

“IT’S JUST THERE TO TRICK YOU”

**A QUALITATIVE STUDY OF 11-19 YEAR
OLDS’ PERCEPTIONS OF FOOD AND
DRINK MARKETING**



**CANCER
RESEARCH
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The authors are solely responsible for the content of the report.

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FOREWORD

I am delighted to present this report exploring how young people aged 11-19 perceive food and drink marketing.

After smoking, obesity is the biggest preventable cause of cancer. It is responsible for 18,000 cancer cases in the UK every year. Obesity is a risk for thirteen types of cancer, including breast, bowel and oesophageal cancer.

In 2015, 30% of school age children were overweight or obese. Of these young people, a disproportionate amount come from deprived households. As overweight or obese children are five times more likely to be overweight or obese adults, this constitutes a significant public health problem.

Past research has often showed that the more junk food marketing a young person sees, the worse their diet. Television advertising has often been shown to be the most influential junk food marketing medium. The strength of this evidence led to new broadcast advertising regulations in 2008. These prevented adverts on television shows specifically designed for children.

However, even at the time, it seemed unlikely that these regulations were more than a first step in tackling the problem. It is particularly problematic that they do not address the main ways young people are exposed to junk food marketing. This is during 'family television' - including soaps, reality TV and entertainment shows. Junk food marketing on these shows remains prevalent and generally unregulated.

It is crucial that research reassesses how young people engage with and perceive junk food marketing, especially on television, in the context of current policies and regulations. Previous Cancer Research UK reports have already shown how primary school age children are influenced by marketing. This report explores if and how young people 11-19 are perceive food and drink marketing as influential in their food and drink preferences and choices.

The findings will contribute to our understanding of how marketing works, and the effect it has. In turn, this helps us understand the dietary habits of children and families, allowing us to assess whether current regulations are fit for purpose and, if not, to advise on what further policy and policy research is needed.

This report was commissioned by the Policy Research Centre for Cancer Prevention. The Centre is part of Cancer Research UK's commitment to produce high quality research, building evidence to inform policy development on topics relevant to cancer prevention. Data for this study were collected by NatCen and the Institute of Social Marketing, University of Stirling.



Professor Linda Bauld
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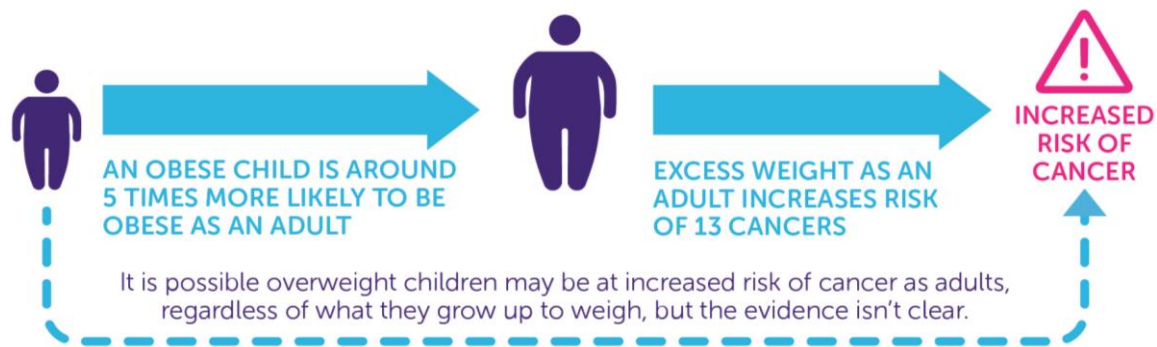
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LIST OF ACRONYMS

Cancer Research UK	CRUK
Institute for Social Marketing	ISM
Policy Research Centre for Cancer Prevention	PRCP
Youth Tobacco Policy Survey	YTPS
Products that are high in fat, salt or sugar	HFSS
Broadcasting Committee of Advertising Practice	BCAP

EXECUTIVE SUMMARY

HOW DOES OBESITY IN CHILDHOOD AFFECT CANCER RISK AS AN ADULT?



Source: cruk.org/childhoodobesity

Obesity is the biggest preventable risk factor for cancer after smoking and is associated with around 18,100 cancer cases a year in the UK (about 5% of all cancer cases)¹. Overweight and obesity is related to thirteen types of cancers², with the largest number of weight-linked cases in the UK being breast, bowel and womb¹. Furthermore, modelling studies estimate that if current trends of overweight and obesity continued, it would lead to a further 670,000 cancer cases by 2035³. The cost of this rise in obesity to the NHS would be an additional £2.5 billion/year.

