to-peer marketing, which exploits social pressures to direct preferences and consumption behaviour (Kelly et al., 2015, Pechmann et al., 2005), than WOMM. As such, it may be pertinent that YouTubers and other influencers are considered more than simply a form of WOMM, but rather one that also could be conceptualised as a form of peer-to-peer marketing. This form of peer-to-peer marketing blurs the boundaries between marketing content and online 'peer' (YouTuber/influencer) activities, which could make it difficult to differentiate between marketing and entertainment. This is important as it is also demonstrative of how advertising practices online have fundamentally changed advertising, in that it is much more integrated into children's daily entertainment practices and that HFSS brands

are continuing to exploit this development (Montgomery et al., 2012), despite the updated CAP regulatory Code (CAP, 2016g).

### **8.2.2 Online advertising of high in fat, sugar and salt products as ‘external intruder’ in family relationships**

An important finding from this project is that online advertising of HFSS products is a sort of ‘mediator’ in the parent and child relationship and could be conceptualised as an ‘external intruder’ within the home environment. Findings in this study suggest that the online advertising somewhat infiltrates children’s daily media consumption habits, and this is particularly evident through YouTuber advertising. This ‘external intruder’ intervenes in family relationships encouraging children’s purchase requests and causes tension or conflict between parents and children. It directly impacts parents’ purchasing behaviours, with parents preferring to food shop independently of their children. Previous research suggests that television advertisements’ impact on family conflict is mediated by children’s purchase requests, with advertising leading to an increase in purchasing requests and this in turn increases parent-child conflict (Buijzen and Valkenburg, 2003b). This current study suggests that online advertising of HFSS products produces a similar effect on parent-child relationships.

Yet, it could be argued that something more sinister is at play in the case of online advertising. As explored above, children accessed the online environment through personal devices such as smartphones or iPads. Advertisers are aware of this increase in personal devices, and this is demonstrated through increasingly targeted marketing (Tuten, 2008). Children’s independence increases as they age, with children tending to access the online environment within the privacy of their own bedroom (Livingstone, 2007). As such, it is a form of advertising that is arguably removed from parents whilst simultaneously becoming increasingly intertwined into children’s media consumption practices (Ofcom, 2018). Livingstone (2007) suggests that the shifting balance between communal family life and the private life of the child is suggestive of a ‘bedroom culture’, where children form their own identity within their private bedroom. Childhood has fundamentally changed in the twentieth and twenty-first centuries, with media consumption increasingly fragmented within the home and children

preferring to engage in media within the privacy of their bedroom. Findings from this PhD study suggest that the home now represents a space for increasingly targeted advertising consumed independently, where brands can employ online media and personalities preferred by children to promote their products. Parents are largely unexposed to these forms of advertising, even if they practice regular ‘checks’ on their children as described by children in this project. Therefore, when parents attempt to mediate the effects of advertising, they are contending with an ‘unknown enemy’, that they are unable to vet or prevent from walking through the door of their home.

This all points to online advertising of HFSS products representing a subversive form of advertising that is potentially detrimental to children’s dietary preferences and wider family relationships. These effects may be considered within a societal shift towards children consuming media within a ‘bedroom culture’, where the online advertising of HFSS products becomes somewhat of a mediator between parents and children’s food practices.

### **8.3 Views on power distribution within contemporary food environment as predictor of views on regulation of online advertising of high in fat, sugar and salt products**

The following section relates to five of the seven sub-research questions guiding this project:

1. *Who responded to the 2016 Committee of Advertising Practice consultation on non-broadcast advertising of food and soft drink, and what were the arguments they put forward?*
2. *Which stakeholder arguments dominate the debate about online advertising of foods and drinks HFSS, and which interests and values underpin the frames that they promote?*
3. *What are parents’ experiences of helping their children to navigate this commercial environment, and what do they think about initiatives to reduce children’s exposure to commercialisation?*

4. *What are children's experiences of navigating this commercial environment, and what do they think about initiatives to reduce children's exposure to commercialisation?*
5. *How do key stakeholders, including public health representatives, academics, corporate actors and government representatives, perceive online advertising of foods and drinks HFSS and regulation of the online environment?*

Throughout the findings, it was clear that concerns regarding the power dynamics associated with the regulation of online advertising underpinned participants' views concerning the regulation of HFSS products online. Following Fuchs and Lederer's (2007) theoretical framework, three forms of power were identified in this study: 1) instrumental, 2) structural, and 3) discursive. For the majority of children, parents and non-industry stakeholders, the self-regulatory system was an unacceptable display of industry's structural power (agenda-setting and rule-setting), through their successful exertion of instrumental power (lobbying), which ultimately empowered industry with considerable discursive power (shaping social norms). These social norms were said to contribute to poor dietary preferences amongst children (Swinburn et al., 1999), which may lead to higher rates of childhood overweight or obesity (Tedstone et al., 2015). However, a minority of parents as well as industry stakeholders supported the continuation of the self-regulatory model (industry's structural power), as they described views that suggested the State possessed an unacceptable amount of rule-setting power (the structural power), that infringed on individual and industry autonomy as legitimate authority figures (discursive power) (Capewell and Lilford, 2016).

It must be noted that although each form of power is addressed separately, cross-over exists between the three forms.

### **8.3.1 Instrumental power: the role of lobbying**

The findings demonstrate a majority view (parents and non-industry stakeholders) that industry lobbying of State actors 'omitted' the public voice from public health debates. This may be suggestive of a frustration with the

lack of space for the public voice to be embedded within the policy surrounding the role of regulation or governance in general (Scutchfield et al., 2004).

Similarly, those who resisted State power appeared frustrated with the current policy status quo, in that it was not conducive to the public's voice being able to compete with the more prominent voices of industry or the State (Scutchfield et al., 2004).

Non-industry stakeholders regularly cited policy documents they considered as directly influenced by industry actors, and this reflects the lobbying of policymakers as a technique previously seen employed across a range of other UCI public health debates such as tobacco or alcohol policy (Bakke and Endal, 2009). As described by Fuchs and Lederer (2007), the lobbying of State actors remains an important phenomenon seen across a range of industries and global corporations (Smith et al., 2013, Miller and Harkins, 2010, Tesler and Malone, 2008). Within commercial determinants of health literature, evidence suggests that UCIs' lobbying results in a weakened public health policy (McKee and Stuckler, 2018, Moodie et al., 2013), and this was evident to the non-industry stakeholders and some parent participants in this study. Non-industry stakeholders and parent participants suggested that lobbying allowed industry actors to gain privileged access to policy actors (Lacy-Nichols et al., 2019, Fooks et al., 2011). Although non-industry stakeholders were unable to provide 'evidence' of this lobbying through their interviews, the analysis of the 2016 CAP consultation demonstrates how industry responders engaged with policymakers through their responses for regulations that met their vested interests. These insights from policy actors are important evidence in the context of understanding how lobbying or engagement with policy actors remains a technique employed by industry actors, which Fuchs and Lederer (2007) note as particularly problematic to document and evidence.

Industry stakeholders similarly expressed criticism of lobbying practices, however, they focused on public health advocates' lobbying. Industry appeared to frame their responsible organisations as victims of public health lobbying and unfair treatment, and this 'victim' frame is one that has been seen in other public health debates (Moodie, 2017, Neuwelt et al., 2016, Holden et al., 2012). For example, Neuwelt et al.'s (2016) examination of how the pharmaceutical



industry (who framed themselves as researchers and innovators) used language to position their industry as a victim of unfair treatment by the State. In addition, previous evidence suggests UCIs employ CSR campaigns to position themselves as ‘good’ corporate citizens (Dorfman et al., 2012a), who do no harm and, in fact, better the health of the population through these initiatives. Framing their industry as ‘good’ corporate citizens enables UCIs to suggest that public health advocates unfairly lobby against fair business practices.

### **8.3.2 Structural power: who sets the agenda and rules?**

Participants’ views surrounding structural power revealed a deep concern over who possessed agenda-setting and rule-setting power, and who ultimately should. The findings suggest that, as seen regarding instrumental power, a complex structural power dynamic between the State, industry and, to a lesser extent, public health advocacy actors.

#### **8.3.2.1 Setting the agenda**

A key finding, which supports other work (Hilton et al., 2019, Scott et al., 2017, Katikireddi et al., 2014, Hawkins and Holden, 2013, Jenkin et al., 2011), is that professional stakeholders exerted and maintained their own agenda-setting power in two ways: 1) through responding to the CAP consultation, and 2) through a process of highlighting their own agenda-setting power while simultaneously questioning the legitimacy of others. Consultations provide one opportunity for both non-industry and industry actors to participate in the policy process and influence policy formulation (Scott et al., 2017), arguably forming part of the public health political activity and corporate political activity. Throughout the CAP 2016 consultation on non-broadcast advertising of food and soft drinks and their interviews, both non-industry responders and industry responders appeared to partake in a framing battle (Dorfman et al., 2005), where they framed their organisations as ‘part of the solution’ to remedy childhood obesity and reduce the impact of online advertising of HFSS products on children. This is important as it suggests that definitions around solutions are contestable, depending on the overriding goal of those conducting the framing (Dorfman et al., 2005).

Non-industry responders tended to employ a ‘public health’ frame in their agenda-setting, whereby they focused on societal level solutions such as regulation, alongside a range of other public health policy interventions and emphasising the responsibility of wider society (e.g. food product taxes, price of healthy food and availability of healthy food). These frames align with previous studies examining framing and agenda-setting, where childhood obesity is conceptualised as a societal problem requiring population-level solutions (Nimegeer et al., 2019, Jenkin et al., 2011), and follow a social justice approach to health (Beauchamp, 1976). In contrast, industry responders tended to employ an ‘industry’ frame, whereby they aimed to raise the salience of interventions focused on the individual, such as remedying knowledge deficits or improving uptake of physical activity programmes (Hawkins and Linvill, 2010), and this follows a market justice approach to public health (Beauchamp, 1976). These findings are important as they suggest that policy actors continue to employ frames that align with their organisational ‘playbook’, presenting a picture that dictates policy responses suited to their vested interests (Katikireddi et al., 2014, Jenkin et al., 2011, Dorfman et al., 2005).

In addition to partaking in agenda-setting, and arguably a finding unique to this study, both non-industry and industry stakeholders attempted to emphasise their own agenda-setting power whilst diminishing that of their opposition. Although it is well-evidenced that industry actors highlight their importance within the policy process (McCambridge et al., 2018, Scott et al., 2017, Freudenberg, 2014, Moodie et al., 2013, Dorfman et al., 2012a), citing their industry as critical to remedying the problem, less has been evidenced regarding non-industry actors. This is noteworthy as it possibly demonstrates that non-industry actors are employing similar strategies as industry actors, in an aim to ensure their agenda is viewed as legitimate by policymakers and, potentially, the public (Katikireddi et al., 2014, Dorfman et al., 2005).

Another important finding is that industry and non-industry both employed rights-based framing (children’s rights or industry right’s), that drew on values of fairness and responsibility; a point noted by Dorfman et al. (2005) as vital to motivating policy change that meets actors’ vested interests. Once again, these frames employed by industry and non-industry aligned with overarching market

justice and social justice approaches respectively (Dorfman et al., 2005, Beauchamp, 1976). Dorfman et al. (2005) contends that this type of overarching value framing is crucial to motivating change or not, and connects most to people's deepest beliefs. Rejection or support of an issue is argued to be largely determined by whether people can identify or connect with these values (Lakoff, 1996). As such, the finding that professional stakeholders drew upon the values of fairness and responsibility is suggestive of them attempting to connect with policy actors', and potentially the public's, deepest beliefs. This is important as it potentially demonstrates that the values associated with a policy, and not its technicalities (e.g. reduces the amount of HFSS advertising), are what drives policy change (Dorfman et al., 2005).

### **8.3.2.2 Setting the rules**

This study found that there is much concern around the self-regulatory nature of online advertising of HFSS products (Chambers et al., 2015, Hawkes, 2005), with the majority of parents, children and non-industry stakeholders suggesting this was an ineffective form of regulation. Some parents and children were highly sceptical of industry's desire to protect public health over profit. Similarly, parents in Kelly et al.'s (2009) research distrusted industry's willingness to effectively protect children from HFSS product advertising. Further studies confirm these concerns, with evidence suggesting that industry self-regulation remains an ineffective approach to reducing the harms associated with UCIs (Lacy-Nichols et al., 2019, Chambers et al., 2015, Hawkes, 2005). Self-regulation allows industry to design policies that suit their vested interests and minimise any detrimental impact on their industry. These impacts of self-regulation have similarly been evidenced within tobacco (Savell et al., 2014) and alcohol (Savell et al., 2016a) self-regulatory policies.

As an alternative to the current regulatory status-quo of self-regulation, the majority of parents, children and non-industry stakeholders advocated for regulation to be conducted by the State, preferring a more paternalistic statutory approach to regulation in order to mitigate industry influence (Capewell and Lilford, 2016). It appeared that for these participants, industry self-regulation represented a market failure, requiring the State to intervene as the health of the population was at risk (Calman, 2009). The rejection of

industry as legitimate rule-setters, and acceptance of the State as such, is an important finding as it potentially demonstrates public support for changing who regulates online HFSS product advertising.

Yet, as seen in Chapter 7, some stakeholders rejected the State as effective rule-setters and supported the continuation of industry self-regulation. The minority of parents and industry stakeholders who supported continued industry self-regulation expressed views which alluded to the frame of the ‘nanny-state’, one that is often employed in policy debates when regulation is advocated as a policy option (McKee et al., 2019, Capewell and Lilford, 2016, Wiley et al., 2013). The term ‘nanny-state’ is often used to label government interventions as unnecessary, infantilising intrusions into the public’s personal lives (Jochelson, 2006). Arguments aligning with the nanny-state frame were seen in the parent Focus Group 7 and stakeholder interviews, as well as the CAP consultation responses, and were often linked to market justice values of individual responsibility and industry autonomy. This has been seen in other public health debates, such as sugar-sweetened beverages (SSBs) consumption, where industry argued that regulating the consumption of SSBs was “*another intrusion of the nanny-state*” (Wiley et al., 2013, p88), representing a continuation of similar narratives across policy debates.

In addition, industry stakeholders’ insistence of the continuation of self-regulation of online HFSS product advertising as the best regulatory framework aligns with Otero’s (2018) process of ‘neo-regulation’. Neo-regulation suggests that industry does not aim to simply deregulate, but to take control of the regulatory process, ensuring they can shape it to align with their vested interests. The findings in this study suggest that industry stakeholders desired a continuation of their own regulatory powers, but also wanted to maintain these regulatory powers as ‘evidence’ of their overwhelming responsibility as an industry. As such, this PhD study has found that neo-regulation is arguably not only about maintaining control over the regulatory process, but also about having the ability to use this control to position themselves as ‘good’ corporate citizens (Dorfman et al., 2012a).

### 8.3.3 Discursive power

#### 8.3.3.1 Creation and maintenance of the obesogenic environment

A critical finding from this project was that the extensive and varied advertising channels described by the participants within the online environment potentially normalises HFSS products to children, and thus the wider obesogenic environment (Swinburn et al., 1999). Children's vast knowledge and ability to recall an array of advertisements, brand taglines and jingles is indicative of the pervasive exposure to HFSS product advertisements in both the online and offline environments (Cairns, 2015b). It is known that this exposure increases children's brand awareness (Cairns et al., 2013a, Kelly et al., 2011). This, in combination with the integration of marketing through children's ubiquitous communication practices such as that seen on Snapchat, is arguably further evidence of how marketers create and maintain their presence in children's consumption practices. Although traditional advertising of HFSS products was a cause of concern, the integration of these marketing messages directly into children's preferred methods of communication represents a more sinister form of marketing, one that is largely hidden and difficult to monitor (Coates et al., 2019a). This is a particularly important finding when considering that children in this study criticised HFSS brands overtly marketing healthy food and beverages, which children rejected as an inappropriate marketing technique for HFSS brands to use. As such, brands may increasingly employ these more subversive social media marketing strategies to undermine children's ability to detect the persuasive intent of the advertisement (Coates et al., 2019b).

An important finding of this study was that there was a desire by some participants for online advertising for healthy food and beverage products to be used to create new social norms that helped children to attain a healthy diet. However, evidence suggests that the online promotion of healthy food and beverage products can still lead to increased overall food intake (Folkvord et al., 2013, Halford et al., 2008). Another technique that has been suggested as an alternative approach to reducing the effect of advertising was examined in a recent study by Bryan et al. (2019), where they developed an intervention that framed manipulative food marketing as incompatible with key adolescent values (e.g. social justice and autonomy). By tapping into children's rebellious nature,

the study demonstrated a novel approach to combatting the effects of marketing messages. It may be that raising children's awareness of the manipulative techniques employed in more covert marketing practices, drawing on children's desire for truth, protection of young children and autonomy could represent a fruitful approach to beginning to address the impact of marketing messages. However, this approach still relies on children's and adolescents ability to self-regulate their responses to advertising, which has been shown to be somewhat ineffective at mitigating the effects of HFSS advertising (Norman et al., 2018).

### **8.3.3.2 Legitimate authority figures**

This project's findings show a clear tension exists in deciding who is and who is not a legitimate actor in relation to the regulation of online advertising of HFSS products to children. In addition to the tension as to whether industry or the State were legitimate authority actors, there was a desire for parents to possess increased discursive power over children's diets. Regulation (or lack of) was considered as a means for re-negotiating these power dynamics to provide parents, and children to an extent, with such increased power and to minimise industry's presence within the policy sphere (Scutchfield et al., 2004).

Children, parents and non-industry stakeholders who designated the State as a legitimate actor, viewed the regulation of online advertising of HFSS by the State as a means to shift power from industry actors to parents and children. They considered the current self-regulatory system as deliberately limiting the State's authority, and this required remedying in order to develop effective regulatory policies (Calman, 2009). These concerns support the literature examining the commercial determinants of health (Freudenberg, 2014, Moodie et al., 2013, Swinburn et al., 2011, Freudenberg and Galea, 2008). UCIs have increased their political legitimacy across the globe, cementing themselves as authority figures in policy processes (McKee et al., 2019, Freudenberg, 2014, Moodie et al., 2013, Fuchs and Lederer, 2007, Dorfman et al., 2005) and the UK regulatory system regarding online advertising of HFSS products is a clear example of this.

In addition to reducing industry's legitimacy, the majority of parents and non-industry stakeholders desired a statutory regulatory system which empowered

the public through the increased provision of power, and these views align with wider social justice approaches to public health (Dorfman et al., 2005, Beauchamp, 1976). Children's right-to-health was framed as a moral driver for improving regulation (Purcell, 2010), and employment of a rights-based-approach to improving the obesogenic environment has been increasingly used in recent literature. (Kennedy et al., 2019, McKee and Stuckler, 2018, European Court of Human Rights, 2010). This was particularly evident within non-industry responses to the 2016 CAP consultation (CAP, 2016f), where responders drew upon the UN Convention on the Rights of the Child (The United Nations, 1990) as moral justification for improving the regulatory structure. Regulation was framed as empowering children to live a non-commercialised childhood, and these arguments have been made across a range of UCI policy debates (Patterson et al., 2015, Freeman et al., 2008). It aligns with Dorfman's (2005) recommendation that public health advocates employ value-based messaging to call for socially just public health, and may be representative of advocates beginning to coherently employ such messaging techniques.

In contrast, a minority of parents expressed a distrust for State regulation, preferring the maintenance of the current self-regulatory model. Industry stakeholders similarly positioned themselves as legitimate actors, often citing their CSR campaigns or their 'effective' and 'responsible' voluntary regulatory frameworks (Dorfman et al., 2012a). For the minority of parents, arguments aligning with the nanny-state frame were apparent here (Wiley et al., 2013) and were potentially situated within a wider neo-liberal belief system (Scott-Samuel and Smith, 2015). Once again, these views aligned with those found within market justice framing, where individuals take responsibility for the negative health impacts of their lifestyle choices (Beauchamp, 1976). Such framing emphasises minimal collective action and a freedom from collective obligations, except when to respect other persons' fundamental rights. For those participants whose views aligned with market justice framing, regulation was viewed as unnecessarily restrictive and disempowering, particularly for parents and children. They often cited a deficit or poverty of information argument (Dawson, 2014), where the provision of knowledge is employed as an intervention in place of regulation. These arguments have been seen before

(Hawkins and Holden, 2013, Dorfman et al., 2005), and this PhD study demonstrates they continue to appear in this recent public health policy debate.

## **8.4 Public health ethics: a re-framing of regulation as a tool for empowerment**

The following section relates to three of the seven sub-research questions:

- 1. What are parents' experiences of helping their children to navigate this commercial environment, and what do they think about initiatives to reduce children's exposure to commercialisation?*
- 2. What are children's experiences of navigating this commercial environment, and what do they think about initiatives to reduce children's exposure to commercialisation?*
- 3. How do key stakeholders, including public health representatives, academics, corporate actors and government representatives, perceive online advertising of foods and drinks HFSS and regulation of the online environment?*

As can be seen above, the policy and public debate surrounding regulation of online advertising of HFSS products was complex. Parents' and children's descriptions of the online environment arguably demonstrates industry's own voluntary regulations are failing to protect children from online HFSS product advertising. Participants' views largely aligned with either those within social justice or market justice approaches to public health (Beauchamp, 1976). Overall, there was a desire for parents and children to possess increased power with regards to online advertising of HFSS products, and statutory regulation or continued industry self-regulation, was viewed as means to facilitate this increased power.