Youth obesity constitutes a specific problem. Incidence has plateaued at an alarmingly high level, with Public Health England's most recent National Child Measurement Programme trends analysis showing that around one third of 11 year olds are obese⁴. An obese child is five times more likely to become an obese adult⁵, increasing their health and cancer risks and causing psychological⁶ harm in the short term. No single factor explains the increase in levels of obesity, but research points to factors as diverse as genetics, exercise and increasing food consumption⁷⁻¹¹. However, factors which increase food consumption have been shown to have the largest impact^{7,12,13}.

The evidence base is clear that television marketing exposure increases food

consumption and weight¹⁴⁻¹⁷. In answer to this evidence, regulations were introduced in the UK in 2008 preventing junk food marketing on programmes designed for children. Yet, it is uncertain whether these decade-old regulations are sufficient to reduce child and adolescent marketing exposure to acceptable levels. Particularly, changes in viewing habits might lead to problems. A substantial amount of young people's TV consumption now comes in evenings and weekends – and often peaks between 7:00-8pm¹⁸. The shows at these times – such as soaps, entertainment and reality TV – generally escape junk food marketing regulations. Research is needed to assess whether current regulations are genuinely sufficient or if further protections are needed.

This report, based on eight focus groups of forty-one British 11-19 year olds, helps fill that research gap. It is one of the first Britain-wide qualitative explorations of the link between junk food marketing and food/drink choices in the context of current UK regulations, and will provide new evidence for policy.

“[The adverts] like, got nothing to do with the food... it's just trying to catch your eye... It's just there to trick you.”

FINDINGS

YOUNG PEOPLE ARE INFLUENCED IN A VARIETY OF WAYS

A wide range of factors underpinned participants' perceptions of what motivated their food/drink choices. Television (TV) advertising was most frequently mentioned, alongside non-broadcast (e.g. bus stop adverts) and social media.

Less traditional forms of marketing were also discussed. Price, promotions and deals (from lunch 'meal deals' to very specific descriptions of favourite promotional deals) were influential in purchasing decisions. Equally, the colourful, youthful, and/or bright designs of many high fat, salt or sugar (HFSS) products seemed better tailored to this demographic – especially when compared to often “dull” healthy choices.

TV MARKETING IS PARTICULARLY INFLUENTIAL

TV Marketing had particular impact. Even those young people who said they watched very little TV or actively avoided marketing could name a favourite junk food TV advert. They worked through a variety of persuasive techniques, including catchy slogans and jingles, celebrity endorsements or by specifically referencing youth culture:

“...their advertising is on point... Every time someone says, 'it gives you wings' you think

of [energy drink]...”

The appeal of junk foods adverts subsequently increased brand knowledge, recall and recognition, and consumption. At times, there were even detailed descriptions by participants of how marketing influenced them to consume food/drink they would not have otherwise:

“I think that new [Name of fast-food restaurant] advert where the alternative girl with the bright blue hair is making the wrap... So if a young person sees it on the telly they're gonna know that young people are gonna go and get it just to see if they see the girl...”

YOUNG PEOPLE DISLIKE “DISHONEST” JUNK FOOD MARKETING, BUT ARE STILL VULNERABLE TO IT

There was a concern in some focus groups that marketing targeted younger people, who might lack the skills to distinguish advert from reality:

“Like when I was little they used to do the [Name of biscuits] advert and puppies coming out of the packet and I used to believe that when I was little!”

However, most participants showed a surprising level of media literacy, identifying a number of ways marketing worked to persuade them to buy. This often led to negative perceptions of junk food marketing:

“‘[soft drink]!’ ... it's just trying to catch your eye, stick in your head, and it gives you nothing about, like, the nutritional value, whether you're actually making a good choice. It's just there to trick you.”

Yet there was no evidence that these negative perceptions diminished junk food marketing's appeal. This shows even older and more media aware participants were vulnerable to junk food marketing – and that it has a much larger impact than previously thought.

POLICY AND HEALTH IMPLICATIONS

Young people were exposed to a significant quantity of junk food marketing, and described it as an influence on their perceptions and choices. TV marketing was the most important medium and was discussed the most frequently, in the most detail. Participants worried that this exposure would impact younger, less media aware children. However, our analysis also shows marketing impacted the choices and perceptions of older, more media aware participants. Even though they realised the tactics marketing used, and felt negatively about it, they were nonetheless highly vulnerable to its targeted 'persuasive intent'. This higher than expected impact of junk food marketing makes a case for wider, more inclusive protections for children and adolescents in the UK.

This evidence further supports the case for restrictions on junk food marketing. Given

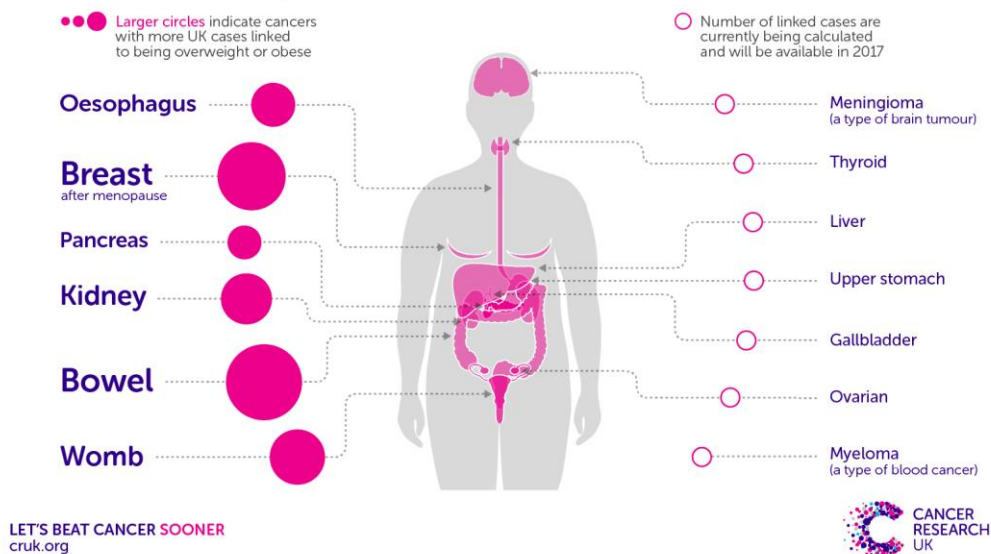
Ofcom's figures suggest family viewing shows are currently a major source of exposure for this demographic, these should focus on 'family viewing' shows – particularly those broadcast before 9pm. This would put the strongest regulation on the shows young people watch the most - including soaps, talent shows and family entertainment, which are generally unregulated.

This would be a proportional response. It would align marketing regulations with their stated purpose of dropping young people's exposure to junk food marketing to acceptable levels. It could be achieved without legislation – for example, via the Broadcasting Committee of Advertising Practice (BCAP) and Ofcom. Whilst this is not sufficient to tackle childhood obesity entirely by itself, it is the most pragmatic and sustainable next step, offering policy makers a way to positively impact the increasing rates seen in the UK.

INTRODUCTION

Obesity is the biggest preventable risk factor for cancer after smoking and is associated with around 18,100 cancer cases a year in the UK (about 5% of all cancer cases)¹. Overweight and obesity is related to thirteen types of cancers² with the largest number of weight-linked cases in the UK being breast, bowel and womb¹. Between 1998 and 2008, obesity in England increased between 2.0 – 2.8 times¹¹. Furthermore, modelling studies estimate that if current trends of overweight and obesity continue, it will lead to a further 670,000 cancer cases by 2035³. The cost of this rise in obesity to the NHS would be an extra £2.5 billion/year.

BEING OVERWEIGHT CAN CAUSE 13 TYPES OF CANCER



Youth obesity constitutes a specific problem. Levels have plateaued at an alarmingly high levels, with Public Health England's most recent National Child Measurement Programme trends analysis showing that around one third of 11 year olds are obese⁴ causing both physiological and psychological harm to children and young people (CYPs)^{6,19}. Moreover, an obese child is five times more likely to become an obese adult⁵. There is no one reason that explains this rise in levels of obesity amongst young people. Research has pointed to factors as diverse as genetics, exercise levels and increasing levels of food/drink consumption⁷⁻¹¹. However, factors which increase food consumption are thought to best explain the sharp rise in incidence^{7,12}.

The evidence base is clear on the impact of television marketing exposure on diet and weight. Systematic reviews¹⁷ and experimental studies²⁰ have both associated marketing with increased unhealthy eating/increased weight. Other studies have shown that young people are more likely to choose HFSS products after being exposed to a HFSS advert; or to eat and drink HFSS products while watching television where HFSS marketing is more prevalent^{15,21-28}. Put simply, HFSS marketing has the power to create short-term cravings and to also influence longer term diet choices.

BOX 1: HFSS Foods

HFSS foods are foods that are high in fat, salts and sugar, based on the nutrient profiling model by the Food Standards Agency (FSA) and Ofcom.

In light of these findings, the importance of marketing regulations have been highlighted by a number of national and international bodies. Most notably, the World Health Assembly (the governing body of the World Health Organisation) accepted the findings of the Commission on Ending Childhood Obesity in 2016 (ECHO) ²⁹, stressing the need to decrease “the exposure of children and adolescents to, and the power of, the marketing of unhealthy foods”.