The disagreement between participants regarding the role of regulation is one that, on initial reading, may be difficult to remedy. However, public health ethics literature (Dawson, 2016, Buchanan, 2015, Beauchamp, 1976) may offer an alternative approach to the framing of regulation of online advertising of



HFSS products, or any regulatory policy that may aid in minimising the effects of the commercial determinants of health. As Dorfman et al. (2005, p323) describe, *“how an issue is described, or framed, can determine the extent to which it has popular or political support”*. Dawson and others (Dawson, 2016, Scott-Samuel and Smith, 2015, Dawson, 2014, Verweij and Dawson, 2013, Dawson, 2011) propose that rather than viewing paternalistic State policies, such as regulation of the food industry in relation to obesity, as infringing on individual autonomy, they, in fact, may enhance individual autonomy by minimising industry influence over dietary preferences and norms. Within this conceptualisation of the role of public health policy, Dawson (2011, 2014, 2016) argues for a shift in framing of regulatory policies contending that regulatory action for the benefit of public health, may infringe on some individual freedoms but ‘loosen’ restrictions around others. Dawson theorises that the current neo-liberal framework, which mirrors principles found in market justice approaches, hinders the progression of a social justice approach to public health policymaking.

To further illustrate their argument, Dawson (2014) presents an example of how food choices, as typically understood today, are in fact not choices at all. Rather, ‘choices’ are shaped by social, historical, cultural, political, economic and environmental factors. The norms of behaviour and social acceptability shape these ‘choices’. Individuals’ choices are not made in isolation, with societal or population trends potentially driven by complex power dynamics, evidenced above in the findings of this PhD thesis, as important underlying influences upon individual decision-making processes. Therefore, in the case of the contemporary food environment, the obesogenic tendencies of such an environment limit and direct ‘choice’ towards those heavily promoted by the HFSS product industry (Swinburn et al., 2011). Individual behaviour change, through information provision, arguably cannot surmount these societal trends as our ‘choices’ are not ours to begin with.

Arguably, those who promote increased regulation of online advertising, and advertising in general, present it as one that will restrict industry practices, as that is what such an intervention is designed to do. However, focusing on the technicalities of regulation may be detrimental to their cause, as it presents

regulation as ultimately a restrictive policy, which aligns with wider nanny-state frames that industry can readily employ to combat strengthening public health policy. Dawson (2011) suggests a re-framing of the benefits of public health policy, which refocuses the attention on the overall benefits for the population, even if this results in a detrimental impact on industry or certain individual ‘freedoms’. Although this form of public health ethics was proposed several years ago, as seen in Beauchamp’s (1976) conceptualisation of social justice, there has been a recent re-emergence of it in relation to contemporary public health problems. The re-framing of statutory regulation, to one that is empowering, may alleviate some of the concerns raised by a minority parents in this study.

In the case of UCIs, regulatory policies may protect individual freedoms against UCIs’ interests, enabling the environment in which adults and children live in to be healthier and safer (Capewell and Lilford, 2016, Hoek, 2015). As such, through the implementation of statutory regulation of online HFSS product advertising, the structural and discursive power possessed by industry to create and maintain these social norms as perpetuated by industry advertising may be mitigated. By limiting industry’s control over the policy process (Otero, 2018), and the State enacting on their responsibility to protect public health (Freudenberg, 2014), statutory regulation may increase the State’s and public’s own structural and discursive power, as well as supporting public health’s aim of improving population health. Therefore, increased statutory regulation may in fact increase parents’ and children’s individual autonomy, as it allows for greater freedom of choice rather than the limited choice presented by the HFSS food and beverage industry. However, this can only be possible if the HFSS product industry have restricted access to the policy process and policymakers, as implemented in article 5.3 of the WHO framework convention on tobacco control (Fooks et al., 2017). In addition, this re-framing of statutory regulation, and the implementation of it, can only occur if industry is not in control of the regulatory process. It is not simply about improving the current self-regulatory framework, but fundamentally changing who is in control of it.

It could be argued that the components and support for such a re-framing of regulation are evident in the findings presented in this thesis. The updating of

the CAP regulations was presented as one rooted within justice and morals (Kass, 2004). Within the CAP consultation responses non-industry stakeholders drew on established legal frameworks, such as the UN Convention on the Rights of the Child (The United Nations, 1990) as justification for the improvement of the regulation of online advertising of HFSS products to children. There was an overall desire for improving the power parents and children possess in relation to online advertising and the wider obesogenic environment. Industry stakeholders agreed that childhood obesity is a problem, and although they argued the impact of online advertising of HFSS products may be a small contributory factor, they still acknowledged it as a contributory factor. This may provide a small opening for public health to exploit. In addition, the concerns raised by parents who resisted increased regulation or statutory regulation may be somewhat alleviated if the empowering aspects of regulation were highlighted, raising its salience.

As such, perhaps it is time that those actors who espouse social justice values do not only focus on the role of industry and the role of government (Dorfman et al., 2005), but rather focus on what the end goal of social justice public health policy is: to empower all to attain a healthy diet, free from corporate influence. The progress in tobacco control is a model of how this re-framing creates a policy environment conducive to healthy public policy (Studlar and Cairney, 2019, Fooks et al., 2017). The framing of tobacco industry regulation contributed to the ‘denormalisation’ of tobacco, engendering a shift from self-regulation, which is evidenced to be ineffective (Lacy-Nichols et al., 2019, Galbraith-Emami and Lobstein, 2013) to statutory regulation (Studlar and Cairney, 2019) by highlighting the unfair power tobacco industry possessed over people’s ‘choices’. Tobacco control is an example of how beneficial statutory regulation can be in contributing to improvements in the health of the public by re-negotiating unjust power dynamics. In the case of the regulation of online advertising of HFSS products, the re-framing of regulation may remedy disagreement around action in this policy area as well as contribute towards the construction of more effective public health policy.

## **8.5 Original contributions of study: policy, practice and academic implications**

### **8.5.1 Policy contributions and implications**

This study has demonstrated the importance of and value in engaging with multiple stakeholders in public health policy debates. These multiple stakeholders not only include those traditionally associated with public health debates, such as policymakers or industry actors, but also the public (parents and children). The findings in this study demonstrate that parents and children were actively engaged with the subject matter within this study, offering important insights to the impact of online advertising of HFSS products and its regulation. However, there appeared to be limited opportunity for the public to engage in the policy debate out with this research. As such, within the policy debate surrounding the regulation of online HFSS product advertising, parents and children possessed little agenda-setting power in a discussion that directly impacted on their day-to-day practices. Yet, there were clear indications that parents desired an increase in their agenda-setting power. It may be that policymakers, public health advocates and other policy actors need to engage more widely with the public. More opportunities need to be available to the public to engage with policy debates, for example ensuring that appropriate public representation is given within consultations aimed at gaining feedback on policy proposals. It may be that public health organisations expand their engagement activities, to ensure the public voice is represented in their advocacy work. Lastly, and perhaps the most important recommendation, is if industry (as presented in the findings of this thesis), are given such prominent access to policy- and decision-makers, the public need to have such privileged access also.

In addition to the need to increase the public's ability to impact on the policy agenda, this project has demonstrated that through the process of neo-regulation, industry's rule-setting power allows industry to create and promote regulation that favours their interest rather than the public's. The findings demonstrate, through the pervasive advertising (both online and offline) that featured in children's lives, online advertising of HFSS products remains prominent in children's lives, invading their private space, intervening in family

relationships and impacting on their dietary preferences. This advertising, in combination with other forms of marketing, perpetuates the creation and maintenance of social norms, which contributes to the wider obesogenic environment. As such, it now may be time that policymakers move towards implementing statutory regulation to reduce industry's rule-setting power. The findings suggest there is appetite for such a change, and perhaps it is now time for the State to take such a bold step.

In order to garner further public support for a change in who conducts the regulation, this project has demonstrated that policymakers and public health advocates may benefit from a re-framing of regulation. Arguably, government intervention in the form of regulation for the benefit of public health has previously been framed as one that is restrictive to individual autonomy, potentially as a result of the agenda-setting power industry actors possess. UCIs insist that no other option than self-regulation is possible within a modern capitalist society, as self-regulation is presented as preventing State overregulation. UCIs framing of self-regulation as protecting individual autonomy taps into people's deepest beliefs. However, the findings suggest that re-framing government regulation as an empowering policy may challenge these dominant industry nanny-statist narratives, through the employment of similar value-based messaging as seen in industry framing.

### **8.5.2 Academic contributions and implications**

As far as the researcher is aware, this project is the first of its kind to combine a range of stakeholder views, employing a variety of data collection methods, in relation to the policy debate regarding the online advertising of HFSS products to children. Through the cross-participant analysis, the research has demonstrated that it is important that stakeholder views are not considered in isolation, but also compared to bring to light the similarities and differences in views across stakeholder groups. Within this thesis, this cross-participant comparison has resulted in a range of novel findings, such as concerns regarding power dynamics, which exist across stakeholder groups.

This project is one of the first qualitative studies in the UK to examine children's views regarding the online advertising of HFSS products and its regulation. The

findings presented from the children's focus group analysis are important as they demonstrate that children may remain vulnerable to the effects of advertising, even if they are aware of its presence. This finding is somewhat validated by parent participants' experiences of the effects of online advertising of HFSS products. It negates market justice arguments that support educational interventions, which argue that if children are aware of advertising, they will be able to mitigate its effects.

This project, as far as the researcher is aware, is the first to present findings which suggests the online advertising of HFSS products is an 'external intruder' in the home. The findings in this study demonstrate that online HFSS product advertising not only infiltrates children's private spaces, but its impact is experienced across a range of public and private spaces. This is important as it arguably negates industry's argument that advertising has a 'small and modest' effect on children's dietary preferences. In addition, the findings in this thesis demonstrate that online advertising effects are compounded by the various other forms of advertising children are exposed to. This potentially further contradicts industry's case for minimising the effect of advertising on children. By conceptualising online advertising, and advertising more broadly, as an 'intruder', it allows for a more critical examination of how advertising impacts on behaviours other than dietary preferences.

In addition, this project is the first that qualitatively examined various participant groups' views regarding YouTuber advertising. Children both admire and trust these YouTubers, viewing them as 'peers', and as such the power they possess over children's likes and dislikes appeared stronger compared to other forms of online advertising. This is an important set of findings for two reasons. One, it demonstrates that HFSS brands continue to employ a novel form of marketing, despite stating they are performing effective self-regulation. Two, it arguably demonstrates that academics should conceptualise YouTuber advertising as much more in line with peer-to-peer marketing rather than simple WOMM. This would ensure that the connection to and admiration of children's favourite YouTubers are more readily understood.

In addition, this project is the first to conduct a frame analysis employing a combination of two analytical frameworks: 1) Entman's (1993) definition of

framing; and 2) Jenkin et al.'s (2011). The employment of Entman's (1993) framing definition allows for a theoretically grounded analysis, whilst adapting Jenkin et al.'s (2011) framing matrix provides a systematic operationalisation of such theory. This method thus allows for the in-depth analysis of frames employed by multiple actors, generating novel insights into how stakeholders framed online HFSS product advertising and its regulation. In terms of practice implications, this method of frame analysis could be readily employed across other consultations or other policy documents by researchers seeking to systematically analyse the frames employed by policy actors. This systematic analysis is important for under-taking cross-comparisons within and across UCI policy debates, to better understand the techniques employed by policy actors. This is particularly important if we wish to combat framing of public health issues that seek to undermine improving public health policy for the benefit of population health.

Furthermore, this study has employed Fuchs and Lederer's (2007) theoretical framework on the three differentiations of power exerted, maintained and extended by corporate actors. As such, two implications must be noted: 1) the application of such a theoretical framework demonstrated that by only focusing on corporate power, other important power dynamics may be missed or mischaracterised and, as such, an incomplete understanding achieved; and 2) power is an essential consideration when examining stakeholders' views on policy debates, and this is particularly true if participants suggest regulation as a tool for re-negotiating power dynamics. Although there have been suggestions of conducting such a shift in framing of regulation as a potential means for re-negotiating problematic power dynamics, this research (as far as the researcher is aware) the first to apply such thinking to a contemporary public health policy debate.

## **8.6 Limitations and strengths of study**

Although the study produced a considerable range of novel findings that contribute to both academic and policy literature, there are limitations and strengths that require addressing.

One limitation of this study was the small sample size of stakeholders interviewed, and limited number of each stakeholder type. Although five participants interviewed were from the civil society sector, only one government body participant and three industry participants were interviewed. This makes it difficult to understand the diversity of arguments made within these different sectors. However, prior to data collection, the researcher was advised by a public health advocate that the recruitment of stakeholders to this study would prove difficult. As such, this limitation was somewhat expected and partially mitigated through the consultation analysis. Although the consultation analysis was useful in bolstering the low number of stakeholder interviews, it is important to consider why resistance to stakeholder recruitment may have occurred and the potential impact this has on research. In terms of recruitment, it may be that stakeholders were hesitant to partake in such research if they were concerned as to the ‘goals’ of the research. As this research was presented as originating from a public health perspective, stakeholders may have held preconceptions as to the questions they may be asked during interview. This may have then resulted in them not wanting to engage in such research if they considered it to disagree with their or their organisational views regarding the online advertising of HFSS products to children. By not participating in the research, it makes it difficult to consider their views with the same weight as other more vocal stakeholders. This may result in somewhat of a self-fulfilling prophecy whereby only voices which align with the ‘pre-conceived’ public health view are researched, and only those views are evidenced.

Another limitation of this study was that only one father was recruited during the parent focus groups, despite dedicated efforts made by the researcher. As stated in Chapter 3, mothers who were recruited to the study argued that this could be because in their homes they were largely responsible for food practices and therefore fathers may have felt that they were unable to engage in the research. Issues with recruiting fathers to studies have been well-documented, with a variety of alternative recruitment methods suggested (Mitchell et al., 2007). However, it may be that fathers or other parents within the home may perceive the impact of food advertising differently, depending on their own role in food provision within the home. It may be that future research seeks to



engage sets of parents, and this could increase the likelihood of fathers participating. Although this does limit the ability to discuss how fathers viewed the regulation of online advertising of HFSS products, this study still demonstrated, through a wealth of data, the difficulties associated with providing a healthy diet for children in the contemporary food environment.

A key strength of this study was its timeliness regarding the childhood obesity debate within the UK. As can be seen in Chapter 1, the childhood obesity debate has led to several inquiries, consultations, and policy changes within the UK. Although this led to the study adapting to these changes in its initial stages, it led to a study that better addressed issues considered important in relation to childhood obesity. Calls from prominent voices within the debate, such as Jamie Oliver, led to more focused attention on the issues surrounding the online advertising of HFSS products. In the Government's most recent Childhood Obesity Plan, they wrote:

*Currently online advertising rules are drawn up by the Committees of Advertising Practice, which works alongside the Advertising Standards Authority (ASA), on a self-regulatory basis. We will consider whether this continues to be the right approach to protect children from advertising of unhealthy food and drinks, or whether legislation is necessary. We will ensure any further restrictions are designed effectively for the digital space, taking into account how content is consumed online and considering options for enforcement. (Department of Health & Social Care, 2018)*

This study directly addresses the potential need for government legislation, and takes into account the varying views regarding this. It demonstrates that there is an appetite for legislation, however there are competing views that need to be considered. Although this study was relevant at the time of initiation, it arguably is even more relevant now considering the increase in academic research demonstrating the impact of online advertising (Coates et al., 2019b, Boyland et al., 2018a, Norman et al., 2018) as well as continued policy attention (Department of Health & Social Care, 2018, Griesbach and Waterton, 2018).

Another strength of this study was the rich volume of data from different perspectives generated by employing multiple methods. As discussed by Denzin and Lincoln (1998), using multiple methods allows for an in-depth study of a phenomenon through the analysis of multiple perspectives. By employing multiple methods, this study was able to capture the perspectives of both parents, children and professional stakeholders, populations that had not been examined together in relation to online advertising of HFSS products. This brings a new understanding to the field regarding how different actors within the debate viewed regulation of this environment and the similarities and differences between these views. This strength also allowed for the discovery that different actors' views converged. This is important as it demonstrates consensus around the regulation of online advertising of HFSS products, which is vital for ensuring public health policy reflects public discourse.

## **8.7 Future research recommendations**

This thesis has indicated several future research directions that would be fruitful to pursue.

There needs to be continued monitoring of the online advertising of HFSS products to demonstrate whether self-regulation is effective at reducing the pervasive advertising viewed online by children, as is inferred by industry actors within this project. Findings in this study suggest that self-regulation in its current form is likely to be insufficient at reducing the volume of HFSS product advertising under 16s are exposed to online, particularly through YouTube.

Future research should attempt to engage fathers, as mentioned within the limitations of the research. By doing so, it would allow for a greater understanding of how advertising impacts across parent sets, and whether there are gendered differences between how mothers and fathers describe these family food practices.

In addition to continual monitoring of the online environment, the findings of this thesis suggest that there needs to be greater examination of the cumulative advertising that occurs in both non-broadcast and broadcast environments. Within this study sport sponsorship, in-game advertising, billboards and

competition advertising were examples of this cumulative approach utilised by industry to further promote their products. In order to adequately account for this, it may be that future research focuses on examining the daily practices of children to account for the varying promotional materials they are exposed to. This would result in a greater understanding of the marketing environment in which children navigate and negotiate.

The findings of this study suggest that there needs to be a greater understanding of how power is viewed and responded to within the obesogenic environment and across wider commercial determinants of health. Although power, as a concept, is heavily referred to throughout the literature examining the commercial determinants of health (McKee et al., 2019, McKee and Stuckler, 2018, Hastings, 2012, Walt, 2004), this research is often presented as who possesses power, how they exert that power, and who does not possess power, almost presenting it as an ‘entity’ that exists out with those actors who yield it. The findings in this research suggest that much more complex power dynamics are at play. It is not simply about the static dichotomous relationship between the powerful and powerless. Rather, power is fluid and ever-changing depending on actors’ position in relation to the policy debate, and influences how individuals react to that policy debate. By not considering how various actors view and respond to power, research is at risk of mischaracterising the complexity of power in commercial determinants of health research. As such, future research should seek to engage those actors involved in public health policy debates in discussions regarding the power dynamics at play. This will help to illuminate those dynamics, deepen understanding and aid in producing techniques to combat those powerful forces that seek to undermine healthy public policy (Freudenberg, 2014).

## **8.8 Conclusion**

In conclusion, this study has found that the policy and public debate surrounding the regulation of online advertising of HFSS products is highly complex. By comparing a consultation analysis, focus groups with parents and children and interviews with professional stakeholders, the study has generated a wealth of findings that demonstrates that online advertising of HFSS products remains a pervasive form of marketing that children are exposed to. The online

advertising of HFSS products is a feature of the wider marketing mix that undermines attempts to attain a healthy diet, interfering in family relationships. Online advertising of HFSS products, particularly through YouTubers, represent a more sinister form of advertising that infiltrates children's private spaces. The findings also demonstrate that although the self-regulatory Code for online advertising has been updated, it arguably remains ineffective at protecting children from pervasive forms of advertising.

Through the novel application of Fuch's and Lederer's (2007) theoretical framework on three forms of power, this study has found that one feature underpinning the debate surrounding the regulation of online HFSS product advertising is the power exerted, maintained and extended by varying actors within the debate. Participants' conceptualisations of power appeared to predicate their acceptability of regulation as an appropriate policy response to online advertising. This is important to understand as it demonstrates that participants' decision-making regarding policy is not simple, but potentially informed by deep-rooted beliefs on who should and should not possess power to influence children's likes, dislikes, or the policy designed to protect them from harmful commodities.

The analysis of the CAP consultation, as well as this consideration of power, suggest that participants' views align with frames of social justice and market justice approaches to public health. This is important as it demonstrates that despite online advertising being a relatively recent area of policy attention, key participants' express values that align with beliefs of the broader role of public health within children's lives.

As such, the variety of views raised may present a complex picture that is difficult to remedy through the current, arguably insufficient, regulatory framework. However, this may be partly due to how regulation is framed by public health advocates that seek to change the regulatory framework to one that is statutory, or at least not in the control of industry actors. Therefore, this thesis recommends that public health advocates engage in a reframing of regulation, one that emphasises the empowering nature of better regulation independent of industry influence. Although this has been recommended before

from a theoretical perspective, this thesis presents novel empirical findings which support the call for such a re-framing.

Overall, this thesis has demonstrated that the online advertising of HFSS products remains pervasive and harmful to children. The current self-regulatory framework is ineffective and requires addressing through the implementation of statutory regulation, in order to re-negotiate the problematic power dynamics presented. This new regulatory framework should emphasise the empowering properties of such a policy, which seeks to ultimately protect children and parents from harmful HFSS product advertising online.

## Appendix A - WHO set of recommendations on the marketing of foods and non-alcoholic beverages to children

### Set of recommendations on the marketing of foods and non-alcoholic beverages to children<sup>1</sup>

1. The Sixtieth World Health Assembly, in resolution WHA60.23 on prevention and control of noncommunicable diseases: implementation of the global strategy, requested the Director-General "... to promote responsible marketing including the development of a set of recommendations on the marketing of foods and non-alcoholic beverages to children, in order to reduce the impact of foods high in saturated fats, trans-fatty acids, free sugars, or salt, in dialogue with all relevant stakeholders, including private-sector parties, while ensuring avoidance of potential conflict of interest".

2. The Sixty-first World Health Assembly in resolution WHA61.14 endorsed the action plan for the global strategy for the prevention and control of noncommunicable diseases. The action plan urges Member States to continue to implement the actions agreed by the Health Assembly in resolution WHA60.23. In Objective 3 (paragraph 24 *Promoting healthy diet*, (e) the action plan identifies as a proposed key action for Member States "to prepare and put in place, as appropriate, and with all relevant stakeholders, a framework and/or mechanisms for promoting the responsible marketing of foods and non-alcoholic beverages to children, in order to reduce the impact of foods high in saturated fats, trans-fatty acids, free sugars, or salt".

3. In the fulfilment of this mandate, in November 2008, the Director-General appointed members of an ad hoc expert group to provide her with technical advice on appropriate policy objectives, policy options and monitoring and evaluation mechanisms. The group was provided with an updated systematic review that confirmed previous findings that globally foods high in fat, sugar or salt were being extensively marketed to children.

4. Two meetings were held with representatives of international nongovernmental organizations, the global food and non-alcoholic beverage industries, and the advertising sector. The objectives of these meetings were to identify policy initiatives and processes and tools for monitoring and evaluation in the area of marketing of foods and non-alcoholic beverages to children.

5. The Secretariat drew on the advice from the expert group and input from the stakeholder meetings to write a working paper that provided a framework for regional consultations with Member States. These consultations elicited the views of Member States on the policy objectives, policy options, and monitoring and evaluation mechanisms presented in the working paper. By September 2009, 66 Member States had submitted a response to the consultations. Additional input on the working paper was provided through two follow-up stakeholder meetings with representatives of international nongovernmental organizations, the global food and non-alcoholic beverage industries, and the advertising sector.

6. It was clear from the consultations that Member States view marketing of foods and nonalcoholic beverages to children as an international issue and that there is a need to ensure that the private sector markets its products responsibly. The consultations also showed that policies currently in place in Member States vary in their objectives and content, approach, monitoring and evaluation practices, and the ways in which stakeholders are involved. Approaches range from statutory prohibitions on television advertising for children of predefined foods to voluntary codes by certain sections of the food and advertising industry. Several Member States indicated that they would need further support from the Secretariat in the areas of policy development, monitoring and evaluation.

7. Cross-border marketing was raised as a concern by 15 Member States. Many countries, including those with restrictions in place, are exposed to food marketing in their country from beyond their borders and the Member States indicated that the global nature of many marketing practices needs to be addressed.

8. Marketing of foods and non-alcoholic beverages to children in schools and pre-school establishments was a concern expressed by some Member States. The special situation of schools as a setting where children are a captive audience and the health-promoting role that schools should have were identified as factors that need also to be addressed in the recommendations.

<sup>1</sup> As previously presented in document A63/12.

9. The main purpose of these recommendations is to guide efforts by Member States in designing new and/or strengthening existing policies on food marketing communications to children in order to reduce the impact on children of marketing of foods high in saturated fats, *trans*-fatty acids, free sugars, or salt.

10. The recommendations are set out in **bold** text throughout. The recommendations are structured into the following five sections: Rationale; Policy development; Policy implementation; Policy monitoring and evaluation; and Research.

## Evidence

11. Unhealthy diet is a risk factor for noncommunicable diseases. The risks presented by unhealthy diets start in childhood and build up throughout life. In order to reduce future risk of noncommunicable diseases children should maintain a healthy weight and consume foods that are low in saturated fat, *trans*-fatty acids, free sugars, and salt. Unhealthy diets are associated with overweight and obesity, conditions that have increased rapidly in children around the world over recent years.

12. Evidence from systematic reviews on the extent, nature and effects of food marketing to children conclude that advertising is extensive and other forms of food<sup>1</sup> marketing<sup>2</sup> to children are widespread across the world.<sup>3</sup> Most of this marketing is for foods with a high content of fat, sugar or salt. Evidence also shows that television advertising influences children's food preferences, purchase requests and consumption patterns.

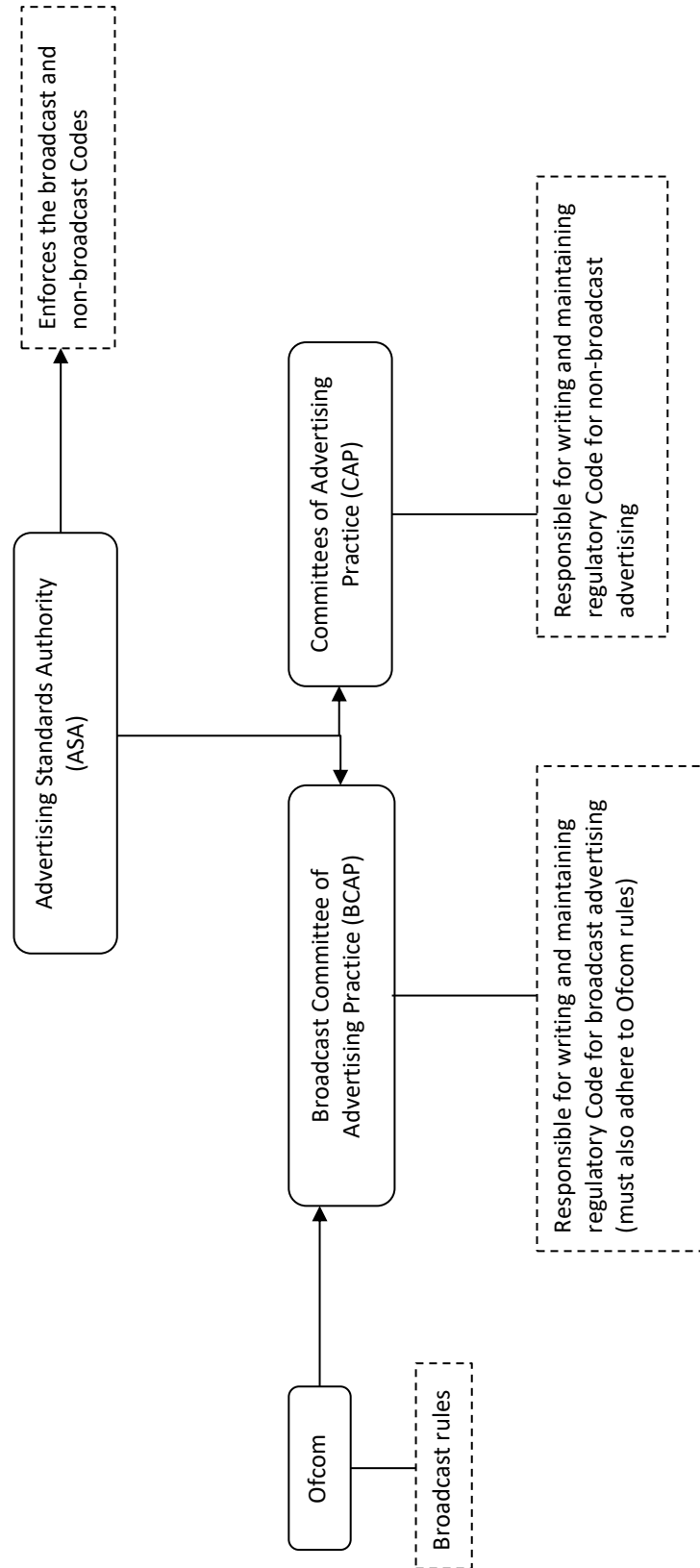
13. The systematic reviews show that, although television remains an important medium, it is gradually being complemented by an increasingly multifaceted mix of marketing communications that focuses on branding and building relationships with consumers. This wide array of marketing techniques includes advertising, sponsorship, product placement, sales promotion, cross-promotions using celebrities, brand mascots or characters popular with children, web sites, packaging, labelling and point-of-purchase displays, e-mails and text messages, philanthropic activities tied to branding opportunities, and communication through "viral marketing" and by word-of-mouth. Food marketing to children is now a global phenomenon and tends to be pluralistic and integrated, using multiple messages in multiple channels.

<sup>1</sup> Henceforth, the term "food" is used to refer to foods and non-alcoholic beverages.

<sup>2</sup> "Marketing" refers to any form of commercial communication or message that is designed to, or has the effect of, increasing the recognition, appeal and/or consumption of particular products and services. It comprises anything that acts to advertise or otherwise promote a product or service.

<sup>3</sup> Hastings G et al. *Review of the research on the effects of food promotion to children*. Glasgow, University of Strathclyde, Centre for Social Marketing; 2003 (<http://www.food.gov.uk/news/newsarchive/2003/sep/promote>); Hastings G et al. *The extent, nature and effects of food promotion to children: a review of the evidence*. Geneva, World Health organization, 2006 ([http://whqlibdoc.who.int/publications/2007/9789241595247\\_eng.pdf](http://whqlibdoc.who.int/publications/2007/9789241595247_eng.pdf)); McGinnis JM, Gootman JA, Kraak VI, eds. *Food marketing to children and youth: threat or opportunity?* Washington DC, Institute of Medicine, National Academies Press, 2006 ([http://www.nap.edu/catalog.php?record\\_id=11514#toc](http://www.nap.edu/catalog.php?record_id=11514#toc)); and Cairns G, Angus K, Hastings G. *The extent, nature and effects of food promotion to children: a review of the evidence to December 2008*. Geneva, World Health Organization, 2009 ([http://www.who.int/dietphysicalactivity/Evidence\\_Update\\_2009.pdf](http://www.who.int/dietphysicalactivity/Evidence_Update_2009.pdf)).

## Appendix B - UK advertising regulatory framework





# Appendix C – Ethics Approval Form for Parent Focus Groups and Professional Stakeholder Interviews



College of Social  
Sciences

## College Research Ethics Review Feedback

### Ethics Committee for Non-Clinical Research Involving Human Subjects

#### Application Details

Staff Research Ethics Application ☐ Postgraduate Student Research Ethics Application ☒

Application Number: 400160034

Applicant's Name: Lauren Elsie White

Project Title: Regulation of Food and Drink Advertising to Children

Application Status: Committee Review Complete - No Changes Required

Date of Administrative/Academic Review: 01/11/2016

**NB: Only if the applicant has been given approval can they proceed with their data collection with effect from the date of approval.**

#### Recommendations (where changes are required)

Where changes are required all applicants must respond in the relevant boxes to the recommendations of the Committee and upload this as the Resubmission Document through the system to explain the changes you have made to the application.

All resubmitted application documents should then be uploaded.

If your application is rejected a new application must be submitted via the online system. Where recommendations are provided, they should be responded to and this document uploaded as part of the new application. A new reference number will be generated.

REVIEWER MAJOR RECOMMENDATIONS	APPLICANT RESPONSE
REVIEWER MINOR RECOMMENDATIONS	APPLICANT RESPONSE
ADDITIONAL REVIEWER COMMENTS	APPLICANT RESPONSE
Suggest reformatting the consent form so it is all on one page.	

# Appendix D – Participant Information Sheet for Parent Focus Groups and Professional Stakeholder Interviews



## Study Summary

### 1. Study Title and Researcher Details

Regulation of Food and Drink Advertising to Children

Researcher: Lauren Elsie White, MRC/CSO Social and Public Health Sciences

Research Unit, University of Glasgow, 200 Renfield Street, Glasgow, G2 3QB

Email:

### 2. Invitation paragraph

You have been invited to take part in a research study led by the University of Glasgow. Before you decide whether you are happy to take part, it is important for you to understand why this research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not to decide if you would like to take part.

Thank you for reading this.

### 3. What is the purpose of this study?

We would like to know what parents think about food advertising seen by children. Very little is known about parents' views and opinions, therefore we are inviting you to participate in this study.

### 4. Why have I been approached?

You have been approached as you are a parent of a child/children aged between 5 and 15 years.

**5. Do you have to take part?**

No, taking part is completely voluntary. You may decide to stop being part of the research at any point without explanation and without penalty.

**6. What will happen if I take part?**

If you agree to take part, we will invite you to a group discussion with other parents who have children of similar age. The discussion will last between approximately 1 hour and 1.5 hours and will be in complete confidence between the participants of the group. This can take place at a local community organisation or at our offices in Glasgow city centre, or if you prefer, in your home. You will receive a £15 shopping voucher as a thank you for taking part.

**7. Will my participation in this study be kept confidential?**

Everything said and discussed will be confidential within the group. We will not speak with anyone about what you have said. The interview will be recorded, and notes written up from the recordings. These recordings and notes will be kept for ten years and then destroyed as required by University of Glasgow policy. When the results are written up, your name will be changed to protect your identity. No one will be able to link any information to you or your family. All personal information will be stored in a safe place than can only be accessed by the University researchers working on this study.

Anonymous transcripts may be made available to other researchers working in this area by request. The researchers will not be able to identify you or your family from this process.

Please note that assurances on confidentiality will be strictly adhered to unless evidence of wrongdoing or potential harm is uncovered. In such cases the University may be obliged to contact relevant statutory bodies/agencies.

**8. What will happen to the results of this research study?**

The results of the study will be written up into a PhD thesis and as published papers in academic journals. We will also present the findings at academic conferences and other events.

**9. Who is organising and funding this research?**

The study is funded by the Medical Research Council and Chief Scientists Office of the Scottish Government.

**10. Who has reviewed this study?**

The study has been reviewed by the College of Social Science's ethics committee at the University of Glasgow.

**11. Contact for further information**

Lauren will be happy to answer any questions. Please use the contact details at the top of this letter. If you have any concerns regarding the conduct of this research project, you can contact the College of Social Science's Ethics Officer Dr Muir Houston, email: [Muir.Houston@glasgow.ac.uk](mailto:Muir.Houston@glasgow.ac.uk)

PhD Supervisor Contact Information:

**Dr Shona Hilton**

MRC/CSO Social and Public Health Sciences Research Unit, University of Glasgow, 200 Renfield Street, Glasgow, G2 3QB  
0141 353 7500

**Dr Stephanie Chambers**

MRC/CSO Social and Public Health Sciences Research Unit, University of Glasgow, 200 Renfield Street, Glasgow, G2 3QB  
0141 353 7500

## Participant Information Sheet

### 1. Study Title and Researcher Details

Regulation of Food and Drink Advertising to Children

Researcher: Lauren Elsie White, MRC/CSO Social and Public Health Sciences Research Unit, University of Glasgow, 200 Renfield Street, Glasgow, G2 3QB

Email:

### 2. Invitation paragraph

You have been invited to take part in a research study led by the University of Glasgow. Before you decide whether you are happy to take part, it is important for you to understand why this research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not for you to take part. Thank you for reading this.

### 3. What is the purpose of this study?

There have been recent calls for increased regulation of the online advertising of food and drink to children and young people to protect children from harmful levels of marketing. Very little research has been done examining people's views and concerns about this issue. This study aims to better understand these views and concerns in greater depth.

### 4. Why have I been approached?

You have been identified an important person in the debate surrounding the regulation of online advertising of unhealthy food and drink to children.

### 5. Do you have to take part?

No, taking part is completely voluntary. You may decide to stop being part of the research at any point without explanation and without penalty.

**6. What will happen if I take part?**

If you agree to take part, we will invite you to take part in an interview with the researcher. The discussion will last approximately one hour. The interview can take place in person at a location that is convenient to yourself, or via Skype.

**7. Will my participation in this study be kept confidential?**

All the information collected during the course of the research will be kept confidential and we will work with you to ensure your confidentiality is not breached at any stage. The interview will be recorded, and notes written up from the recordings. These recordings and notes will be kept for ten years and then destroyed as required by University of Glasgow policy. When the results are written up, your name will be changed to protect your identity and your organisation will not be named. All personal information will be stored in a safe place that can only be accessed by the University researchers working on this study. You will have the opportunity to see the anonymised transcript of your interview to ensure anonymity.

Please note that assurances on confidentiality will be strictly adhered to unless evidence of wrongdoing or potential harm is uncovered. In such cases the University may be obliged to contact relevant statutory bodies/agencies.

Anonymous transcripts may be made available to other researchers working in this area by request. The researchers will not be able to identify you or your organisation from this process.

**8. What will happen to the results of this research study?**

The results of the study will be written up into a PhD thesis and as published papers in academic journals. We will also present the findings at academic conferences and other events.

**9. Who is organising and funding this research?**

The study is funded by the Medical Research Council and Chief Scientists Office of the Scottish Government.

**10. Who has reviewed this study?**

The study has been reviewed by the College of Social Science's Ethics Committee at the University of Glasgow.

#### **11. Contact for further information**

Lauren will be happy to answer any questions. Please use the contact details at the top of this letter. If you have any concerns regarding the conduct of this research project, you can contact the College of Social Science's Ethics Officer Dr Muir Houston, email: [Muir.Houston@glasgow.ac.uk](mailto:Muir.Houston@glasgow.ac.uk)

PhD Supervisor Contact Information:

**Dr Shona Hilton**

MRC/CSO Social and Public Health Sciences Research Unit, University of Glasgow, 200  
Renfield Street, Glasgow, G2 3QB  
0141 353 7500

**Dr Stephanie Chambers**

MRC/CSO Social and Public Health Sciences Research Unit, University of Glasgow, 200  
Renfield Street, Glasgow, G2 3QB  
0141 353 7500

# Appendix E – Participant Consent Form for Parent Focus Groups and Professional Stakeholder Interviews



## Consent Form

**Title of Project:**

Regulation of Food and Drink Advertising to Children

**Name of Researcher:** Lauren Elsie White (Supervisors: Dr Shona Hilton and Dr Stephanie Chambers)

I confirm that I have read and understood the Participant Information Sheet for the above study and have had the opportunity to ask questions.

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.

I **consent / do not consent** (delete as applicable) to interviews being audio-recorded.

I acknowledge that participants will be referred to by pseudonym.

I acknowledge that participants will not be identified by name in any publications arising from the research.

**Data Storage:**

- The material will be retained in secure storage for use in future academic research
- The material may be used in future publications, both print and online.
- I agree to waive my copyright to any data collected as part of this project.

I agree / do not agree (delete as applicable) to take part in the above study.

Name of Participant ..... Signature  
.....

Date .....

Name of Researcher ..... Signature  
.....

Date .....



# Appendix F – Children and Parents Consent Forms for Secondary Data Analysis Study



## Consent Form

Title of Project: Young people's views on food & drink advertising  
Name of Researcher: Stephanie Chambers

I have read and understood the Plain Language Statement for this study and have been able to ask questions.

I understand that taking part is voluntary and that I am free to stop taking part at any time, without giving any reason.

I consent / do not consent (delete as applicable) to interviews being audio-recorded.

I understand that participants will be referred to by a pseudonym (a false name).

I understand that other genuine researchers will have access to the data collected, but they will never know my name.

I agree to waive my copyright to any data collected as part of this project.

I agree to take part in this research study ☐

I do not agree to take part in this research study ☐

Name of Participant .....

Signature ..... Date .....

Name of Parent/carers .....

Signature ..... Date .....

Name of Researcher .....

Signature ..... Date .....

# Appendix G - Children and Parents Participant Information Sheets for Secondary Data Analysis Study



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## Parents' Plain Language Statement

### 1. Study title and Researcher Details

Young People's Views on Food & Drink Advertising

Lead researcher: Dr Stephanie Chambers, MRC/CSO Social and Public Health Sciences Research Unit, University of Glasgow, 200 Renfield Street, Glasgow, G2 3QB,

Tel: 0141 353 7500. Email: [stephanie.chambers@glasgow.ac.uk](mailto:stephanie.chambers@glasgow.ac.uk)

### 2. Invitation paragraph

Your child is being invited to take part in a research study led by the University Glasgow. Before you decide whether you are happy for them to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with your child and others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish for your child to take part.

Thank you for reading this.

### 3. What is the purpose of the study?

The organisation responsible for writing advertising codes, the Committee of Advertising Practice (CAP), is holding a consultation on whether rules around food and drink advertising to children should be strengthened. Very little is known about what children and young people think about this kind of advertising. We would like to speak with groups of young people aged between 12 and 15, and use their views to input into this consultation.

### 4. Why has my child been chosen?

Your child has been chosen as they are between the ages of 12-15 years.

### 5. Do they have to take part?

No, taking part is completely up to you and them. Both they, and you, may decide to stop being a part of the research study at any time without explanation and without penalty.

## **6. What will happen if they take part?**

If you both agree for them to take part, we will invite them to a group discussion with young people of a similar age, and one or two of our researchers. All researchers on this project are members of Disclosure Scotland's Protecting Vulnerable Groups Scheme (PVG). This means that researchers working unsupervised with children are not barred from this type of work.

The discussion will last around one hour and will be in complete confidence. This can take place at their home, a local community organisation or at our offices in Glasgow city centre. They will receive a shopping voucher for £15 as a thank you for taking part. We can pay any out of pocket travel expenses necessary for your child to attend, and for any adult who accompanies them on the journey.

## **7. Will my child's participation in this study be kept confidential?**

Everything said and discussed will be confidential. We will not speak with anyone about what they have said. The interview will be recorded, and notes written up from the recordings. These recordings and notes will be kept for ten years and then destroyed. When the results are written up, your child's name will be changed to protect their identity. No one will be able to link any information to them or your family. All personal information will be stored in a safe place that can only be accessed by the University researchers working on this study.

Other researchers may request access to anonymous transcripts from this project to carry out further analysis. We would only ever grant access to genuine researchers who maintain confidentiality and abide by our conditions of access. The researchers would not be able to identify your child or family from this process.

Please note that assurances of confidentiality will be strictly adhered to unless evidence of wrongdoing or potential harm is uncovered. In such cases the University may be obliged to contact relevant statutory bodies/agencies.

## **8. What will happen to the results of the research study?**

The results of the study will be written up in a report to the CAP as part of their consultation, and as published papers in academic journals. We will also present findings at academic conferences and other events.

## **9. Who is organising and funding the research?**

The study is funded by the Medical Research Council and Chief Scientist Office of the Scottish Government.

## **10. Who has reviewed the study?**

The study has been reviewed by the College of Social Science's ethics committee at the University of Glasgow.

### **11. Contact for Further Information**

Stephanie, or the researcher speaking with you, will be happy to answer any questions. Please use the contact details at the top of this letter. If you have any concerns regarding the conduct of this research project, you can contact the College of Social Sciences Ethics Officer Dr Muir Houston, email: [Muir.Houston@glasgow.ac.uk](mailto:Muir.Houston@glasgow.ac.uk)



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## **Young People's Plain Language Statement**

### **Young People's Views on Food & Drink Advertising**

#### **Who are we?**

We are a team of researchers who work at the University of Glasgow.

This is a 6 week project where we will talk to young people about food and soft drink advertising. The money for the project has been given to us from the Medical Research Council and Chief Scientist Office of the Scottish Government.

#### **What?**

We are inviting you to take part in a small group discussion with around four people, about what you think about food and soft drink advertising. We are really interested in online advertising and whether there should be more rules around this.

#### **Why?**

Lots of people are interested in food and soft drink advertising. New rules might be brought in to make it more difficult for food and drinks' companies to advertise to children and young people. We don't know what children and young people think about this. We want to use the information given to us from people like you to help write up these new rules.