In answer to this evidence, HFSS food regulations were updated in the UK in 2008. These are mostly industry led, supported by some government legislation. They prevent advertisements for HFSS products being shown in or around programmes specifically made for children. However, it is uncertain whether these regulations are sufficient to substantially reduce child and adolescent exposure to the unhealthy food and drink marketing. A particular worry is changes in children’s viewing habits. TV viewing amongst this demographic now peaks between 7.00 and 8.00pm. Shows in this time slot tend to be ‘family viewing’ (soaps, entertainment, reality TV, sports), which are almost always exempt from the HFSS marketing regulations. Moreover, and despite the World Health Assembly’s call for adolescents to be included in protective measures, children over 15 are not accounted for in UK policies.

There has only been limited research on whether children’s marketing engagement and consumption since the regulations were updated in 2008. Research which does exist has tends to be regional³⁰ or experimental^{14,15} and, whilst invaluable, this is hard to use to assess UK policy and regulations. There is, however, a need for more evidence in the context of current UK marketing policy. This study, a Britain-wide qualitative exploration of marketing engagement and perspectives of 41 young people aged 11-19, constitutes a timely and important step into this literature gap. It will provide a first evaluation of whether marketing continues to impact young people’s perceptions and consumption of different foods and drinks. It will also provide a base for future policy research further quantifying any links we uncover here.

RESEARCH AIM

The main aim of this study is to explore young people’s engagement with unhealthy food and drink. It is a Britain¹ wide study that explores:

- How young people (aged 11-19 years old) engage with HFSS marketing.
- The perceived effect of HFSS marketing on participants’ diets, including adverts, product design and price.
- This age group’s health and nutrition knowledge
- Their support for different policy instruments.

Analysing these themes will allow us to generate hypotheses that can be used to make provisional policy recommendations. These will be tested further through quantitative surveys, which the Policy Research Centre for Cancer Prevention has designed, based on this qualitative work.

¹ Northern Ireland were not represented in this study due to logistic and financial barriers. They will, however, be included in UK quantitative studies into junk food marketing and obesity in 2018.

METHODS

RESEARCH DESIGN

In order to gain in-depth perceptions in relation to these topics, a qualitative approach was adopted. In total, 8 focus groups were conducted. 41 participants were recruited through two youth organisations in England (the National Citizen Service and the British Youth Council); a recruitment agency in Scotland; and a secondary school in Wales. Focus groups were conducted in July-September 2016.

SAMPLING

A qualitative purposive sampling approach was adopted in order to recruit the young people for the research. Sampling characteristics of interest for the participants were;

- Schools/youth organisations/recruitment agencies based in England, Wales or Scotland;
- Demography;
 - Young people of different ages (ages 11-19 to be represented) and from different social backgrounds
 - Location: young people living in England, Wales and Scotland
 - Gender (some focus groups were conducted in single sex groups, others were mixed).

In order to do this we identified and worked with youth organisations, schools and a recruitment agency to recruit young people to the groups. See the **appendices** for more detail on the demographics of the 8 focus groups conducted on food marketing and obesity.

RECRUITMENT

The research team approached appropriate schools, youth organisations and recruitment agencies in order to fulfil the sampling criteria. Approval was gained from the head teacher and head of the youth organisations before staff contacts were briefed about the research. Prepared information sheets and opt-out forms were circulated to young peoples' parents or carers (if they were younger than 16). Information and consent sheets informed young people and their parents or carers about what participation in the research would involve. It was also mentioned that participation was entirely voluntary and that the results would not include any identifiable information about the school or the participants. The **Appendices** contain information leaflets provided to school/youth organisation contacts and information leaflets given to potential participants.

FOCUS GROUPS

The focus groups typically comprised of 5-6 young people of similar ages. Both single and mixed sex focus groups were used. The researchers worked closely with the school/youth organisation/recruitment agency contacts in order to recruit participants for these groups. These contacts were briefed to recruit small groups of participants who would be comfortable with each other and able to share views in each other's company. Participants were simply informed that the group discussions would cover issues such as their views on food marketing and nutrition in order that they were not over-prepared and to decrease the likelihood of

socially desirable responses during the discussions.

FOCUS GROUP TOPIC GUIDES

The National Centre for Social Research (NatCen) and Institute of Social Marketing (ISM) developed focus group topic guides in collaboration, following discussions with Cancer Research UK around which topics to focus on and which products to use as stimulus materials for the groups.

The topic guide on young people's perceptions of food marketing and obesity covered issues such as:

- Young people's eating practices and favourite foods and drinks (**warm-up exercise**);
- Young people's perception and engagement with food products and their associated marketing activity;
- The perceived impact of food marketing on consumption styles, levels or quantities consumed and personal health;
- Perceptions of risks, harms and problems (if any) associated with food consumption and how these relate to youth culture;
- The role of industry in promoting risks, harms and problems associated with obesity and food and the potential actions (if any) required to address these;
- Issues and areas (if any) perceived by young people as requiring particular attention with regard to the regulation of food production and marketing.