#### **When?**

At a time that suits all group members over the next month. The group discussion should last around one hour.

#### **Where?**

Group discussions will be held in your home, local area or at our offices in Glasgow city centre, whichever suits best for you. If it is difficult to walk to the

group, we can pay the cost of travel if you keep your receipt. We can also pay the cost for an adult to travel with you.

### What does it involve?

We will invite you and your friends (around 4 of you) to speak with one or two of us in a small group. We will do a short activity together, and then will talk through some ideas about food and soft drink advertising.

As a thank you for taking part, each person will receive a shopping voucher for £15.

### Who will know what you have said?

If it's okay, we will be writing some things down and can use a voice recorder if you are happy with this. This is just for us to listen to in case we don't have time to write all of your ideas down. We then type up everything that is on the recording. We will give you lots of opportunities to say if you don't want us to make a note of something.



We would like to use some of the things that you say in your own words but we won't use real names, so nobody will know who said what outside of the group.

Sometimes other researchers might ask if they can read what we have typed up. We will always check that these are real researchers first. We change all names before they are allowed to read them, so no one will know who you are. The researchers must stick to our rules if they wish to read what you have said.

### Do I have to do this?

No. Not at all! It's up to you, and if you choose not to that's fine. It won't make any difference to anything. You can change your mind at any time if you do not want to take part. No one will be upset with you, and nothing bad will happen. If you decide that you do want to take part, you will have to check that your parent or guardian is also happy with this. If they are, then bring the signed consent form with you to the group.

### What happens after?

We'll write up a report on what you've said and will send it to the organisation writing the new rules for food and drink advertising. We are happy to send you a report on what we have learnt too.



### Where can I find out more?

We will be happy to answer any questions about the study at any time. Ask us when you see us or email Stephanie at [stephanie.chambers@glasgow.ac.uk](mailto:stephanie.chambers@glasgow.ac.uk) or by telephone on 0141 353 7500.

You are also able to write to us at:

MRC/CSO Social and Public Health Sciences Unit, University of Glasgow, 200 Renfield Street, Glasgow, G2 3QB.

If you take part in this study, and are unhappy afterwards, then please contact Dr Muir Houston, College of Social Sciences Ethics Officer at [Muir.Houston@glasgow.ac.uk](mailto:Muir.Houston@glasgow.ac.uk).

**The College of Social Sciences Research Ethics Committee of the University of Glasgow has checked this research study and have given it their approval.**

## Appendix H – Parent Focus group topic guide

### Check list - Start

1. Check everyone received and read the information sheet.
2. Check that consent forms have been signed.
3. Introduce self and research; thank them for their participation.
4. Restate the following:
5. Length of time (approximately 1 hour)
6. Voluntary nature of participation in group discussion
7. Check all participants are happy to be recorded for accuracy
8. Ensure participants understand that they are able to avoid answering questions and may leave discussion at any point
9. Confidentiality - Participants do not mention names of people or discuss the content outside this group (information is kept in locked drawer at MRC/CSO SPHSU and not disclosed to anyone out with the research team)
10. Anonymity - any extracts used in presentations or publications will not use real names (pseudonyms will be used to protect identity so what you say will not be obvious to others)
11. Emphasise group discussion - answers should not be directed to only the facilitator, but to everyone in the group; feel free to ask questions to each other
12. Check if participants have any questions or concerns about the study.
13. Switch on microphone and recorder.



14. Map positions of participants (get postcodes, their age and age of children) and ask participants to introduce themselves.

15. Write out first words of each participant (for later identification).

16. Use topic guide to guide discussion.

### **Theme 1: Awareness and understandings of advertising**

- What do you think about the advertising of food and drink to children? (benefits and harms)
- Are you aware of the debates about advertising of food and drinks to children?
- Differences between television and online?

### **Theme 2: Online unhealthy food advertising and the home environment (prompts of different online food advertisements examples will be shown to the parents to help generate conversation)**

- Are you aware of your children having seen advertisements of this kind?
- If yes, when and do you remember what kind of advertisement it was?
- Have your children ever asked for a particular product after seeing a food and drink advertisement?
- How do you feel about your children being exposed to online food and drink marketing?
- How do you manage children's exposure to advertising?
- How do you feel about marketer's deliberately targeting children with unhealthy food and drink advertisements online?

- Prompt: might need to briefly explain pocket money/pester power theories.

### **Theme 3: Regulation and responsibility**

- So you've spoken a lot about parent responsibility, what do you think about industry responsibility? What do you think the food industry could do/more of/less of?
- Government responsibility?
- Have you been aware of the debates about regulating the online advertising of unhealthy food and drink to children?
- Who do you think should be responsible for regulation?
- Prompt: government, industry, parents?
- Why?
- Do you feel that your views as parents are represented accurately by groups who claim to represent you?

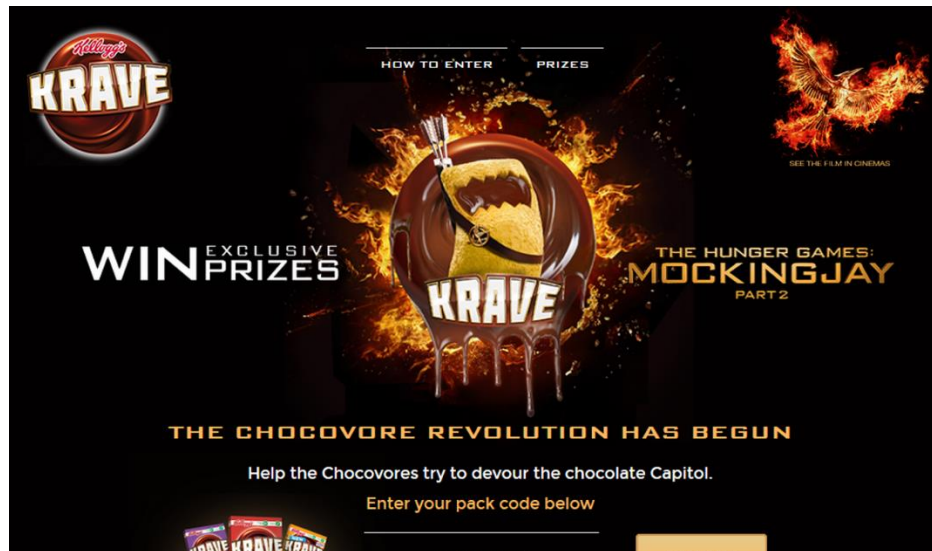
### **Check list - End**

- Is there anything in relation to online advertising of food and drinks to children that we have not spoken about today that you would like to discuss?
- Ensure each person is given a free reply envelope in case they have further information they wish to supply anonymously.
- £15 shopping voucher given and signed for.
- Thank them for their time and ensure they have researcher's appropriate contact details.

## Appendix I – Examples of online advertising of HFSS products

Shown during the focus groups as examples:

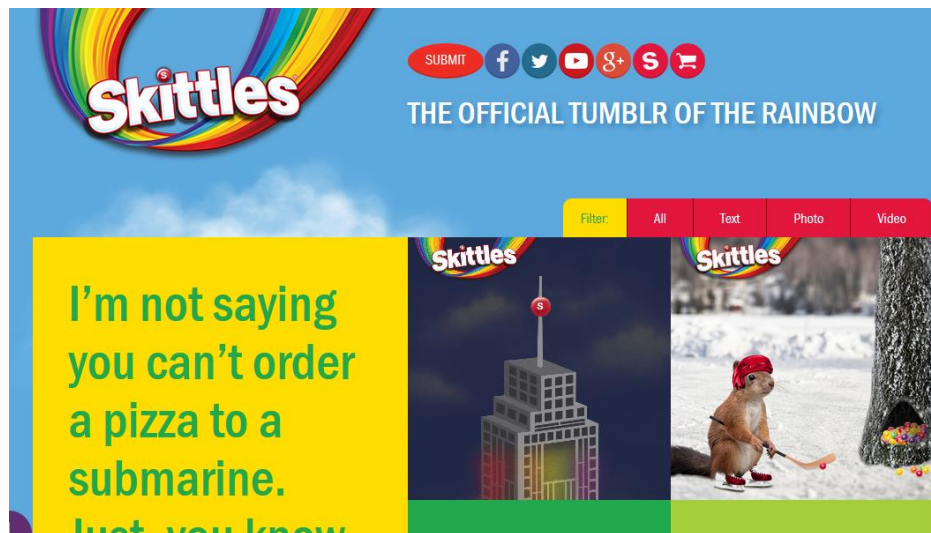
### 1. Krave & Hunger Games competition



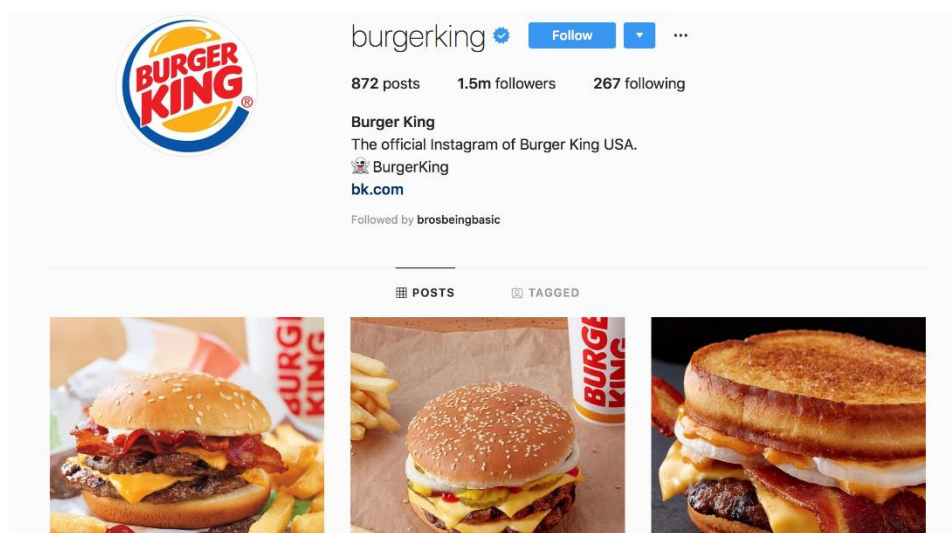
### 2. Swizzels Matlow website



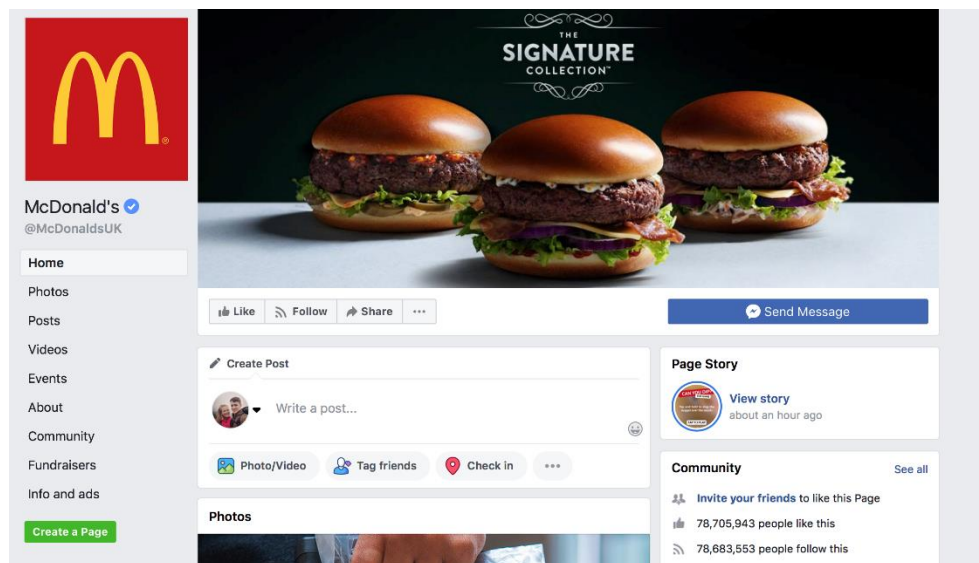
### 3. Skittles Tumblr website



### 4. Burger King Instagram Page

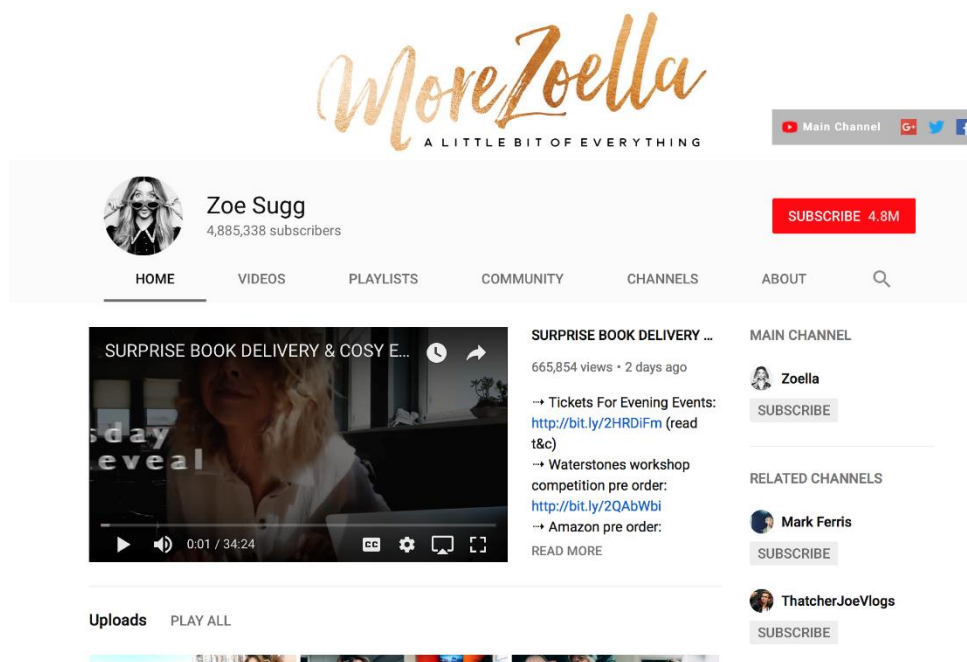


## 5. McDonald's Facebook Page




Examples given by parents during focus groups:

### 1. Zoella



## 2. Dan TDM

The banner features a blue background with black diagonal stripes and several white diamond shapes. In the center is a circular logo with a blue border containing the text 'DAN TDM' and a large white diamond in the middle. A small button on the right says 'Join Team TDM Today!' with a Facebook icon.

**DanTDM** ✓  
20,273,456 subscribers

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Save The Show - DanTDM Creates a B... 0:02 / 11:33

**You Tube** **ed**

**Save The Show - DanTDM Cr...**  
31,771,228 views • 1 year ago

Dan thinks his live show needs a reboot. Determined to wow his fans, he sets about transforming it into an awesome extravaganza. With the 'help' of his animated 'friends', Dan finds that putting

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- ThnxCya**  
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## Appendix J - Industry topic guide

Interviewer:	Date of Interview:
Interview no:	Organisation/Role:
Interview ID:	Descriptor used:

1. Check Interviewee received and read the information sheet.
2. Check consent form is signed.
3. Introduce self and research; thank Interviewee for agreeing to participate.
4. Restate the following:
  - Length of time (approximately 1 hour)
  - Voluntary nature of participation
  - Check Interviewee is happy to be recorded for accuracy
  - Explain that it is okay to avoid answering questions or end discussion at any point
  - Confidentiality – emphasis confidentiality rules
  - Anonymity – any extracts used in presentations or publications will not use real name (pseudonyms will be used to protect identity so what is said will not be obvious to others)
5. Check for questions or concerns about the study.
6. Switch on microphone and recorder.
7. Ask participant to introduce themselves.
8. Use topic guide themes to guide discussion.

**Introduction:**

The project examines the views and opinions of both stakeholders and parents in the debate on online advertising of unhealthy food and drink to children. I am interested in providing a clear analysis of the different views in the debate.

**Theme 1: Stakeholder Position**

- Could you tell me about your involvement in the discussions surrounding the advertising of food and drink to children? (state I am aware of their organisation in the debate but interested to learn more on their views about their involvement)
- Why is this issue important to your organisation? (priority?)

**Theme 2: Understandings of advertising of unhealthy food and drink**

- What do you think about advertising of food and drink to children? (benefits and harms)
- What do you think about the current debate surrounding the regulation of online advertising of unhealthy food and drink to children?
  - Prompts: example headlines from various media
- Where do you think unhealthy food and drink advertising fits into the childhood obesity debate?

**Theme 3: CAP consultation and industry regulation**

- Why did your organisation decide to submit to the CAP consultation?
- What do you think about the outcome of the CAP consultation? (new measures)
- Could you summarise your organisation's position in the unhealthy online food advertising debate? (acknowledge that you have read policy briefs and statements but this is a changing field)
- QUESTION(S) ON INDIVIDUAL RESPONSE
- As a member of industry you are liable to current regulations, how do you handle these regulations? (compliance)
- IF APPLICABLE: What kind of CSR campaigns do you do and why are these important to your organisation?
- What do you think about arguments for increased industry regulation?
- Do you think that the new measures will be effective?
- What do you think the potential impacts may be on your organisation?
- What do you think about other organisations argument that there is sufficient evidence that shows a link between unhealthy advertising to children and their eating habits?
- In terms of evidence, where is it that you get your information from? (refer to CAP consultation submission)
  - Why this source?
  - Do you value some sources over others?
- In several submissions, the UN Convention of the Rights of the Child was used as a reason to defend children against unhealthy food and drink advertising, what do you think about this?

**Theme 4: Regulation of unhealthy food and drink advertising to children**

- What do you think about the differences in who regulates television advertising and online advertising?
- What would you say the Government's/industry's/parents' role is in regulating the online advertising of unhealthy food and drink to children?



- What would you say children's role is in this? (media literacy in schools)
- Parents from a previous part of my study expressed a scepticism surrounding the food industry/government relationship, arguing that they are too imbedded with one another and this has a detrimental impact of improving public health policy – how do you feel about this? (influence on policy)
- Who do you think is responsible for regulating the online advertising of unhealthy food and drink to children?
- What do you think need to be done to address childhood obesity concerns?

**Close of Interview**

- Is there anything in relation to the online advertising of unhealthy food and drink to children that we have not spoken about today that you would like to discuss?
- Ensure Interviewee has been given a paid reply envelope in case they want to give further information anonymously.
- Thank them for their time and ensure they have appropriate contact information.

## Appendix K - Government body topic guide

Interviewer:	Date of Interview:
Interview no:	Organisation/Role:
Interview ID:	Descriptor used:

9. Check Interviewee received and read the information sheet.
10. Check consent form is signed.
11. Introduce self and research; thank Interviewee for agreeing to participate.
12. Restate the following:
  - Length of time (approximately 1 hour)
  - Voluntary nature of participation
  - Check Interviewee is happy to be recorded for accuracy
  - Explain that it is okay to avoid answering questions or end discussion at any point
  - Confidentiality – emphasis confidentiality rules
  - Anonymity – any extracts used in presentations or publications will not use real name (pseudonyms will be used to protect identity so what is said will not be obvious to others)
13. Check for questions or concerns about the study.
14. Switch on microphone and recorder.
15. Ask participant to introduce themselves.
16. Use topic guide themes to guide discussion.

**Introduction:**

The project examines the views and opinions of both stakeholders and parents in the debate on online advertising of unhealthy food and drink to children. I am interested in providing a clear analysis of the different views in the debate.

**Theme 1: Stakeholder Position**

- What would you class your organisation as?
- Could you tell me about your involvement in the discussions surrounding the advertising of food and drink to children? (state I am aware of their organisation in the debate but interested to learn more on their views about their involvement)
- Why is this issue important to your organisation? (priority?)

**Theme 2: Understandings of advertising of unhealthy food and drink**

- What do you think about advertising of food and drink to children? (benefits and harms)
- What do you think about the current debate surrounding the regulation of online advertising of unhealthy food and drink to children?
  - Prompts: example headlines from various media
- Where do you think unhealthy food and drink advertising fits into the childhood obesity debate?

**Theme 3: CAP consultation**

- Why did your organisation/department decide to submit to the CAP consultation?
- What do you think about the outcome of the CAP consultation? (new measures)
- Could you summarise your organisation's/department's position in the unhealthy online food advertising debate? (acknowledge that you have read policy briefs and statements but this is a changing field)
- QUESTION(S) ON INDIVIDUAL RESPONSE
- How do you feel your submission response to the consultation fits into your wider aims?
- Do you think that the new measures will be effective?
- What do you think about some organisations' views that there is insufficient evidence showing a link between unhealthy online food and drink advertising and children's eating habits?
- In terms of evidence, where is it that you get your information from? (refer to CAP consultation submission)
  - Why this source?
  - Do you find some sources of evidence more useful than others?
  - What evidence benefits your organisation most?
  - Why did you largely use grey literature in your submission response?
- As a member of government, why did you feel it to be important to contribute to a consultation that is by an industry-funded body?
- How involved do you think Government needs to be in the regulation of online food advertising to children, particularly when considering its current role in regulating TV advertising? (Ofcom)

**Theme 4: Regulation of unhealthy food and drink advertising to children**

- What do you think about the differences in who regulates television advertising and online advertising?

- What would you say the Government's/industry's/parents' role is in regulating the online advertising of unhealthy food and drink to children?
- What would you say children's role is in this? (media literacy in schools)
- Parents from a previous part of my study expressed a scepticism surrounding the food industry/government relationship, arguing that they are too imbedded with one another and this has a detrimental impact of improving public health policy – how do you feel about this? (influence on policy)
- Who do you think is responsible for regulating the online advertising of unhealthy food and drink to children?
- Some parents in my study have said that they believe that the Government and the food industry are too imbedded with one another, so much so that it negatively impacts on public health policy – what do you think about this?
- Some parents also expressed confusion around the mixed messaging from government around healthy eating and its efforts to reduce the unhealthy food environment children exist in – what do you think about this?
- What steps do you believe need to be taken to continue to tackle unhealthy food and drink advertising to children?

#### **Close of Interview**

- Is there anything in relation to the online advertising of unhealthy food and drink to children that we have not spoken about today that you would like to discuss?
- Ensure Interviewee has been given a paid reply envelope in case they want to give further information anonymously.
- Thank them for their time and ensure they have appropriate contact information.

## Appendix L – Civil society organisation topic guide

Interviewer: Lauren White	Date of Interview:
Interview no:	Organisation/Role:
Interview ID:	Descriptor used:

17. Check Interviewee received and read the information sheet.
18. Check consent form is signed.
19. Introduce self and research; thank Interviewee for agreeing to participate.
20. Restate the following:
  - Length of time (approximately 1 hour)
  - Voluntary nature of participation
  - Check Interviewee is happy to be recorded for accuracy
  - Explain that it is okay to avoid answering questions or end discussion at any point
  - Confidentiality – emphasis confidentiality rules
  - Anonymity – any extracts used in presentations or publications will not use real name (pseudonyms will be used to protect identity so what is said will not be obvious to others)
21. Check for questions or concerns about the study.
22. Switch on microphone and recorder.
23. Ask participant to introduce themselves.
24. Use topic guide themes to guide discussion.

**Introduction:**

The project examines the views and opinions of both stakeholders and parents in the debate on online advertising of unhealthy food and drink to children. I am interested in providing a clear analysis of the different views in the debate.

**Theme 1: Stakeholder Position**

This theme is focused on looking to gain an understanding of your organisation's position within the debate, as well as your role in the company. This is to give some background knowledge to assist with the rest of the interview.

- Could you tell me about how your work relates to the advertising of food and drink to children? (state I am aware of their organisation in the debate but interested to learn more on their views about their involvement)
  - Why is this issue important to your organisation? (priority?)

**Theme 2: Understandings of advertising of unhealthy food and drink**

This next theme is largely looking to understand your views on food and drink advertising to children, and your opinion on the current reporting and debates surrounding this form of advertising in the childhood obesity discussions.

- What do you think about advertising of food and drink to children? (benefits and harms)
- Do you think there is a debate in the policy arena around advertising of food and drink to children?
  - Why/why not?
- Where do you think unhealthy food and drink advertising fits into the childhood obesity debate?

**Theme 3: CAP consultation**

This theme is focused on the CAP consultation on the non-broadcast advertising of unhealthy food and drinks to children, as well as your submission to the CAP. It will cover both general questions on the consultation, as well as more focused questions on your organisation's submission.

- Why did your organisation decide to submit to the CAP consultation?
- What do you think about the outcome of the CAP consultation? (new measures)
- How do you feel your submission response to the consultation fits into your wider aims?
- Do you think that the new measures will be effective?
- What do you think the potential impacts may be on your organisation?
- What role do you think research evidence has played in influencing the CAP policy on non-broadcast advertising of food and drink to children?
  - Should it play a more or less prominent role?
- What do you think about other organisations argument that there is insufficient evidence that shows a link between unhealthy advertising to children and their eating habits?
- In terms of evidence, where is it that you get your information from? (refer to CAP consultation submission)
  - Why this source?
  - Do you find some sources of evidence more useful than others?
  - What evidence benefits your organisation most?
  - Why did you largely use grey literature in your submission response?

**Theme 4: Regulation of unhealthy food and drink advertising to children**

This is the final theme, and it looks more closely at regulating unhealthy online food and drink advertising to children. It covers questions on regulation, responsibility, and data from my previous focus groups conducted with parents.

- What do you think about the difference in who regulates television advertising and online advertising?
- What do you think should be the role of...in regulating the online advertising of food and drink to children?
  - a) Government
  - b) Industry
  - c) Parents
  - d) Children?
- Parents from a previous part of my study expressed a scepticism surrounding the food industry/government relationship, arguing that they are too imbedded with one another and this has a detrimental impact of improving public health policy – how do you feel about this? (influence on policy)
- Parents from a previous part of my study expressed that they were unaware that you did this work in this field, and were campaigning for change. How do you feel about this?
- What steps do you believe need to be taken to continue to tackle unhealthy food and drink advertising to children?

#### **Close of Interview**

- Is there anything in relation to the online advertising of unhealthy food and drink to children that we have not spoken about today that you would like to discuss?
- Ensure Interviewee has been given a paid reply envelope in case they want to give further information anonymously.
- Thank them for their time and ensure they have appropriate contact information.

## Appendix M – Academic topic guide

Interviewer:	Date of Interview:
Interview no:	Organisation/Role:
Interview ID:	Descriptor used:

25. Check Interviewee received and read the information sheet.
26. Check consent form is signed.
27. Introduce self and research; thank Interviewee for agreeing to participate.
28. Restate the following:
  - Length of time (approximately 1 hour)
  - Voluntary nature of participation
  - Check Interviewee is happy to be recorded for accuracy
  - Explain that it is okay to avoid answering questions or end discussion at any point
  - Confidentiality – emphasis confidentiality rules
  - Anonymity – any extracts used in presentations or publications will not use real name (pseudonyms will be used to protect identity so what is said will not be obvious to others)
29. Check for questions or concerns about the study.
30. Switch on microphone and recorder.
31. Ask participant to introduce themselves.
32. Use topic guide themes to guide discussion.



**Introduction:**

The project examines the views and opinions of both stakeholders and parents in the debate on online advertising of unhealthy food and drink to children. I am interested in providing a clear analysis of the different views in the debate.

**Theme 1: Stakeholder Position**

This theme is focused on looking to gain an understanding of your position within the debate. This is to give some background knowledge to assist with the rest of the interview.

- Could you tell me about the type of research you do, and how what role you play in the advertising debate?

**Theme 2: Understandings of advertising of unhealthy food and drink**

This next theme is largely looking to understand your views on food and drink advertising to children, and your opinion on the current reporting and debates surrounding this form of advertising in the childhood obesity discussions.

- What do you think about advertising of food and drink to children? (benefits and harms)
- Do you think there is a debate in the policy arena around advertising of food and drink to children?
  - Why/why not?
- Where do you think unhealthy food and drink advertising fits into the childhood obesity debate?

**Theme 3: CAP consultation**

This theme is focused on the CAP consultation on the non-broadcast advertising of unhealthy food and drinks to children, as well as your submission to the CAP. It will cover both general questions on the consultation, as well as more focused questions on your organisation's submission.

- Can you briefly describe the process for creating a submission like this in your department?
- Why did you decide to submit to the CAP consultation?
- Did you consult with other organisations/academics before submitting your response? If so, who?
- What do you think about the outcome of the CAP consultation? (new measures)
  - In terms of successes and limitations/issues?
- Do you think that the new measures will be effective?
- What role do you think research evidence has played in influencing the CAP policy on non-broadcast advertising of food and drink to children?
- What do you think about other organisations argument that there is insufficient evidence that shows a link between unhealthy advertising to children and their eating habits?
- Throughout the industry responses, there was a dedication to highlighting what they already do – despite 'lack of evidence', do you think this influenced the CAP outcome?
- How do you feel about the reference lists attached to your submission not being included in the publication of the responses?
- Do you think the CAP have taken the rights steps in response to the consultation submissions?

**Theme 4: Regulation of unhealthy food and drink advertising to children**

This is the final theme, and it looks more closely at regulating unhealthy online food and drink advertising to children. It covers questions on regulation, responsibility, and data from my previous focus groups conducted with parents.

- In your response you noted that currently non-broadcast/online advertising is self-regulated, can you expand on this in terms of the differences between broadcast and non-broadcast advertising?
- What do you think should be the role of... in regulating the online advertising of food and drink to children?
  - e) Government
  - f) Industry
  - g) Parents
  - h) Children?
- Focus groups findings suggest a real tension between individual autonomy and government regulation – parents struggled to come to consensus – public health ethics considerations?
- Parents from a previous part of my study expressed a scepticism surrounding the food industry/government relationship, arguing that they are too imbedded with one another and this has a detrimental impact of improving public health policy – what do you think about this? (influence on policy)
- Parents expressed more concern around the role of vloggers on YouTube as being a powerful form of advertising, particularly as children often want to have items that older children or young people are using, what do you think about this view?
  - What do you think the difficulties in regulating this may be?
- What steps do you believe need to be taken to continue to tackle unhealthy food and drink advertising to children?

#### **Close of Interview**

- Is there anything in relation to the online advertising of unhealthy food and drink to children that we have not spoken about today that you would like to discuss?
- Ensure Interviewee has been given a paid reply envelope in case they want to give further information anonymously.
- Thank them for their time and ensure they have appropriate contact information.

## **Appendix N – Summary of findings in relation to sub-research questions**

As can be derived from the three Findings Chapters and the Discussion above, the policy and public debate surrounding the regulation of online HFSS advertising was highly complex. As such, it is useful to summarises the findings from this project in relation to the guiding research questions. Table 12 below presents this summary:

Research Questions	Summary of findings
How aware are parents of online advertising of foods and drinks HFSS and what are their views on it?	Parents were aware of online HFSS advertising, describing it as pervasive and intrusive. They were not only critical of how it impacted on children's dietary preferences, but also how this then impacted on wider family dynamics. They were particularly critical of YouTuber advertising, and how this represented a more subversive form of marketing.
How aware are children of online advertising of foods and drinks HFSS and what are their views on it?	Children were acutely aware of online HFSS advertising, with the majority noting its effect on their dietary preferences, with a minority of children suggested they were not impacted by advertising. However, they were less critical of its wider impact on family relations, tending to express frustration with specific aspects of advertising such as truthfulness. Once again, YouTuber advertising was reported as a form of advertising that may be problematic, due to its more subversive nature compared to other forms of advertising.
Who responded to the 2016 Committee of Advertising Practice consultation on non-broadcast advertising of food and soft drink, and what were the arguments they put forward?	A range of non-industry and industry actors responded to the CAP consultation. Non-industry actors framed their responses to the CAP in ways that aligned with social justice values, often citing the protection of children as the overarching moral justification for improving the regulatory framework. Industry actors framed their responses in ways that aligned with market justice values. Although industry actors initially appeared to be supportive of the strengthening of the regulatory framework, they often undermined this through citing the protection of industry and consumers to mitigate over-regulation.
Which stakeholder arguments dominate the debate about online advertising of foods and drinks HFSS, and which interests and values underpin the frames that they promote?	Stakeholder arguments, in both the CAP consultation responses and interviews, aligned with social justice and market justice values. Non-industry stakeholders repeatedly referred to the protection of children from pervasive HFSS product advertising as part of the solution to remedying childhood obesity. Industry stakeholder arguments aligned with market justice values, and appeared intent on maintaining control over the regulatory process. These values chimed with their organisational vested interests, as well as their desire to position themselves as legitimate actors within the debate.
What are parents' experiences of helping their children to navigate this commercial environment, and what do they think about initiatives to reduce children's exposure to commercialisation?	Parents described negotiating the effects of online advertising of HFSS products as stressful, often citing experiences where they had to compete with these effects. Although the majority of parents advocated for a strengthening of the regulatory framework, and for this to potentially be statutory, there was a minority that rejected regulation as an appropriate policy response. Instead, they advocated for parental responsibility as a means to mitigate the effects of advertising. These views were predicated by parents' views of a series of problematic power dynamics they discussed in relation to the regulation of online advertising of HFSS products, where tension existed as to whether the State or industry were legitimate actors in the

	regulatory debate. Once again, parental views aligned with social justice and market justice values.
What are children's experiences of navigating this commercial environment, and what do they think about initiatives to reduce children's exposure to commercialisation??	In comparison to parents, children rarely referred to experiences around food or the impact of online advertising as stressful. Rather, it appeared that for them it was a normalised part of their online activities. In terms of regulation, there was similarly a majority support for improving the regulation and this was also predicated on limited discussions surrounding problematic power dynamics. Children designated parents as a legitimate authority figure, with scepticism as to industry vested interests and the State's willingness to perform effective regulation.
How do key stakeholders, including public health representatives, academics, corporate actors and government representatives, perceive online advertising of foods and drinks HFSS and regulation of the online environment?	Again, the concept of power was an important feature in professional stakeholders' discussions regarding online HFSS product advertising and its regulation, with regulation viewed as a means of re-negotiating problematic power dynamics. Their views were couched within their organisational vested interests. Both sets of professional stakeholders advocated for their organisation as an essential part of the solution for addressing problematic online HFSS product advertising to children.

**Table 12. - Summary of findings in relation to sub-research questions**

## Bibliography

- ACAR, A. 2007. Testing the Effects of Incidental Advertising Exposure in Online Gaming Environments. *Journal of Advertising Research*, 8, 44-56.
- ACTION ON SUGAR 2016. Hot Drinks Survey 2016 - All Data. UK: Action on Sugar.
- ALVESSON, M. & SKOLDBERG, K. 2000. *Reflexive Methodology: News Vistas for Qualitative Research*, London, SAGE Publications, Inc. .
- ALVY, L. M. & CALVERT, S. L. 2008. Food Marketing on Popular Children Web Sites: A Content Analysis. *Journal of the American Dietetic Association*, 108, 710-713.
- AN, S., JIN, H. S. & PARK, E. H. 2014. Children's Advertising Literacy for Advergimes: Perception of the Game as Advertising. *Journal of Advertising*, 43, 63-72.
- AN, S. & KANG, H. 2013. Do Online Ad Breaks Clearly Tell Kids that Advergimes are Advertisements that Intend to Sell Things? *International Journal of Advertising*, 32, 655-678.
- AN, S. & STERN, S. 2011. Mitigating the Effects of Advergimes on Children. *Journal of Advertising*, 40, 43-56.
- ARTS, B. 2003. *Non-State Actors in Global Governance. Three Faces of Power. Preprint.*, Bonn, Recht der Gemeinschaftsgüter.
- ASA. 2015. *Advertising Standards Authority, the UK's Independent Regulator for Advertising Across All Media* [Online]. Available: <https://www.asa.org.uk/> [Accessed 23 February 2016].
- ASBURY, J.-E. 1995. Overview of Focus Group Research. *Qualitative Health Research*, 5, 414-420.
- BAILEY, R. 2011. Letting Children be Children: Report of an Independent Review of the Commercialisation and Sexualisation of Childhood. UK.
- BAILEY, R. 2013. Letting Children be Children: Progress Report. In: EDUCATION, D. F. (ed.). United Kingdom.
- BAILEY, R., WISE, K. & BOLLS, P. 2009. How Avatar Customizability Affects Children's Arousal and Subjective Presence During Junk Food-Sponsored Online Video Games. *CyberPsychology & Behavior*, 12, 277-283.
- BAKKE, O. & ENDAL, D. 2009. Alcohol Policies Out of Context: Drinks Industry Supplanting Government Role in Alcohol Policies in Sub-Saharan Africa. *Addiction*, 105, 22-28.
- BALDWIN, H. J., FREEMAN, B. & KELLY, B. 2018. Like and Share: Associations Between Social Media Engagement and Dietary Choices in Children. *Public Health Nutrition*, 1-6.
- BARBOUR, R. & KITZINGER, J. 1999. *Developing Focus Group Research*, London, SAGE Publications, Ltd.
- BARDSLEY, D., CALDER, A., CURRIE, E., GRAY, L., HILL, S., LEYLAND, A. H., MONTAGU, I., ROONEY, K. & TERJE, A. 2017. The Scottish Health Survey: 2016 Edition. In: GOVERNMENT, S. (ed.).
- BATRA, R. & KELLER, K. L. 2016. Integrating Marketing Communications: New Findings, New Lessons, and New Ideas. *Journal of Marketing*, 80, 122-145.
- BEAUCHAMP, D. E. 1976. Public Health as Social Justice. *Inquiry*, 13, 3-14.

- BERRYMAN, R. & KAVKA, M. 2017. 'I Guess A Lot of People See Me as a Big Sister or a Friend': the role of intimacy in the celebrification of beauty vloggers. *Journal of Gender Studies*, 26, 307-320.
- BEZJIAN-AVERY, A., CALDER, B. & IACOBUCCI, D. 1998. New Media Advertising vs. Traditional Advertising. *Journal of Advertising Research*, 38, 23-32.
- BLOOR, M., FRANKLAND, J., THOMAS, M. & ROBSON, K. 2001. *Focus Groups in Social Research*, California, SAGE Publications, Inc. .
- BOERMAN, S. C., VAN REIJMERSDAL, E. A. & NEIJENS, P. C. 2012. Sponsorship Disclosure: Effects of Duration on Persuasion Knowledge and Brand Responses. *Journal of Communication*, 62, 1047-1064.
- BOSELEY, S. 2016. Childhood Obesity: UK's 'Inexcusable' Strategy is Wasted Opportunity, say Experts. *The Guardian*.
- BOSELEY, S. & MCMAHON, J. 2003. Political Context of the World Health Organisation: Sugar Industry Threatens to Scupper the WHO. *International Journal of Health Services*, 33, 831-833.
- BOUSH, D. M. 2001. Mediating Advertising Effects. In: BRYANT, J. & BRYANT, J. A. (eds.) *Television and the American Family*. 2nd Edition ed. New Jersey: Erlbaum.
- BOYDEN, J. & ENNEW, J. 1997. *Children in Focus: A Manual for Participatory Research with Children* Stockholm, Save the Children Sweden.
- BOYLAND, E., GARDE, A., JEWELL, J. & TATLOW-GOLDEN, M. 2018a. Evaluating Implementation of WHO Set of Recommendations on the Marketing of Foods and Non-Alcoholic Beverages to Children: Progress, Challenges and Guidance for Next Steps in the WHO European Region. Copenhagen, Denmark: Regional Office for Europe, World Health Organisation.
- BOYLAND, E., WHALEN, R., CHRISTIANSEN, P., MCGALE, L., DUCKWORTH, J., HALFORD, J., CLARK, M., ROSENBERG, G. & VOHRA, J. 2018b. See It, Want It, Buy It, Eat It: How Food Advertising is Associated with Unhealthy Eating Behaviours in 7-11 Year Old Children. Cancer Research UK.
- BOYLAND, E. J., HAROLD, J. A., KIRKHAM, T. C., CORKER, C., CUDDY, J., EVANS, D., DOVEY, T. M., LAWTON, C. L., BLUNDELL, J. E. & HALFORD, J. C. G. 2011. Food Commercials Increase Preference for Energy-Dense Foods, Particularly in Children Who Watch More Television. *Pediatrics*, 128, 93-100.
- BOYLAND, E. J. & HARRIS, J. L. 2017. Regulation of Food Marketing to Children: Are Statutory or Industry Self-Governed Systems Effective? *Public Health Nutrition*, 20.
- BOYLAND, E. J., NOLAN, S., KELLY, B., TUDUR-SMITH, C., JONES, A., HALFORD, J. C. G. & ROBINSON, E. 2016. Advertising as a Cue to Consume: A Systematic Review and Meta-Analysis of the Effects of Acute Exposure to Unhealthy Food and Nonalcoholic Beverage Advertising on Intake in Children and Adults. *The American Journal of Clinical Nutrition*, 103, 519-533.
- BOYLAND, E. J. & TATLOW-GOLDEN, M. 2017. Exposure, Power and Impact of Food Marketing on Children: Evidence Supports Strong Restrictions. *European Journal of Risk Reduction*, 8, 224-236.
- BRADY, J., MENDELSON, R., FARRELL, A. & WONG, S. 2010. Online Marketing of Food and Beverages to Children: A Content Analysis. *Canadian Journal of Dietetic Practice and Research*, 71, 166-171.
- BRAUN, V. & CLARKE, V. 2006. Using Thematic Analysis in Psychology. *Qualitative Research in Psychology*, 3, 77-101.

- BROTMAN, R. & SUFFET, F. 1975. The Concept of Prevention and Its Limitations. *The ANNALS of the American Academy of Political and Social Science*, 417, 53-65.
- BROWNELL, K. D. & WARNER, K. E. 2009. The Perils of Ignoring History: Big Tobacco Played Dirty and Millions Died: How Similar is Big Food? *The Milbank Quarterly*, 87, 259-294.
- BRYAN, C. J., YEAGER, D. S. & HINOJOSA, C. P. 2019. A Values-Alignment Intervention Protects Adolescents from the Effects of Food Marketing. *Nature Human Behaviour*, 3, 596-603.
- BRYDEN, A., PETTICREW, M., MAYS, N., EASTMURE, E. & KNAI, C. 2013. Voluntary Agreements between Government and Business—A Scoping Review of the Literature with Specific Reference to the Public Health Responsibility Deal. *Health Policy*, 110, 186-197.
- BRYMAN, A. 2012. *Social Research Methods*, Oxford, Oxford University Press.
- BUCHANAN, D. R. 2015. Promoting Justice and Autonomy in Public Policies to Reduce the Health Consequences of Obesity. *Kennedy Institute of Ethics Journal*, 25, 395-417.
- BUCHANAN, L., YEATMAN, H., KELLY, B. & KARIIPPANON, K. 2018. A Thematic Content Analysis of how Marketers Promote Energy Drinks on Digital Platforms to Young Australians. *Australian and New Zealand Journal of Public Health*, 42, 530-531.
- BUCKTON, C. H., PATTERSON, C., HYSENI, L., KATIKIREDDI, S. V., LLOYD-WILLIAMS, F., ELLIOTT-GREEN, A., CAPEWELL, S. & HILTON, S. 2018. The Palatability of Sugar-Sweetened Beverage Taxation: A Content Analysis of Newspaper Coverage of the UK Sugar Debate. *PLOS ONE*, 13, e0207576.
- BUIJZEN, M., SCHUURMAN, J. & BOMHOF, E. 2008. Associations Between Children's Television Advertising Exposure and Their Food Consumption Patterns: A Household Diary-Survey Study. *Appetite*, 50, 231-239.
- BUIJZEN, M. & VALKENBURG, P. M. 2003a. The Effects of Television Advertising on Materialism, Parent-Child Conflict, and Unhappiness: A Review of Research. *Journal of Applied Developmental Psychology*, 24, 437-456.
- BUIJZEN, M. & VALKENBURG, P. M. 2003b. The Unintended Effects of Television Advertising: A Parent-Child Survey. *Communication Research*, 30, 483-503.
- BUSS, D. 2016. *Mars Celebrates 75 Years of M&M's with Biggest-Ever Campaign* [Online]. Available: <https://www.brandchannel.com/2016/03/04/mms-75-years-030416/> [Accessed 12 October 2018].
- CAIRNS, G. 2015a. The Impact of Food and Drink Marketing on Scotland's Children and Young People. Stirling: Institute for Social Marketing.
- CAIRNS, G. 2015b. The Impact of Food and Drink Marketing on Scotland's Children and Young People: A Report on the Results of Questions about Exposure and Purchase Responses included in IPSOS-Mori's 2014 Young People in Scotland Survey. Institute for Social Marketing.
- 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. Switzerland: World Health Organization.
- CAIRNS, G., ANGUS, K., HASTINGS, G. & CARAHER, M. 2013a. Systematic Reviews of the Evidence on the Nature, Extent and Effects of Food Marketing to Children. A Retrospective Summary. *Appetite*, 62, 7.
- CAIRNS, G., ANGUS, K., HASTINGS, G. & CARAHER, M. 2013b. Systematic Reviews of the Evidence on the Nature, Extent and Effects of Food Marketing to Children. A Retrospective Summary. *Appetite*, 62, 7.