ADVERTS FOR PRODUCT MAPPING EXERCISE

A list of food products was collated in collaboration with Cancer Research UK and ISM in order to identify products which were thought to be appealing to young people. Following a warm-up exercise discussing general food and drink preferences, a total of 23 products were shown to participants as part of the group discussions. Participants were asked to map these on a continuum from those they found most appealing to those they found least appealing. They included sweets, crisps, fast food and meal deals along with 'healthier' foods, such as fruit or cereal bars. Healthier foods were defined by the previously mentioned nutrient profiling model. This means foods defined as 'healthier' in this study may not be typically healthy, but that they are not high in fat, salt or sugar by the profile's standards.

INCENTIVES

The Welsh school and the National Citizen Service received a £100 donation as a thank you for agreeing to take part in the research and for recruiting participants for the focus groups. Participants who were recruited through the British Youth Council each received a £15 shopping voucher and those who were recruited through the recruitment agency in Scotland were offered a small financial incentive for taking part.

DATA ANALYSIS

All groups were digitally recorded with the consent of the participants and were fully transcribed. The transcripts were coded and summarised using an analytical framework based on the key research questions for the evaluation and the key themes discussed by the focus group participants. This process of coding and summarising facilitated systematic analysis of the range of experiences and views expressed similarities and differences between and within

groups; and emergent explanations for particular experiences or opinions.

ETHICS

Ethical scrutiny of the project was provided by NatCen's Research Ethics Committee. This committee comprises of senior NatCen staff, external research experts, external professional experts, and is consistent with the requirements of the Economic and Social Research Council (ESRC, 2005, updated 2015) and Government Social Research Unit (GSRU, 2005) frameworks. Ethical approval was granted in May 2016.

RESULTS

These results outline the perceptions of food and drink marketing given by the focus groups. Television was the most discussed medium and is explored at length here. However, brand design, price and other forms of marketing were also perceived to be influential in food/drink choice and preference. These are also covered in the chapter and shed further light on the general link between marketing and diet.

1. ENGAGEMENT WITH TELEVISION MARKETING

Television marketing was most frequently mentioned in discussions. Even where young people did not think they watched much television, or saw many HFSS adverts, they were able to describe a 'favourite' junk food advert. Successful HFSS adverts tended to be entertaining, catchy or particularly appropriate to the participants' age range/culture. Where this was the case, they heightened brand recall, recognition and, at times, were seen to directly influence decisions to consume an unhealthy product. This was despite the warm-up exercise showing a generally well balanced mix of food/drink preferences, including both healthy items such as fruit and unhealthy products.

MEMORABLE ADVERTS

Participants were able to recall a number of television adverts that they, or other children, found entertaining:

"I think it really works. My sister she's six years old and every time she sees these adverts she's like, 'wow mum I want this' especially with the advert actually, the [Name of sweets] advert really, really works on her."

(15-16 year old female from London)

Adverts that used catchy songs were also appealed to participants:

"I think it's like [Name of food mobile application] or something? It's like where they've got the different singings (sic) like, [sings] 'I'm the balti.' (...) yeah, that one really sticks in my mind."

(17-18 year old male from Slough)

Participants remembered and described adverts they perceived to have memorable slogans. They added that they were not necessarily attracted to the product that was being advertised, but thought that these advertising campaigns were nonetheless successful and engaging:

"[Name of energy drink] because their advertising is on point. It's really good, it's really good advertising. Every time someone says, 'it gives you wings' you think of [Name of energy drink], however I think the actual product is disgusting and very useless."

(15-16 year old female from London)

This gives a sense of HFSS television marketing as an effective aid to brand knowledge, recall and recognition, potentially even where a product does not appeal on its own merits.

APPEALS TO YOUNG PEOPLE'S POPULAR CULTURE

Older participants reported liking adverts with references to popular “youth culture”. One group gave the example of a fast-food restaurant using an actress with brightly coloured hair, tattoos and piercings, which was appealing to them and led to some of them visiting the outlet. This was despite them recognising that the person in the advert was an actor, and unlikely to be the representative of the servers at the restaurant:

“Female: I think that new [Name of fast-food restaurant] advert where the alternative girl with the bright blue hair is making the wrap...”

Female: Yes!

Male: I got that wrap just because I wanted...

Female: Yeah, so did I.”

(...) “Female: But it's just - I think it's because it's, we're now in the generation of that's the cool thing, to have bright-coloured hair, to have massive piercings and have tattoos. So if a young person sees it on the telly they're gonna know that young people are gonna go and get it just to see if they see the girl, even though they're not going to 'cause it's an actor.”