- CALMAN, K. 2009. Beyond the 'Nanny State': Stewardship and Public Health. *Public Health*, 123, e6-e10.
- CALVERT, S. L. 2008. Children as Consumers: Advertising and Marketing. *Project Muse*, 18, 31.
- CAMPBELL, K. J., CRAWFORD, D. A. & HESKETH, K. D. 2007. Australian Parents' Views on Their 5-6-Year-Old Children's Food Choices. *Health Promotion International*, 22, 11-18.
- CAMPBELL, M. C. & KIRMANI, A. 2000. Consumers' Use of Persuasion Knowledge: The Effects of Accessibility and Cognitive Capacity on Perceptions of an Influence Agent. *Journal of Consumer Research*, 27, 69-83.
- CANCER RESEARCH UK 2016. Tipping the Scales: Why Preventing Obesity Makes Economic Sense. London.
- CAP 2015a. CAP Consultation: Food and Soft Drink Advertising to Children. Committee of Advertising Practice.
- CAP. 2015b. *Non-Broadcast Advertising of Food and Soft Drinks to Children* [Online]. Available: <https://www.cap.org.uk/News-reports/Media-Centre/2015/Non-broadcast-advertising-of-food-and-soft-drinks-to-children.aspx#.VsxcWOapyzV> [Accessed 23 February 2016].
- CAP. 2015c. *Responsible for Writing and Maintaining the UK Advertising Codes and Providing Authoritative on the Rules* [Online]. Available: <https://www.cap.org.uk/> [Accessed 23 February 2016].
- CAP 2016a. CAP Consultation on Food and Soft Drink Advertising to Children: Individual Responses A-B.
- CAP 2016b. CAP Consultation on Food and Soft Drink Advertising to Children: Individual Responses C-F.
- CAP 2016c. CAP Consultation on food and soft drink advertising to children: Individual responses G-M.
- CAP 2016d. CAP Consultation on Food and Soft Drink Advertising to Children: Individual Responses N-P.
- CAP 2016e. CAP Consultation on Food and Soft Drink Advertising to Children: Individual Responses Q-Z.
- CAP 2016f. CAP Consultation: Food and Soft Drink Advertising to Children. UK: Committee of Advertising Practice.
- CAP 2016g. CAP Consultation: Food and Soft Drink Advertising to Children: Regulatory Statement. Committee of Advertising Practice.
- CAP. 2016h. *Food and Soft Drink Advertising to Children Consultation and Regulatory Statement (CAP)* [Online]. Available: <https://www.asa.org.uk/resource/food-and-soft-drink-advertising-to-children-consultation.html> [Accessed 23 March 2017].
- CAPEWELL, S. & LILFORD, R. 2016. Are Nanny States Healthier States? *BMJ*, 355.
- CAPEWELL, S. & LLOYD-WILLIAMS, F. 2018. The Role of the Food Industry in Health: Lessons from Tobacco? *British Medical Bulletin*.
- CARTER, O. B. J., PATTERSON, L. J., DONOVAN, R. J., EWING, M. T. & ROBERTS, C. M. 2011. Children's Understanding of the Selling versus Persuasive Intent of Junk Food Advertising: Implications for Regulation. *Social Science & Medicine*, 72, 962-968.
- CAUCHI, D., GLONTI, K., PETTICREW, M. & KNAI, C. 2016. Environmental Components of Childhood Obesity Prevention Interventions: An Overview of Systematic Reviews. *Obesity Reviews*, 17, 1116-1130.
- CENTER FOR PARENT YOUTH UNDERSTANDING DEFY MEDIA 2015. Acumen Report: Constant Content (Research on 13-24 year-olds).

- CHAMBERS, S. A., FREEMAN, R., ANDERSON, A. S. & MACGILLIVRAY, S. 2015. Reducing the Volume, Exposure and Negative Impacts of Advertising for Foods High in Fat, Sugar and Salt to Children: A Systematic Review of the Evidence from Statutory and Self-Regulatory Actions and Educational Measures. *Preventive Medicine*, 75, 32-43.
- CHANNEL 4 2015. Sugar Rush. Channel 4.
- CHAPMAN, S. 2012. Does Celebrity Involvement in Public Health Campaigns Deliver Long Term Benefit? Yes. *BMJ*, 345.
- CHEN, K.-J., LIN, J.-S., CHOI, J. H. & HAHM, J. M. 2015. Would You Be My Friend? An Examination of Global Marketers' Brand Personification Strategies in Social Media. *Journal of Interactive Advertising*, 1-14.
- CHILDWISE 2016. Major shift in UK children's behaviour as time online overtakes time watching TV for first time ever, reveals new report.
- CLEMENTS, J. D. 2012. *Corporations Are Not People: Why They Have More Rights Than You Do and What You Can Do About It*, California, Berrett-Koehler Publishers, Inc.
- COATES, A. E., HARDMAN, C. A., HALFORD, J. C. G., CHRISTIANSEN, P. & BOYLAND, E. J. 2019a. Food and Beverage Cues Featured in YouTube Videos of Social Media Influencers Popular With Children: An Exploratory Study. *Frontiers in Psychology*, 10.
- COATES, A. E., HARDMAN, C. A., HALFORD, J. C. G., CHRISTIANSEN, P. & BOYLAND, E. J. 2019b. Social Media Influencer Marketing and Children's Food Intake: A Randomized Trial. *Pediatrics*, e20182554.
- COBURN, C. E. 2006. Framing the Problem of Reading Instruction: Using Frame Analysis to Uncover the Microprocesses of Policy Implementation. *American Educational Research Journal*, 43, 343-349.
- COLLS, R. & EVANS, B. 2008. Embodying Responsibility: Children's Health and Supermarket Initiatives. *Environment and Planning A: Economy and Space*, 40, 615-631.
- COMMISSION ON ENDING CHILDHOOD OBESITY 2016. Report of the Commission on Ending Childhood Obesity. World Health Organisation.
- CONFOS, N. & DAVIS, T. 2016. Young Consumer-Brand Relationship Building Potential using Digital Marketing. *European Journal of Marketing*, 50, 1993-2017.
- CORNISH, L. S. 2014. 'Mum, can I play on the Internet?' Parents' Understanding, Perception and Responses to Online Advertising Designed for Children. *International Journal of Advertising*, 33, 437-473.
- CRESWELL, J. W. 2002. *Research Design: Qualitative, Quantitative and Mixed Methods Approaches*, California, Sage Publications, Inc.
- CRITCHLOW, N., ANGUS, K., STEAD, M., NEWBERRY LA VEY, J., WHITESIDE, E., CLARKE, M., HUDSON, B. & VOHRA, J. 2019. Digital Feast: Navigating a Digital Marketing Mix, and the Impact on Children and Young People's Dietary Attitudes and Behaviours [Digital Feast: Narrative Review]. London.
- CROSS, G. 2002. *An All-Consuming Century: Why Commercialism Won in Modern America*, New York, Columbia University Press.
- DAVIS, S. 2015. Select Committee Evidence: Inquiry into the Impact of Physical Activity and Diet on Health. London: Which?
- DAWSON, A. 2011. *Public Health Ethics*, Cambridge, Cambridge University Press.
- DAWSON, A. 2014. Information, Choice and the Ends of Health Promotion. *Monash Bioethics Review*, 32, 106-120.

- DAWSON, A. 2016. Snakes and Ladders: State Interventions and the Place of Liberty in Public Health Policy. *Public Health Ethics*, 42, 510-513.
- DE GRAAF, J., WANN, D. & NAYLOR, T. H. 2001. *Affluenza: The All-Consuming Epidemic*, San Fransisco, Berrett-Kohler.
- DE PAUW, P., DE WOLF, R., HUDDERS, L. & CAUBERGHE, V. 2018. From Persuasive Messages to Tactics: Exploring Children's Knowledge and Judgement of New Advertising Formats. *New Media & Society*, 20, 2604-2628.
- DENZIN, N. & LINCOLN, Y. S. 1994. *Handbook of Qualitative Research*, Thousand Oaks, Sage.
- DENZIN, N. K. & LINCOLN, Y. S. 1998. *The Landscape of Qualitative Research: Theories and Issues*, London, SAGE Publications Ltd.
- DEPARTMENT OF HEALTH & SOCIAL CARE 2018. Childhood Obesity: A Plan for Action Chapter 2. In: CARE, D. O. H. S. (ed.). UK: Crown.
- DEPARTMENT OF HEALTH AND SOCIAL CARE. 2011. *The Nutrient Profiling Model* [Online]. GOV.UK. Available: <https://www.gov.uk/government/publications/the-nutrient-profiling-model> [Accessed 10 January 2019].
- DEXTER, L. A. 1970. *Elite and Specialized Interviewing*, United States, Northwestern University Press
- DORFMAN, L., CHEYNE, A., FRIEDMAN, L. C., WADUD, A. & GOTTLIEB 2012a. Soda and Tobacco Industry Corporate Social Responsibility Campaigns: How Do They Compare? *PLoS Medicine*, 9, 1-7.
- DORFMAN, L., CHEYNE, A., FRIEDMAN, L. C., WADUD, A. & GOTTLIEB, M. 2012b. Soda and Tobacco Industry Corporate Social Responsibility Campaigns: How Do They Compare? *PLoS Med*, 9, e1001241.
- DORFMAN, L., WALLACK, L. & WOODRUFF, K. 2005. More Than a Message: Framing Public Health Advocacy to Change Corporate Practices. *Health Education & Behavior*, 32, 320-336.
- DUCOFFE, R. H. 1996. Advertising Value and Advertising on the Web. *Journal of Advertising Research*, 36, 21-35.
- DWORKIN, S. L. 2012. Sample Size Policy for Qualitative Studies Using In-Depth Interviews. *Archives of Sexual Behavior*, 41, 1319-1320.
- EDER, D. & FINGERSON, L. 2002. Interviewing Children and Adolescents. In: GUBRIUM, J. F. & HOLSTEIN, J. A. (eds.) *Handbook of Interview Research: Context and Method*. California: Sage.
- ENOSH, G. & BEN-ARI, A. 2016. Reflexivity: The Creation of Liminal Spaces—Researchers, Participants, and Research Encounters. *Qualitative Health Research*, 26, 578-584.
- ENTMAN, R. M. 1993. Framing: Toward Clarification of a Fractured Paradigm. *Journal of Communication*, 43.
- ENTMAN, R. M. 2007. Framing Bias: Media in the Distribution of Power. *Journal of Communication*, 57, 163-173.
- EUROPEAN COURT OF HUMAN RIGHTS 2010. European Convention on Human Rights. Strasbourg: European Court of Human Rights.
- EVANS, N. J. 2014. Pinpointing Persuasion in Children's Advergates: Exploring the Relationship Among Parents' Internet Mediation, Marketplace Knowledge, Attitudes, and the Support for Regulation. *Journal of Interactive Advertising*, 14, 73-85.
- FERN, E. F. 2001. *Advanced Focus Group Research*, California, SAGE Publications, Inc. .

- FIELDING, N. G. & FIELDING, J. L. 1986. *Linking Data: The Articulation of Qualitative and Quantitative Methods in Social Research*, London, SAGE Publications, Ltd.
- FINCH, H. & LEWIS, J. 2003. Focus Groups. In: RITCHIE, J. & LEWIS, J. (eds.) *Qualitative Research Practice: A Guide for Social Science Students and Researchers*. London: Sage Publications Ltd.
- FISCHBACHER, C. M. 2014. *Identifying "Deprived Individuals": Are There Better Alternatives to the Scottish Index of Multiple Deprivation (SIMD) for Socioeconomic Targeting in Individually Based Programmes Addressing Health Inequalities in Scotland*, Edinburgh, UK, Scottish Public Health Organisation.
- FLICK, U. 2004. Triangulation in Qualitative Research. In: FLICK, U., VON KARDORFF, E. & STEINKE, I. (eds.) *A Companion to Qualitative Research*. London: SAGE Publications, Ltd.
- FLOERSCH, J., LONGHOFER, J. L., KRANKE, D. & TOWNSEND, L. 2010. Integrating Thematic, Grounded Theory and Narrative Analysis: A Case Study of Adolescent Psychotropic Treatment. *Qualitative Social Work*, 9, 407-425.
- FOLKVORD, F., ANSCHÜTZ, D. J., BUIJZEN, M. & VALKENBURG, P. M. 2013. The Effect of Playing Advergaming that Promote Energy-Dense Snacks or Fruit on Actual Food Intake among Children. *The American Journal of Clinical Nutrition*, 97, 239-245.
- FOOKS, G. J., GILMORE, A. B., SMITH, K. E., COLLIN, J., HOLDEN, C. & LEE, K. 2011. Corporate Social Responsibility and Access to Policy Elites: An Analysis of Tobacco Industry Documents. *PLOS Medicine*, 8, e1001076.
- FOOKS, G. J., SMITH, J., LEE, K. & HOLDEN, C. 2017. Controlling corporate influence in health policy making? An assessment of the implementation of article 5.3 of the World Health Organization framework convention on tobacco control. *Globalization and Health*, 13, 12.
- FRANSEN, M. L. & FENNIS, B. M. 2014. Comparing the Impact of Explicit and Implicit Resistance Induction Strategies on Message Persuasiveness. *Journal of Communication*, 64, 915-934.
- FREBERG, K., GRAHAM, K., MCGAUGHEY, K. & FREBERG, L. A. 2011. Who Are the Social Media Influencers? A Study of Public Perceptions of Personality. *Public Relations Review*, 37, 90-92.
- FREEMAN, B. & CHAPMAN, S. 2007. Is "YouTube" Telling or Selling You Something? Tobacco Content on the YouTube Video-Sharing Website. *Tobacco Control*, 16, 207-210.
- FREEMAN, B. & CHAPMAN, S. 2008. Gone Viral? Heard the Buzz? A Guide for Public Health Practitioners and Researchers on how Web 2.0 can Subvert Advertising Restrictions and Spread Health Information. *Journal of Epidemiology and Community Health*, 62, 761-761.
- FREEMAN, B., CHAPMAN, S. & STOREY, P. 2008. Banning Smoking in Cars Carrying Children: An Analytical History of a Public Health Advocacy Campaign. *Australian and New Zealand Journal of Public Health*, 32, 60-65.
- FREUDENBERG, N. 2014. *Legal but Lethal: Corporations, Consumption and Protecting Public Health.*, Oxford, Oxford University Press.
- FREUDENBERG, N. & GALEA, S. 2007. Corporate Practices. *Macrosocial Determinants of Population Health*. New York, NY: Springer New York.
- FREUDENBERG, N. & GALEA, S. 2008. The Impact of Corporate Practices on Health: Implications for Health Policy. *Journal of Public Health Policy*, 29, 86-104; discussion 105.

- FRIESEN, P. 2018. Personal Responsibility within Health Policy: Unethical and Ineffective *Journal of Medical Ethics*, 44, 53-58.
- FRIESTAD, M. & WRIGHT, P. 1994. The Persuasion Knowledge Model: How People Cope with Persuasion Attempts. *Journal of Consumer Research*, 21, 1-31.
- FUCHS, D. & LEDERER, M. M. L. 2007. The Power of Business. *Business and Politics*, 9, 1-17.
- GALBRAITH-EMAMI, S. & LOBSTEIN, T. 2013. The Impact of Initiatives to Limit the Advertising of Food and Beverage Products to Children: A Systematic Review. *Obesity Reviews*, 14, 960-974.
- GERSON, K. & HOROWITZ, R. 2002. Observation and Interviewing: Options and Choices in Qualitative Research. *Qualitative Research in Action*. London: SAGE Publications Ltd.
- GIBSON, J. E. 2012. Interviews and Focus Groups With Children: Methods That Match Children's Developing Competencies. *Journal of Family Theory & Review*, 4, 148-159.
- GILLIAM, F. D. J. 2003. Right for the Wrong Reasons. *FrameWorks Institute Ezine*, 26 [Online]. Available from: <http://www.frameworksinstitute.org/ezine26.html> [Accessed 22 October 2019].
- GIUSTINI, D. 2006. How Web 2.0 is Changing Medicine: Is a Medical Wikipedia the Next Step? *BMJ*, 333, 1283-1284.
- GOFFMAN, E. 1974. *Frame Analysis*, Middlesex, Penguin Books Ltd.
- GOFFMAN, E. 1986. *Frame Analysis: An Essay on the Organisation of Experience*, New York, Northeastern University Press
- GOLDSTEIN, K. 2003. Getting in the Door: Sampling and Completing Elite Interviews. *PS: Political Science & Politics*, 35, 669-672.
- GORDON, M. E. & DE LIMA-TURNER, K. 1997. Consumer Attitudes towards Internet Advertising. *International Marketing Review*, 14, 362-375.
- GRÄVE, J.-F. 2017. *Exploring the Perception of Influencers Vs. Traditional Celebrities: Are Social Media Stars a New Type of Endorser?*, Toronto, ON, Canada, Association for Computing Machinery.
- GREEN, J. & THOROGOOD, N. 2014. *Qualitative Methods for Health Research*, London, SAGE Publications Ltd.
- GRIESBACH, D. & WATERTON, J. 2018. A Healthier Future - Action and Ambitions on Diet, Activity and Healthy Weight: Analysis of Consultation Responses. In: GOVERNMENT, S. (ed.). Griesbach & Associates.
- GUBA, E. G. & LINCOLN, Y. S. 1998. Competing Paradigms in Qualitative Research. In: DENZIN, N. K. & LINCOLN, Y. S. (eds.) *The Landscape of Qualitative Research: Theories and Issues*. London: SAGE Publications Ltd.
- GUEST, G., BUNCE, A. & JOHNSON, L. 2006. How Many Interviews Are Enough?: An Experiment with Data Saturation and Variability. *Field Methods*, 18, 59-82.
- HALFORD, J. C. G., BOYLAND, E. J., HUGHES, G. M., STACEY, L., MCKEAN, S. & DOVEY, T. M. 2008. Beyond-Brand Effect of Television Food Advertisements on Food Choice in Children: The Effects of Weight Status. *Public Health Nutrition*, 11, 897-904.
- HAMPP, A. 2012. *Beyonce Partners with Pepsi \$50 Million Deal* [Online]. Available: <https://www.billboard.com/articles/news/1481503/beyonce-partners-with-pepsi-for-50-million-deal> [Accessed 12 October 2018].
- HAND, M. 2012. *Ubiquitous Photography*, Cambridge, Polity Press.

- HANDSLEY, E., NEHMY, C., MEHTA, K. & COVENEY, J. 2014. A Children's Rights Perspective on Food Advertising to Children. *The International Journal of Children's Rights*, 22, 93-134.
- HARTMANN, T. 2010. *Unequal Protection: How Corporations Became People - and You Can Fight Back* California, Berrett-Koehler Publications, Inc.
- HARVEY, W. S. 2011. Strategies for Conducting Elite Interviews. *Qualitative Research*, 11, 431-441.
- HASTINGS, G. 2012. Why Corporate Power is a Public Health Priority. *BMJ : British Medical Journal*, 345.
- HASTINGS, G., MCDERMOTT, L., ANGUS, K., STEAD, M. & THOMSON, S. 2006. The Extent, Nature and Effects of Food Promotion to Children: A Review of the Evidence. World Health Organization.
- HASTINGS, G., STEAD, M., MCDERMOTT, L., FORSYTH, A., MACKINTOSH, A. M., RAYNEY, M., GODFREY, C., CARAHER, M. & ANGUS, K. 2003. Review of Research on the Effects of Food Promotion to Children: Final Report. Glasgow: Centre for Social Marketing, University of Strathclyde.
- HAWKES, C. 2005. Self-Regulation of Food Advertising: What it Can, Could and Cannot do to Discourage Unhealthy Eating Habits Among Children. *Nutrition Bulletin*, 30, 374-3825.
- HAWKES, C. 2006. Marketing Food to Children: Changes in the Global Regulatory Environment 2004-2006. World Health Organization.
- HAWKINS, B. & HOLDEN, C. 2013. Framing the Alcohol Policy Debate: Industry Actors and the Regulation of the UK Beverage Alcohol Market. *Critical Policy Studies*, 7, 53-71.
- HAWKINS, B. R. & MCCAMBRIDGE, J. 2018. Can Internal Tobacco Industry Documents Be Useful For Studying The UK Alcohol Industry? *BMC Public Health*.
- HAWKINS, K. W. & LINVILL, D. L. 2010. Public Health Framing of News Regarding Childhood Obesity in the United States. *Health Communication*, 25, 709-717.
- HEAD, B. W. 2008. Wicked Problems in Public Policy. *Public Policy*, 3, 101-118.
- HEARN, A. & SCHOENHOFF, S. 2016. From Celebrity to Influencer: Tracing the Diffusion of Celebrity Value across the Data Stream. In: MARSHALL, P. D. & REDMOND, S. (eds.) *A Companion to Celebrity*. West Sussex: John Wiley & Sons Ltd.
- HEATON, J. 2008. Secondary Analysis of Qualitative Data: An Overview. *Historical Social Research / Historische Sozialforschung*, 33, 33-45.
- HEINEN, M., MURRIN, C., DALY, L., O'BRIEN, J., HEAVEY, P., KILROE, J., O'BRIEN, M., SCULLY, H., MULHERN, L., LYNAM, A., HAYES, C., O'DWYER, U., ELDIN, N. & KELLEHER, C. 2014. The Childhood Obesity Surveillance Initiative (COSI) in the Republic of Ireland: Findings from 2008, 2010 and 2012. Dublin: Health: Service Executive.
- HENDERSON, J. 2015. Michel Foucault - Governmentality, Health Policy and the Governance of Childhood Obesity. *The Palgrave Handbook of Social Theory in Health, Illness and Medicine*.
- HIGGOTT, R., UNDERHILL, G. & BIELER, A. E. 2000. *Non-State Actors and Authority in the Global System*, London, Routledge
- HILTON, S., BUCKTON, C. H., PATTERSON, C., KATIKIREDDI, S. V., LLOYD-WILLIAMS, F., HYSENI, L., ELLIOTT-GREEN, A. & CAPEWELL, S. 2019. Following in the Footsteps of Tobacco and Alcohol? Stakeholder Discourse in UK newspaper Coverage of the Soft Drinks Industry Levy. *Public Health Nutrition*, 1-12.



- HINDS, P. S., VOGEL, R. J. & CLARKE-STEFFEN, L. 1997. The Possibilities and Pitfalls of Doing a Secondary Analysis of a Qualitative Data Set. *Qualitative Health Research*, 7, 408-424.
- HISCOCK, R., BRANSTON, J. R., MCNEILL, A., HITCHMAN, S. C., PARTOS, T. R. & GILMORE, A. B. 2018. Tobacco Industry Strategies Undermine Government Tax Policy: Evidence from Commercial Data. *Tobacco Control*.
- HM GOVERNMENT. 2019. *Further Advertising Restrictions for Products High in Fat, Salt and Sugar* [Online]. Department of Health and Social Care and Department for Digital, Culture, Media and Sport. Available: <https://www.gov.uk/government/consultations/further-advertising-restrictions-for-products-high-in-fat-salt-and-sugar> [Accessed May 13 2019].
- HM GOVERNMENT 2016. *Childhood Obesity: A Plan for Action*. United Kingdom.
- HOEK, J. 2015. Informed Choice and the Nanny State: Learning from the Tobacco Industry. *Public Health*, 129, 1038-1045.
- HOFFMAN, D. L. & NOVAK, T. P. 1996. Marketing in Hypermedia Computer-Mediated Environments: Conceptual Foundations. *Journal of Marketing*, 60, 50-68.
- HOLDEN, C., HAWKINS, B. & MCCAMBRIDGE, J. 2012. Cleavages and Co-operation in the UK Alcohol Industry: A Qualitative Study. *BMC Public Health*, 12, 483.
- HOLZSCHEITER, A. 2005. Discourse as Capability: Non-State Actors' Capital in Global Governance. *Millennium*, 33, 723-746.
- HOUSE OF COMMONS HEALTH & SOCIAL CARE COMMITTEE 2015a. *Childhood Obesity - Brave and Bold Action*. In: COMMITTEE, H. S. (ed.). London: House of Commons.
- HOUSE OF COMMONS HEALTH & SOCIAL CARE COMMITTEE 2015b. *Childhood Obesity Inquiry: Evidence Given by Duncan Selbie, Chief Executive, Public Health England, Jamie Oliver MBE*. Parliament Live.
- HOUSE OF COMMONS HEALTH & SOCIAL CARE COMMITTEE. 2016. *Childhood Obesity Inquiry* [Online]. Available: <http://www.parliament.uk/business/committees/committees-a-z/commons-select/health-committee/inquiries/parliament-2015/inquiry/> [Accessed 23 February 2016].
- HOUSE OF COMMONS HEALTH & SOCIAL CARE COMMITTEE. 2018a. *Childhood Obesity Inquiry* [Online]. Available: <https://www.parliament.uk/business/committees/committees-a-z/commons-select/health-committee/inquiries/parliament-2015/inquiry/publications/> [Accessed 2nd May 2018 2018].
- HOUSE OF COMMONS HEALTH & SOCIAL CARE COMMITTEE 2018b. *Childhood Obesity: Time for Action Eight Report of Session 2017-19*. In: COMMITTEE, H. O. C. H. (ed.). House of Commons.
- HUDDERS, L. & CAUBERGHE, V. 2018. The Mediating Role of Advertising Literacy and the Moderating Influence of Parental Mediation on How Children of Different Ages React to Brand Placements. *Journal of Consumer Behaviour*, 17, 197-210.
- HURWITZ, L. B., MONTAGUE, H. & WARTELLA, E. 2017. Food Marketing to Children Online: A Content Analysis of Food Company Websites. *Health Communications*, 32, 366-371.
- IP, J., MEHTA, K. P. & COVENEY, J. 2007. Exploring Parents' Perceptions of Television Food Advertising Directed at Children: A South Australian Study. *Nutrition & Dietetics*, 64, 50-58.

- JACKS, J. Z. & DEVINE, P. G. 2010. Attitude Importance, Forewarning of Message Content, and Resistance to Persuasion. *Basic and Applied Social Psychology*, 22, 19-29.
- JENKIN, G. L., SIGNAL, L. & THOMSON, G. 2011. Framing Obesity: The Framing Contest between Industry and Public Health at the New Zealand Inquiry into Obesity. *Obesity Reviews*, 12, 1022-1030.
- JERNIGAN, D. H. 2011. Global Alcohol Producers, Science, and Policy: The Case of the International Centre for Alcohol Policies. *American Journal of Public Health*, 102, 80-89.
- JOCHELSON, K. 2006. Nanny or Steward? The Role of Government in Public Health. *Public Health*, 120, 1149-1155.
- JOHN, D. R. 1999. Consumer Socialisation of Children: A Retrospective Look at Twenty-Five Years of Research. *Journal of Consumer Research*, 26, 183-213.
- KASS, N. E. 2004. Public Health Ethics: From Foundations and Frameworks to Justice and Global Public Health. *The Journal of Law, Medicine & Ethics*, 32.
- KATIKIREDDI, S. V., BOND, L. & HILTON, S. 2014. Changing Policy Framing as a Deliberate Strategy for Public Health Advocacy: A Qualitative Policy Case Study of Minimum Unit Pricing of Alcohol. *The Milbank Quarterly*, 92, 250-283.
- KATIKIREDDI, S. V., HIGGINS, M., SMITH, K. E. & WILLIAMS, G. 2013. Health Inequalities: The Need to Move Beyond Bad Behaviours. *Journal of Epidemiology and Community Health*, 67, 715-716.
- KELLOGGS. 2019. Krave [Online]. Available: [https://www.kelloggs.co.uk/en\\_GB/brands/krave-.html](https://www.kelloggs.co.uk/en_GB/brands/krave-.html) [Accessed 1st May 2019].
- KELLY, B., BAUR, L. A., BAUMAN, A. E., KING, L., CHAPMAN, K. & SMITH, B. J. 2011. "Food company sponsors are kind, generous and cool": (Mis)conceptions of Junior Sports Players. *International Journal of Behavioral Nutrition and Physical Activity*, 8, 95.
- KELLY, B., BOCHYNSKA, K., KORNMAN, K. & CHAPMAN, K. 2008. Internet Food Marketing on Popular Children's Websites and Food Product Websites in Australia. *Public Health Nutrition*, 11, 1180-1187.
- KELLY, B., CHAPMAN, K., HARDY, L. L., KING, L. & FARRELL, L. 2009. Parental Awareness and Attitudes of Food Marketing to Children: A Community Attitudes Survey of Parents in New South Wales, Australia. *Journal of Paediatrics and Child Health*, 45, 493-497.
- KELLY, B., HALFORD, J. C., BOYLAND, E. J., CHAPMAN, K., BAUSTISTA-CASTANO, I., BERG, C., CAROLI, M., COOK, B., COUTINO, J. G., EFFERTZ, T., GRAMMATIKAKI, E., KELLER, K., LEUNG, R., MANIOS, Y., MONTEIRO, Y., PEDLEY, C., PRELL, H., RAINE, K., RECINE, E., SERRA-MAJEM, L., SINGH, S. & SUMMERBELL, C. 2010. Television Food Advertising to Children: A Global Perspective. *American Journal of Public Health*, 100, 1730-1736.
- KELLY, B., VANDEVIJVERE, S., FREEMAN, B. & JENKIN, G. 2015. New Media but Same Old Tricks: Food Marketing to Children in the Digital Age. *Current Obesity Reports*, 4, 37-45.
- KENNEDY, A.-M., JONES, K. & WILLIAMS, J. 2019. Children as Vulnerable Consumers in Online Environments. *Journal of Consumer Affairs*, 0.
- KERSH, R., STROUP, D. F. & TAYLOR, W. C. 2011. Childhood Obesity: A Framework for Policy Approaches and Ethical Considerations. *Preventing Chronic Disease: Public Health Research, Practice & Policy*, 8, 1-5.



- KEZAR, A. 2003. Transformational Elite Interviews: Principles and Problems. *Qualitative Inquiry*, 9, 395-415.
- KICKBUSCH, I., ALLEN, L. & FRANZ, C. 2016. The Commercial Determinants of Health. *The Lancet Global Health*, 4, e895-e896.
- KIRK, S. F. L., PENNEY, T. L. & MCHUGH, T.-L. F. 2010. Characterizing the Obesogenic Environment: The State of the Evidence with Directions for Future Research. *Obesity Reviews*, 11, 109-117.
- KITZINGER, J. 1995. Qualitative Research. Introducing Focus Groups. *BMJ* 311, 299-302.
- KNAI, C., PETTICREW, M., DURAND, M. A., EASTMURE, E., JAMES, L., MEHROTRA, A., SCOTT, C. & MAYS, N. 2015. Has a Public-Private Partnership Resulted in Action on Healthier Diets in England? An Analysis of the Public Health Responsibility Deal Food Pledges. *Food Policy*, 54, 1-10.
- KNAI, C., PETTICREW, M., MAYS, N., CAPEWELL, S., CASSIDY, R., CUMMINS, S., EASTMURE, E., FAFARD, P., HAWKINS, B., JENSEN, J. D., KATIKIREDDI, S. V., MWATSAMA, M., ORFORD, J. & WEISHAAR, H. 2018. Systems Thinking as a Framework for Analyzing Commercial Determinants of Health. *The Milbank Quarterly*, 96, 472-498.
- KOON, A. D., HAWKINS, B. & MAYHEW, S. H. 2016. Framing and the Health Policy Process: A Scoping Review. *Health Policy and Planning*, 31, 801-816.
- KRUEGER, R. A. 1997. *Analyzing and Reporting Focus Group Results*, California, Sage.
- KUNKEL, D. 1990. The Role of Research in the Regulation of U.S. Children's Television Advertising. *Knowledge: Creation, Diffusion, Utilisation*, 12, 101-119.
- LACY-NICHOLS, J., SCRINIS, G. & CAREY, R. 2019. The politics of voluntary self-regulation: insights from the development and promotion of the Australian Beverages Council's Commitment. *Public Health Nutrition*, 1-12.
- LAKOFF, G. 1996. *Moral Politics: What Conservatives know that Liberals Don't*, Chicago, University of Chicago Press
- LEDGERWOOD, G. & BROADHURTS, A. I. 2000. *Environment, Ethics, and the Corporation*, New York, St. Martin's Press
- LEE, B. 2013. *Kellog's Frosties Mascot Tony the Tiger 'Not Facing the Axe'* [Online]. Available: <http://www.digitalspy.com/fun/news/a454720/kelloggs-frosties-mascot-tony-the-tiger-not-facing-the-axe/> [Accessed 12 October 2018].
- LEE, S. Y. 2010. Ad-Induced Affect: The Effects of Forewarning, Affect Intensity, and Prior Brand Attitude. *Journal of Marketing Communications*, 16, 225-237.
- LESSER, L. I., EBBELING, C. B., GOOZNER, M., WYPIJ, D. & LUDWIG, D. S. 2007. Relationship between Funding Source and Conclusion among Nutrition-Related Scientific Articles. *PLoS Medicine*, 4, 41-46.
- LEVY, D. & EGAN, D. 2000. Corporate Political Action in the Global Polity. In: HIGGOTT, R. A., UNDERHILL, G. R. D. & BIELER, A. (eds.) *Non-State Actors and Authority in the Global System*. London: Routledge.
- LEVY, D. & NEWELL, P. E. 2005. *The Business of Environmental Governance*, Cambridge, MIT Press.
- LEYLAND, A. H., DUNDAS, R., MCLOONE, P. & BODDY, F. A. 2007. Occasional Paper: Inequalities in Mortality in Scotland, 1981-2001. *Medical Research Council: Social and Public Health Sciences Unit/Chief Scientist Office*. Glasgow.

- LIOUTAS, E. D. & TZIMITRA-KALOGIANNA, I. 2015. 'I saw Santa drinking Soda!' Advertising and Children's Food Preferences. *Child: Care, Health and Development*, 41, 424-433.
- LIPSMAN, A., MUDD, G., RICH, M. & BRUICH, S. 2012. The Power of "Like": How Brands Reach (and Influence) Fan Through Social-Media Marketing. *Journal of Advertising Research*, 40-53.
- LISTER, R. 2006. Children (but not women) first: New Labour, child welfare and gender. *Critical Social Policy*, 26, 315-335.
- LIVINGSTONE, S. 2007. From Family Television to Bedroom Culture: Young People's Media at Home. In: DEVEREUX, E. (ed.) *Media Studies: Key Issues and Debates*. London: Sage.
- LIVINGSTONE, S. & HELSPER, E. J. 2006. Does Advertising Literacy Mediate the Effects of Advertising on Children? A Critical Examination of Two Linked Research Literatures in Relation to Obesity and Food Choice. *Journal of Communication*, 56, 560-584.
- LONG-SUTEHALL, T., SQUE, M. & ADDINGTON-HALL, J. 2011. Secondary Analysis of Qualitative Data: A Valuable Method for Exploring Sensitive Issues with an Elusive Population? *Journal of Research in Nursing*, 16, 335-344.
- LORING, B. & ROBERTSON, A. 2014. Obesity and Inequalities: Guidance for Addressing Inequities in Overweight and Obesity. In: SATTERLEY, N. (ed.). Copenhagen, Denmark.
- LUKES, S. 1974. *Power : A Radical View*, Basingstoke, UNITED KINGDOM, Macmillan Publishers Limited.
- MALLINCKRODT, V. & MIZERSKI, D. 2007. The Effects of Playing an Advergame on Young Children's Perceptions, Preferences, and Requests. *Journal of Advertising*, 36, 87-100.
- MARMOT, M. 2005. Social Determinants of Health Inequalities. *The Lancet*, 365, 1099-1104.
- MARTIN, M. C. 1997. Children's Understanding of the Intent of Advertising: A Meta-Analysis. *Journal of Public Policy & Marketing*, 16, 205-216.
- MASCHERONI, G. & OLAFSSON, K. 2014. Net Children Go Mobile: Risks & Opportunities. *EU Kids Online*. EU.
- MASON, J. 2002a. Qualitative Interviewing: Asking, Listening, and Interpreting. In: MAY, T. (ed.) *Qualitative Research in Action*. London: SAGE Publications Ltd.
- MASON, J. 2002b. *Qualitative Researching*, London, Sage Publications.
- MAY, T. & PERRY, B. 2011. Social Research & Reflexivity: Content, Consequences and Context. London: SAGE Publications Ltd.
- MCCAMBRIDGE, J., MIALON, M. A. M. & HAWKINS, B. R. 2018. Alcohol Industry Involvement in Policy Making. *Addiction*, 1-35.
- MCDERMOTT, L., O'SULLIVAN, T., STEAD, M. & HASTINGS, G. 2006. International Food Advertising, Pester Power and its Effects. *International Journal of Advertising*, 25, 513-539.
- MCKEE, M., STEELE, S. & STUCKLER, D. 2019. The Hidden Power of Corporations. *BMJ*, 364, l4.
- MCKEE, M. & STUCKLER, D. 2018. Revisiting the Corporate and Commercial Determinants of Health. *American Journal of Public Health*, 108, 1167-1170.
- MEDICAL RESEARCH COUNCIL. 2019. *GDPR Resources* [Online]. Available: <https://mrc.ukri.org/research/facilities-and-resources-for-researchers/regulatory-support-centre/gdpr-resources/> [Accessed 9 February 2019].

- MEHTA, K., COVENEY, J., WARD, P., MAGAREY, A., SPURRIER, N. & UDELL, T. 2010. Australian children's views about food advertising on television. *Appetite*, 55, 49-55.
- MIALON, M., SWINBURN, B. & SACKS, G. 2015. A Proposed Approach to Systematically Identify and Monitor the Corporate Political Activity of the Food Industry with Respect to Public Health using Publicly Available Information. *Obesity Reviews*, 16, 519-530.
- MILLER, D. & HARKINS, C. 2010. Corporate Strategy, Corporate Capture: Food and Alcohol Industry Lobbying and Public Health. *Critical Social Policy*, 30, 564-589.
- MITCHELL, S. J., SEE, H. M., TARKOW, A. K. H., CABRERA, N., MCFADDEN, K. E. & SHANNON, J. D. 2007. Conducting Studies with Fathers: Challenges and Opportunities. *Applied Developmental Science*, 11, 239-244.
- MONTGOMERY, K. C., CHESTER, J., GRIER, S. & DORFMAN, L. 2012. The New Threat of Digital Marketing. *Pediatric Clinics of North America*, 58, 659-675.
- MOODIE, A. R. 2017. What Public Health Practitioners Need to Know About Unhealthy Industry Tactics. *American Journal of Public Health*, 107, 1047-1049.
- MOODIE, R., STUCKLER, D., MONTEIRO, C., SHERON, N., NEAL, B., THAMARANGSI, T., LINCOLN, P. & CASSWELL, S. 2013. Profits and Pandemics: Prevention of Harmful Effects of Tobacco, Alcohol, and Ultra-Processed Food and Drink Industries. *The Lancet*, 381, 670-679.
- MOORE, E. S. 2004. Children and the Changing World of Advertising. *Journal of Business Ethics*, 52, 161-167.
- MOORE, T. 2016. *Jamie Oliver says Obesity Plan 'Underwhelming' and 'Disappointing'* [Online]. Sky News. Available: <https://news.sky.com/story/govt-missed-opportunity-with-obesity-plan-10541003> [Accessed 11 October 2018].
- MORGAN, D. 1998. *The Focus Group Guidebook*, California, Sage Publications, Ltd.
- MORGAN, D. L. 1996. *Focus Groups as Qualitative Research*, London, SAGE Publications, Ltd.
- MORLEY, B., CHAPMAN, K., MEHTA, K., KING, L., SWINBURN, B. & WAKEFIELD, M. 2008. Parental Awareness and Attitudes about Food Advertising to Children on Australian Television. *Australian and New Zealand Journal of Public Health*, 32, 341-347.
- MURPHY, E. 2003. Expertise and Forms of Knowledge in the Government of Families. *The Sociological Review*, 51, 433-462.
- NADERER, B., MATTHES, J., MARQUART, F. & MAYRHOFER, M. 2016. Children's Attitudinal and Behavioural Reactions to Product Placements: Investigating the Role of Placement Frequency, Placement Integration, and Parental Mediation. *International Journal of Advertising*, 37, 236-255.
- NAIRN, A. & HANG, H. 2014. *Advergaming: It's Not Child's Play*. Institute for Policy Research, University of Bath.
- NATIONAL OBESITY OBSERVATORY 2009. *Body Mass Index as a Measure of Obesity*. United Kingdom: National Health Service.
- NATIONAL STATISTICS 2017. *Statistics on Obesity, Physical Activity and Diet. NHS Digital*. England.
- NATIONAL STATISTICS 2018. *Statistics on Obesity, Physical Activity and Diet. NHS Digital*. England.