(17-18 year old male from Slough)

What is particularly interesting here is that both participants imply that their decision to buy wasn't related to the product, but to an element of the products' marketing tailored to them. They were explicitly aware of this – they understood exactly how the marketing was designed to work, its persuasive intent – but remained vulnerable to those tactics.

CELEBRITY ENDORSEMENT

Participants held mixed views on the impact of marketing campaigns featuring celebrities to sell a product. One view reported was that celebrities have less impact when marketing something unrelated to their profession:

“I would say that if it was an advert about sportswear and David Beckham was the one presenting the brand then it would be worth listening to because obviously David Beckham is a sports player, however having a singer eat a yoghurt isn't exactly going to change my opinion because everyone has different taste buds. So I don't really care if Nicole enjoys her yoghurt.”

(15-16 year old female from London)

Another view was that young people would be attracted to a product if a celebrity has advertised it, assuming that it is a quality product otherwise it would not be subject to celebrity endorsement:

“Female 1: It kind of intrigues you more because the person watching will think, 'Oh, a celebrity does that or they have that.’

Female 2: Yeah, they think, 'Well, if it's good enough for a celebrity to do it, it must be good.’”

(11-13 year old female from Wales)

2. INFLUENCE OF OTHER MARKETING FORMS

Though television was the most discussed medium, other forms of marketing were also influential (and predominantly discussed through the product mapping exercise). These included product design, packaging and price. It is important to detail these, not least because they reinforce the theoretical link between marketing tactics in general and consumption.

APPEALING PACKAGING

Participants reported finding brightly coloured packaging as being particularly appealing, and admitted to buying products because they were attracted to the packaging rather than the product inside.

“Packaging, like I am quite bad for that I think, like I will see something that looks nice and I will be like I’ll get that, I don’t really look at what it actually is. (...) it’s usually for like crisps and sweets and stuff, I am quite bad for that.”

(15-16 year old female from Scotland)

In the product mapping section of the study, participants noted that the ‘unhealthy’ products tended to have more colourful and appealing packaging than the ‘healthy’ products during the exercise in which they placed products on a continuum from appealing to unappealing.

“It’s going to go from really bright to really dull.”

(17-18 year old female from Slough)

Packaging perceived as being dull and old-fashioned was unappealing to the participants, a trait that was more common among healthy products.

“I just don’t like raisins, all right, but also the packaging is just dull and, like, I dunno. It’s like it’s not modern; it’s like it looks old and...”

(15-17 year old male from London).

“I like the actual product. I actually like the yoghurt, but the packaging is all green and boring. That’s it. It’s just boring.”

(17-18 year old male from Slough)

PRICE

In the study, price was considered influential in deciding what products to buy. Participants often mentioned the trade-off between price and quality:

“I don’t know, they are kind of more expensive and they are like better quality almost like”

(13-14 year old male from Scotland)

Generally, cheaper products were seen as better value. In fact, this sometimes underpinned a (occasionally reluctant) increase in HFSS purchasing. Participants admitted that they would buy the cheaper food option, even if they knew it was unhealthy:

“If you buy any packs of like vegetables and fruit and stuff, they’re more expensive than like a bar of chocolate or something, so people are gonna go more for the chocolate because it’s cheaper.”

(19 year old female from Newcastle)

This theme was not just limited to their snack choices. Participants also perceived price and value to be a good case for buying fast-food meals, instead of buying fresh ingredients separately:

“...it's generally cheaper to go more the junk side of things than it is to actually cook a fresh meal. Because, like, meat is, like, £6, where you can actually go to [fast-food chain] and get like a whole meal for, like, a fiver.”

(17-18 year old female from Slough)

PROMOTIONS AND COMPETITIONS

Price promotions were discussed in some focus groups. Lunch meal deals came up most frequently. However, novel marketing campaigns that offered increased food or drink through – for example – competitions – were described in detail by one participant in the London group:

“[Name of fast-food restaurant] they do that Monopoly thing when you can get free stuff. Like, I don't really ever go to [Name of fast-food restaurant] that much, but my friends do. And then I went with them and they got, like, a free drink so I got their free drink and so I think that works 'cause, like, my friends go a lot more when they have that campaign on.”

(15-17 year old female from London)

This particular campaign was not so much seen as a competition, but a way to get extra value for money.

3. PERCEPTIONS OF MARKETING

Young people had mixed reactions to marketing. Whilst in many cases they noted examples they enjoyed, or felt influenced their consumption habits, there was also a perception that marketing could be manipulative, dishonest or target more vulnerable groups. In other words, participants in this study had the media awareness necessary to identify the persuasive intent of marketing, and reacted negatively to it. However, this did not diminish their vulnerability to HFSS marketing, even in older age groups.

NEGATIVE PERCEPTIONS OF TV MARKETING

A trend in discussion was that adverts were more dangerous for younger people. It was felt the younger the person, the less able they would be to disassociate advertisement from reality. In turn, this would make them more susceptible to making choices based on the content of an advert alone²:

"I don't like the [Name of biscuits] biscuits because in those adverts they've like completely lied, because, um, if you're a little kid, like when I was little they used to do the [Name of biscuits] advert and puppies coming out of the packet and I used to believe that when I was little! I used to open up the [Name of biscuits] packet..."

(11-12 year old male from Wales)

"However I think that in a sense it's not a very good idea to present [Sweets Brand] as one that brings you back to your youth and (...) likens it to something for children because it kind of makes it seem like it's not as harmful as it actually is. It kind of undermines the fact that although it's entertaining, it's delicious et cetera, et cetera it's actually quite unhealthy."

(15-16 year old female from London)

Older participants, by contrast, showed high levels of media awareness – often identifying the persuasive intent of marketing in a way they felt younger participants would not. This was often coupled with strongly negative accounts of marketing tactics:

"Because it's kind of - it's like, it's not telling you about the food. It's, like, got nothing to do with the food. It could be a car driving through, like, Nevada or something like that, and then it's like, '[Name of soft drink]!' It has nothing to do - it's just trying to catch your eye, stick in your head, and it gives you nothing about, like, the nutritional value, whether you're actually making a good choice. It's just there to trick you."

(17-18 year old male from Slough)

Equally, some of the tactics that were felt to be effective by participants (see section 1 and 2), were simultaneously felt to be used for the wrong purposes. For example, there was dissatisfaction that celebrity endorsement seemed more common in marketing for unhealthy products:

"They should be endorsing and bringing the adverts for the right foods, like oranges. If there's Nicole Scherzinger, 'Oh, these oranges are wonderful. I am Team GB,' more kids will be going, 'Yay, let's get them!' and stuff like that. But they're not."

² And we have already described instances of respondents actually doing so in this chapter.

(17-18 year old female from Slough)

Interestingly, and in contrast to older participants' perceptions, there was not a link between media awareness and marketing influence. Marketing clearly impacted all groups, regardless of media literacy or age. This fact suggests HFSS marketing has a larger and wider impact than generally thought.

MARKETING'S PROMINENCE

Some descriptions of marketing highlighted that it was hard to get away from. One pair discussed in detail how prominent marketing was across different mediums:

"Male: Most of the time it's normally fat foods. (...)

Female: Everything. You walk into a shop and you see like just like a shelf of chocolate, and then there's like more than one and then there's a separate shelf full of like sweets. And then you turn the TV on and it's like: buy [Name of chocolate], buy [Name of chocolate], [Name of sweets] and all that stuff."

(11-12 year old mixed participants from Wales)

It is notable that this was explicitly associated with unhealthy products, in particular, sweets and chocolate.

DECEPTIVE PRODUCT DESIGN

Whilst the larger source of consternation amongst participants was deceptive television adverts, there were frequently discussions of ways other forms of marketing seemed to try to influence in misleading ways. Crisp packets that were filled with air were mentioned, for example:

"[Name of crisps] are like the only crisps that aren't filled with air, because [Name of different crisps] fill the packets with air, [Name of crisps] are like tubes so like they have more in them, it's good."

(15-16 year old female from Scotland)

There was also a sense that some products masquerade as healthy, though were actually unhealthy:

"There's the healthy, healthy and then there's the looking healthy but not being healthy, healthy."

[Moderator] "Which ones do you think are looking healthy but not being healthy, healthy?"

"[Name of smoothie]"

(15-17 year old female from London)

It should be noted that it was not only unhealthy food which was associated with these kind of tactics. Healthy foods that tried to look like unhealthy products were also discussed in clearly negative terms. Nonetheless, the balance of discussion suggests participants felt more mistrust and consternation at unhealthy products and the tactics used to market them – or that these tactics were more regularly employed to market unhealthy products.

4. PERCEPTIONS OF HEALTH AND PUBLIC HEALTH POLICY

To help inform policy recommendations, participants were asked about the best ways to enable them to change their diet. Policies including levies, increased labelling and restrictions to the availability of HFSS products were discussed. To explore levels of health knowledge, and whether a need or opportunity for improved health awareness for this demographic, questions on good diet and risks of poor diet were also discussed.

IEWS ON REGULATING PRICE OF PRODUCTS

When asked to discuss a range of policy reforms aimed at improving eating habits among young people, there was a mixed response to increasing the price of HFSS foods through tax:

“They can say anything and you'll eat it anyway. People can tell you facts, you eat it anyway, but then plus it's really hard to tax it, because even if you tax it say like 20 per cent on to soft drinks people will still buy it because we love it so much. It's only going to have a minimal, minimal effect (...)”