- NCD RISK FACTOR COLLABORATION 2017. Worldwide Trends in Body-Mass Index, Underweight, Overweight, and Obesity from 1975 to 2016: A Pooled Analysis of 2416 Population-Based Measurement Studies in 128·9 million Children, Adolescents, and Adults. *The Lancet*, 390, 2627-2642.
- NEERGAARD, M. A., OLESEN, F., ANDERSEN, R. S. & SONDERGAARD, J. 2009. Qualitative Description - The Poor Cousin of Health Research? *BMC Medical Research Methodology*, 9, 52.
- NESTLE, M. 2002. *Food Politics: How the Food Industry Influences Nutrition and Health.*, California, University of California Press.
- NEUWELT, P. M., GLEESON, D. & MANNERING, B. 2016. Patently Obvious: A Public Health Analysis of Pharmaceutical Industry Statements on the Trans-Pacific Partnership International Trade Agreement. *Critical Public Health*, 26, 159-172.
- NIMEGEER, A., PATTERSON, C. & HILTON, S. 2019. Media Framing of Childhood Obesity: A Content Analysis of UK Newspapers from 1996-2014. *Under submission: BMJ Open*.
- NORMAN, J., KELLY, B., MCMAHON, A. T., BOYLAND, E., BAUR, L. A., CHAPMAN, K., KING, L., HUGHES, C. & BAUMAN, A. 2018. Children's Self-Regulation of Eating Provides No Defense Against Television and Online Food Marketing. *Appetite*, 125, 438-444.
- OATES, C., BLADES, M. & GUNTER, B. 2002. Children and television advertising: when do they understand persuasive intent? *Journal of Consumer Behaviour*, 1, 238-245.
- OBESITY HEALTH ALLIANCE. 2018. *Obesity Health Alliance* [Online]. Available: <http://obesityhealthalliance.org.uk/> [Accessed 8th October 2018].
- OECD 2017. Obesity Update 2017.
- OFCOM. 2016. *Children and Parents: Media Use and Attitudes Report* [Online]. Ofcom. Available: <http://www.ofcom.org.uk/> [Accessed April 9 2016].
- OFCOM 2017. *Children and Parents: Media Use and Attitudes Report*. UK: Ofcom.
- OFCOM 2018. *Children and Parents: Media Use and Attitudes Report 2018*.
- OLIVER, J. 2016. *Jamie's Strategy to Combat Childhood Obesity* [Online]. Available: <http://www.jamieoliver.com/theplan/> [Accessed April 9 2016].
- OTERO, G. 2018. *The Neoliberal Diet: Healthy Profits, Unhealthy People*, Texas, University of Texas Press.
- OTTEN, A. L. 1992. The Influence of the Mass Media on Health Policy. *Health Affairs*, 11, 111-118.
- OXFORD LEARNER'S DICTIONARIES. 2018. *Advocacy Group* [Online]. Oxford University Press. Available: <http://www.oxfordlearnersdictionaries.com/definition/english/advocacy-group> [Accessed February 5 2016].
- PAEK, H.-J., KIM, S., HOVE, T. & HUH, J. Y. 2014. Reduced Harm or Another Gateway to Smoking? Source, Message, and Information Characteristics of E-Cigarette Videos on YouTube. *Journal of Health Communication*, 19, 545-560.
- PANIC, K., CAUBERGHE, V. & DE PELSMACKER, P. 2013. Comparing TV Ads and Advergaming Targeting Children: The Impact of Persuasion Knowledge on Behavioral Responses. *Journal of Advertising*, 42, 264-273.
- PATTERSON, C., SEMPLE, S., WOOD, K., DUFFY, S. & HILTON, S. 2015. A Quantitative Content Analysis of UK Newsprint Coverage of Proposed Legislation to Prohibit Smoking in Private Vehicles Carrying Children. *BMC Public Health*, 15, 760.



- PECHMANN, C., LEVINE, L., LOUGHLIN, S. & LESLIE, F. 2005. Impulsive and Self-Conscious: Adolescents' Vulnerability to Advertising and Promotion. *Journal of Public Policy & Marketing*, 24, 202-221.
- PETERSON, L. & LEWIS, K. E. 1988. Preventive Intervention to Improve Children's Discrimination of the Persuasive Tactics in Televised Advertising. *Journal of Pediatric Psychology*, 13, 163-170.
- PETERSON, P. E., JEFFREY, D. B., BRIDGWATER, C. A. & DAWSON, B. 1984. How Pronutrition Television Programming Affects Children's Dietary Habits. *Developmental Psychology*, 20, 55-63.
- PETTICREW, M., KATIKIREDDI, S. V., KNAI, C., CASSIDY, R., HESSARI, N. M., THOMAS, J. & WEISHAAR, H. 2017a. 'Nothing can be done until everything is done': The Use of Complexity Arguments by Food, Beverage, Alcohol and Gambling Industries. *Journal of Epidemiology and Community Health*, 71, 1078-1083.
- PETTICREW, M., MAANI, H. N., KNAI, C. & WEIDERPASS, E. 2018. How Alcohol Industry Organisations Mislead the Public About Alcohol and Cancer. *Drug and Alcohol Review*, 37, 293-303.
- PETTICREW, M., SHEMILT, I., LORENC, T., MARTEAU, T. M., MELENDEZ-TORRES, G. J., O'MARA-EVES, A., STAUTZ, K. & THOMAS, J. 2017b. Alcohol Advertising and Public Health: Systems Perspectives Versus Narrow Perspectives. *Journal of Epidemiology and Community Health*, 71, 308-312.
- PETTIGREW, S., TARABASHKINA, L., ROBERTS, M., QUESTER, P., CHAPMAN, K. & MILLER, C. 2013. The Effects of Television and Internet Food Advertising on Parents and Children. *Public Health Nutrition*, 16, 2205-2212.
- PETTY, R. E. & CACIOPPO, J. T. 1979. Effects of Forewarning of Persuasive Intent and Involvement on Cognitive Responses and Persuasion. *Personality and Social Psychology Bulletin*, 5, 173-176.
- PHILIP MORRIS 1999. PM21 Overview. *Philip Morris Records*.
- PRAKASH, A. 2002. Beyond Seattle: Globalization, the Nonmarket Environment and Corporate Strategy. *Review of International Political Economy*, 9, 513-537.
- PROLIFIC NORTH 2016. Vimto's toadally awesome Snapchat lens. YouTube.
- PROUT, A. 2000. Children's participation: control and self-realisation in British late modernity. *Children & Society*, 14, 304-315.
- PUBLIC HEALTH ENGLAND. 2017. *Health Matters: Obesity and the Food Environment* [Online]. GOV.UK. Available: <https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2> [Accessed 26 March 2018].
- PURCELL, M. 2010. Raising Healthy Children: Moral and Political Responsibility for Childhood Obesity. *Journal of Public Health Policy*, 31, 433-446.
- RAYNER, G. 2012. Does Celebrity Involvement in Public Health Campaigns Deliver Long Term Benefit? No. *BMJ*, 345.
- RICHARDS, D. 1996. Elite Interviewing: Approaches and Pitfalls. *Politics*, 16, 199-204.
- RICHARDS, Z., THOMAS, S. L., RANDLE, M. & PETTIGREW, S. 2015. Corporate Social Responsibility Programs of Big Food In Australia: A Content Analysis of Industry Documents. *Australian and New Zealand Journal of Public Health*, 39, 550-556.
- ROSE, G. 2001. Sick Individuals and Sick Populations. *International Journal of Epidemiology*, 30, 427-432.

- ROZENDAAL, E., BUIJS, L. & VAN REIJMERSDAL, E. A. 2016. Strengthening Children's Advertising Defenses: The Effects of Forewarning of Commercial and Manipulative Intent. *Frontiers in Psychology*, 7, 1-11.
- ROZENDAAL, E., BUIJZEN, M. & VALKENBURG, P. 2010. Comparing Children's and Adults' Cognitive Advertising Competences in the Netherlands. *Journal of Children and Media*, 4, 77-89.
- ROZENDAAL, E., BUIJZEN, M. & VALKENBURG, P. 2015. Children's Understanding of Advertisers' Persuasive Tactics. *International Journal of Advertising*, 30, 329-350.
- RUSSELL, N. J. 2006. An Introduction to the Overton Window of Political Possibilities. *Mackinac Centre for Public Policy* [Online]. Available from: <https://www.mackinac.org/7504> [Accessed 04/11/2019].
- SAGARIN, B. J., CIALDINI, R. B., RICE, W. E. & SERNA, S. B. 2002. Dispelling the Illusion of Invulnerability: The Motivations and Mechanisms of Resistance to Persuasion. *Journal of Personality and Social Psychology*, 83, 526-541.
- SANDBERG, H., GIDLOF, K. & HOLMBERG, N. 2011. Children's Exposure to and Perceptions of Online Advertising. *International Journal of Communications*, 5, 21-50.
- SANDELOWSKI, M. 2000. Whatever Happened to Qualitative Description? *Research in Nursing & Health*, 23, 334-340.
- SAVELL, E., FOOKS, G. & GILMORE, A. B. 2016a. How Does the Alcohol Industry Attempt to Influence Marketing Regulations? A Systematic Review. *Addiction*, 111, 18-32.
- SAVELL, E., GILMORE, A. B. & FOOKS, G. J. 2014. How Does the Tobacco Industry Attempt to Influence Marketing Regulations? A Systematic Review. *PLOS ONE*, 9, 10.
- SAVELL, E., GILMORE, A. B. & FOOKS, G. J. 2016b. How Does the Tobacco Industry Attempt to Influence Marketing Regulations? A Systematic Review. *PLOS ONE*, 9, 10.
- SCHLOSSER, A. E., SHAVITT, S. & KANFER, A. 1999. Survey of Internet Users' Attitudes toward Internet Advertising. *Journal of Interactive Advertising*, 13, 34-54.
- SCHOR, J. B. 2004. *Born to Buy: The Commercialized Child and the New Consumer Culture*, New York, Scribner.
- SCOTT-SAMUEL, A. & SMITH, K. E. 2015. Fantasy Paradigms of Health Inequalities: Utopian Thinking? *Social Theory & Health*, 13, 418-436.
- SCOTT, C., HAWKINS, B. & KNAI, C. 2017. Food and Beverage Product Reformulation as a Corporate Political Strategy. *Social Science & Medicine*, 172, 37-45.
- SCOTTISH GOVERNMENT 2010. Preventing Overweight and Obesity in Scotland: A Route Map Towards Healthy Weight. Edinburgh: Scottish Government.
- SCOTTISH GOVERNMENT 2017. A Healthier Future - Action and Ambitions on Diet, Activity and Healthy Weight: Consultation Document.
- SCOTTISH GOVERNMENT. 2018. *The Scottish Index of Multiple Deprivation* [Online]. Available: <http://www.gov.scot/Topics/Statistics/SIMD> [Accessed 12 December 2016].
- SCOTTISH GOVERNMENT 2019. Diet and Healthy Weight Monitoring Report. Scotland: Scottish Government.
- SCULLY, M., WAKEFIELD, M., NIVEN, P., CHAPMAN, K., CRAWFORD, D., PRATT, I. S., BAUR, L. A., FLOOD, V. & MORLEY, B. 2012. Association between food marketing exposure and adolescents' food choices and eating behaviors. *Appetite*, 58, 1-5.

- SCULLY, P., REID, O., MACKEN, A., HEALY, M., SAUNDERS, J., LEDDIN, D., CULLEN, W., DUNNE, C. & O'GORMAN, C. S. 2014. Food and Beverage Cues in UK and Irish Children—Television Programming. *Archives of Disease in Childhood*, 99, 979-984.
- SCUTCHFIELD, F. D., IRESON, C. & HALL, L. 2004. The Voice of the Public in Public Health Policy and Planning: the Role of Public Judgment. *Journal of Public Health Policy*, 25, 197-205.
- SEALE, C. 1999. *The Quality of Qualitative Research*, London, SAGE Publications Ltd.
- SMITH, K. E. 2006. Problematising Power Relations in 'Elite' Interviews. *Geoforum*, 37, 643-653.
- SMITH, K. E., SAVELL, E. & GILMORE, A. B. 2013. What is Known about Tobacco Industry Efforts to Influence Tobacco Tax? A Systematic Review of Empirical Studies. *Tobacco Control*, 22, e1-e1.
- SMITH, R., KELLY, B., YEATMAN, H. & BOYLAND, E. 2019. Food Marketing Influences Children's Attitudes, Preferences and Consumption: A Systematic Critical Review. *Nutrients*, 11, 875.
- SNAPCHAT. 2019. *Snapchat* [Online]. Available: <https://www.snapchat.com/l/en-gb/> [Accessed 28/11/2019 2019].
- SPENCER, L., RITCHIE, J. & O'CONNOR, W. 2003. Analysis: Practices, Principles and Processes. In: RITCHIE, J. & LEWIS, J. (eds.) *Qualitative Research Practice: A Guide for Social Science Students and Researchers*. London: Sage Publications Ltd.
- STAMATAKIS, E., WARDLE, J. & COLE, T. J. 2009. Childhood Obesity and Overweight Prevalence Trends in England: Evidence for Growing Socioeconomic Disparities. *International Journal Of Obesity*, 34, 41.
- STEPHENS, N. 2007. Collecting Data from Elites and Ultra Elites: Telephone and Face-to-Face Interviews with Macroeconomists. *Qualitative Research*, 7, 203-216.
- STORY, M. & FRENCH, S. 2004. Food Advertising and Marketing Directed at Children and Adolescents in the US. *International Journal of Behavioural Nutrition and Physical Activity*, 1, 1-17.
- STRAUSS, A. & CORBIN, J. 1990. *Basics of Qualitative Research: Grounded Theory Procedures and Techniques*, California, Sage Publications, Inc.
- STUCKLER, D., MCKEE, M., EBRAHIM, S. & BASU, S. 2012. Manufacturing Epidemics: The Role of Global Producers in Increased Consumption of Unhealthy Commodities Including Processed Foods, Alcohol, and Tobacco. *PLoS Medicine*, 9, 1-8.
- STUCKLER, D., RUSKIN, G. & MCKEE, M. 2018. Complexity and Conflicts of Interest Statements: A Case-Study of Emails Exchanged Between Coca-Cola and the Principal Investigators of the International Study of Childhood Obesity, Lifestyle and the Environment (ISCOLE). *Journal of Public Health Policy*, 39, 49-56.
- STUDLAR, D. & CAIRNEY, P. 2019. Multilevel governance, public health and the regulation of food: is tobacco control policy a model? *Journal of Public Health Policy*.
- SWINBURN, B., EGGER, G. & RAZA, F. 1999. Dissecting Obesogenic Environments: The Development and Application of a Framework for Identifying and Prioritizing Environmental Interventions for Obesity. *Preventive Medicine*, 29, 563-570.
- SWINBURN, B. A., SACKS, G., HALL, K. D., MCPHERSON, K., FINEGOOD, D. T., MOODIE, M. L. & GORTMAKER, S. L. 2011. The Global Obesity Pandemic:

- Shaped by Global Drivers and Local Environments. *The Lancet*, 378, 804-814.
- TATLOW-GOLDEN, M., TRACEY, L. & DOLPHIN, L. 2016. Who's Feeding the Kids Online? Digital Food Marketing and Children in Ireland. Ireland.
- TEDSTONE, A., TARGETT, V. & ALLEN, R. 2015. Sugar Reduction: the Evidence for Action. Public Health England.
- TESLER, L. E. & MALONE, R. E. 2008. Corporate Philanthropy, Lobbying, and Public Health Policy. *American Journal of Public Health*, 98, 2123.
- THE SCOTTISH GOVERNMENT 2018. A Healthier Future - Scotland's Diet & Healthy Weight Delivery Plan. Edinburgh The Scottish Government.
- THE UNITED NATIONS 1990. The United Nations Convention on the Rights of the Child.
- THOMAS, C., HOOPER, L., PETTY, R., THOMAS, F., ROSENBERG, G. & VOHRA, J. 2018a. 10 Years On: New Evidence on TV Marketing and Junk Food Eating Amongst 11-19 Year Olds 10 Years After Broadcast Regulations. Cancer Research UK.
- THOMAS, F., HOOPER, L., PETTY, R., THOMAS, C., ROSENBERG, G. & VOHRA, J. 2018b. A Prime Time for Action: New Evidence on the Link Between Television and On-Demand Marketing and Obesity. Cancer Research UK.
- TOD, E., BROMLEY, C., MILLARD, A. D., BOYD, A., MACKIE, P. & MCCARTNEY, G. 2017. Obesity in Scotland: A Persistent Inequality. *International Journal for Equity in Health*, 16, 135.
- TRIVETT, V. 2011. 25 US Mega Corporations: Where they Rank if they were Countries [Online]. Available: <https://www.businessinsider.com/25-corporations-bigger-tan-countries-2011-6?r=US&IR=T> [Accessed 12 December 2018].
- TRUONG, Y., MCCOLL, R. & KITCHEN, P. 2010. Practitioners' Perceptions of Advertising Strategies for Digital Media. *International Journal of Advertising*, 29, 709-725.
- TURNER, S. & JONES, C. 2018. The Milkybar 'Kid': Nestlé, Childhood Obesity and the Regulation of Advertising of High Sugar and Fat Ultra-Processed Products. *Bdj*.
- TUTEN, T. L. 2008. *Advertising 2.0: Social Media Marketing in a Web 2.0 World*, Westport, Praeger Publishers.
- UK PARLIAMENT. 2016. *Childhood Obesity Inquiry* [Online]. Available: <http://www.parliament.uk/business/committees/committees-a-z/commons-select/health-committee/inquiries/parliament-2015/inquiry/> [Accessed 23 February 2016].
- UNIVERSITY OF GLASGOW. 2019. *Data Protection and Freedom of Information Office* [Online]. Available: <https://www.gla.ac.uk/myglasgow/dpfoioffice/> [Accessed 9th January 2019].
- UR, B., LEON, P. G., CRANOR, L. F., SHAY, R. & WANG, Y. 2012. Smart, Useful, Scary, Creepy: Perceptions of Online Behavioural Advertising. *Symposium on Usable Privacy and Security*.
- VALKENBURG, P. M. 2000. Media and Youth Consumerism. *Journal of Adolescent Health*, 32, 52-56.
- VAN GORP, B. 2010. Strategies to Take Subjectivity Out of Framing Analysis In: D'ANGELO, P. & KUPERS, J. (eds.) *Doing News Framing Analysis: Empirical and Theoretical Perspectives*. New York: Routledge.
- VAN REIJMERSDAL, E. A., JANSZ, J., PETERS, O. & VAN NOORT, G. 2010. The Effects of Interactive Brand Placements in Online Games on Children's



- Cognitive, Affective, and Conative Brand Responses. *Computers in Human Behavior*, 26, 1787-1794.
- VERWEIJ, M. & DAWSON, A. 2013. Public Health Ethics. In: LAFOLLETTE, H. (ed.) *The International Encyclopaedia of Ethics*. John Wiley & Sons.
- VIJAYALAKSHMI, A., LIN, M. H. & LACZNAK, R. N. 2018. Managing Children's Internet Advertising Experiences: Parental Preferences for Regulation. *Journal of Consumer Affairs*, 0.
- WALT, G. 2004. *Health Policy: An Introduction to Process and Power*, London, Zed Books Ltd.
- WEBER, K., STORY, M. & HARNACK, L. 2006. Internet Food Marketing Strategies Aimed at Children and Adolescents: A Content Analysis of Food and Beverage Brand Web Sites. *Journal of the American Dietetic Association*, 106, 1463-1466.
- WEI, M., FISCHER, E. & MAIN, K. J. 2008. An Examination of the Effects of Activating Persuasion Knowledge on Consumer Response to Brands Engaging in Covert Marketing. *Journal of Public Policy and Marketing*, 27, 34-44.
- WEIBLE, C. M., HEIKKILA, T., DELEON, P. & SABATIER, P. A. 2012. Understanding and Influencing the Policy Process. *Policy Sciences*, 45, 1-21.
- WEISHAAR, H., AMOS, A. & COLLIN, J. 2016. Unpacking Commercial Sector Opposition to European Smoke-Free Policy: Lack of Unity, 'Fear of Association' and Harm Reduction Debates. *Tobacco Control*, 25, 422-429.
- WHALEN, R., HARROLD, J., CHILD, S., HALFORD, J. & BOYLAND, E. 2017. Children's Exposure to Food Advertising: The Impact of Statutory Restrictions. *Health Promotion International*, 34, 227-235.
- WIIST 2011. The Corporate Play Book, Health, and Democracy: The Snack Food and Beverage Industry's Tactics in Context. In: STUCKLER, D. & SIEGEL, K. (eds.) *Sick Societies: Responding to the Global Challenge of Chronic Disease*. United States: Oxford University Press.
- WIKLER, D. 2004. Personal and Social Responsibility. In: AMAND, S., PETER, F. & SEN, A. (eds.) *Public Health Ethics and Equity*. Oxford: Oxford University Press.
- WILEY, L. F., BERMAN, M. L. & BLANKE, D. 2013. Who's Your Nanny?: Choice, Paternalism and Public Health in the Age of Personal Responsibility. *The Journal of Law, Medicine & Ethics*, 41, 88-91.
- WILKINSON, S. 1998. Focus Groups in Health Research: Exploring the Meanings of Health and Illness. *Journal of Health Psychology*, 3, 329-348.
- WILSON, R. 2014. One for the Boys - Love the Glove! Robert Wilson [Online]. Available from: <http://www.robertjwilson.com/news/one-for-the-boys-love-the-glove> [Accessed April 9 2016].
- WISE, K., BOLLS, P. D., KIM, H., VENKATARAMAN, A. & MEYER, R. 2008. Enjoyment of Advergaming and Brand Attitudes: The Impact of Thematic Relevance. *Journal of Interactive Advertising*, 9, 27-36.
- WORLD HEALTH ORGANIZATION 2006. Marketing of Food and Non-Alcoholic Beverages to Children: Report of WHO Forum and Technical Meeting, Oslo, Norway, 2-5 May 2006. World Health Organisation.
- WORLD HEALTH ORGANIZATION 2010. Set of Recommendations on the Marketing of Foods and Non-Alcoholic Beverages to Children. World Health Organisation.
- 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.

- WORLD HEALTH ORGANIZATION. WHO Director-General Addresses Health Promotion Conference: Opening Address. 8th Global Conference on Health Promotion, 2013 Helsinki, Finland.
- WORLD HEALTH ORGANIZATION 2014a. European Food and Nutrition Plan 2015-2020. *Regional Committee for Europe 64th Session*.
- WORLD HEALTH ORGANIZATION 2014b. Seminar on Working Across Sectors for Noncommunicable Diseases (NCD): Policy Responses to Marketing of Alcohol and Food Marketing to Children. World Health Organization Regional Office for Europe.
- WORLD HEALTH ORGANIZATION 2016. Report of the Commission on Ending Childhood Obesity. Switzerland: World Health Organisation.
- YOUNG, B. 2015. Does Food Advertising Influence Children's Food Choices? A Critical Review of Some of the Recent Literature. *International Journal of Advertising*, 22, 441-459.
- ZELLER, R. A. 1993. Focus Group Research on Sensitive Topics: Setting the Agenda without Setting the Agenda. In: MORGAN, D. L. (ed.) *Successful Focus Groups: Advancing the State of the Art*. California SAGE Publications, Inc.
- ZIMMERMAN, F. J. & BELL, J. F. 2010. Associations of Television Content Type and Obesity in Children. *American Journal of Public Health*, 100, 334-340.