(15-17 year old female from London)

“I'm overweight now, since eating all this that I do, it's really difficult now to actually lose it, because it's just so expensive to do so. [Murmured agreement] It's the fact that brands are now catering towards cheapness. Like - like, the junk food's now cheaper than buying healthy food, and that's what needs to change.”

(17-18 year old female from Slough)

Prevention was more popular than reactive taxation – in this case, because food habits are hard to change through financial penalty, and because increasing the price of HFSS food would not make healthy choices any more affordable.

IEWS ON PRODUCT LABELLING

Participants were generally unconvinced about the effectiveness of regulating information on product labels. Their argument was twofold; such a measure already exists but has little (if any) impact on purchasing patterns; and labels with product information were said to be on occasion ‘hidden’ or written in very small lettering, potentially deceiving consumers.

[Moderator] “How do you feel about regulating information that food and drink manufacturers have to put on their product labels?”

“It's happened but it's not very effective.”

(15-17 year old female from London)

Yeah, the sugar and stuff like that, they put it like so little on the back and stuff, so that you can't see it.”

(19 year old female from Newcastle)

Even strategies such as the traffic light-style labels indicating the healthiness of food products were not perceived to be particularly successful:

“I think it's alright but it would just, if it's a bad food and it's red they would just try and hide it on the packaging like they'd put it under, like hidden, and then show it big if it was green so it wouldn't like change anything, People would just eat it anyway, if they see it's red they will just eat it anyway because it's a nice food.”

(13-14 year old male from Scotland)

In a similar vein, having nutritional guidelines in schools was also met with scepticism;

“Male: Yeah, it's just going to be ignored.”

“Female: There can be guidelines but unless you strictly enforce anything nothing will change”

(15-17 year old mixed participants from London)

IEWS ON DECREASING HFSS FOOD EXPOSURE

The most popular policies amongst participants were those that a) protected vulnerable groups and/or b) removed the temptation of HFSS foods altogether.

Participants reported that they felt more deprived groups were disproportionately exposed to HFSS, and that this was inappropriate:

“Yeah in poorer communities, because most of the time stuff like - like when you go down like poorer roads you always, you always see like junk food stations like three chicken and chip shops right on the corner and they're all like really, really cheap. So what do you expect those families to do? Of course they're going to go and buy it there.”

(15-17 year old female from London)

There was a perception that removing temptation would be beneficial for all young people (not just younger, or more deprived, subsections). The below quotation highlights that the less exposure to HFSS received, the better:

“Also, we have vending machines in our common room, and I'll kill anyone that tries to change this vending machine, but I think they shouldn't have put the vending machine there in the first place. If they get rid of the vending machine I'll kill someone, though. Because it's got popcorn, crisps, chocolate, fizzy - you know, there's Coca-Cola in there, there's - it's just basically diabetes in a box.”

(17-18 year old male from Slough)

HEALTH KNOWLEDGE AND AWARENESS

On the whole, participants had a relatively good understanding of what constitutes a healthy and unhealthy diet and demonstrated basic nutritional knowledge. For instance, when asked to define “unhealthy food”, most of them cited ‘fatty food’; ‘fast food’; fizzy drinks and foods high in fat and/or sugar. When asked to identify healthy food during the product mapping exercise, water and fruits were often selected as the healthiest items:

“Well, water obviously because it keeps you like hydrated (...) And like I would say like orange and stuff as well like fruit 'cause obviously you have to have it.”

(19 year old female from Newcastle)

Participants felt that unhealthy food could be consumed up to a certain point. While they agreed that HFSS foods tasted good, they were well aware that their over consumption would cause negative health impacts. They understood both long and short term health risks:

[Moderator] “So what do you think the impacts on a person's health would be in the short-term of eating healthy products?”

“More energy during the day, be able to sleep better, concentration levels would increase. I think generally better mood yeah.”

(15-17 year old female from London)

“If you are overweight you have like a much higher chance of having heart attacks and stuff.”

(15-16 year old female from Scotland)

When asked how the healthy or unhealthy foods they had spoken about would affect them in the longer term, there was general agreement among participants that people who had a healthy diet would tend to live longer, be more active and would not get as ill as people who ate an unhealthy diet. Overall, the two long term conditions cited most often in relation to poor diet were diabetes and obesity. Other common risks associated with the consumption of unhealthy foods included cardiovascular diseases, sugar addiction and dental problems. Knowledge of the link between obesity and cancer was very low, though this is also true of adults, as has been shown previously ³¹.

DISCUSSION

This study was designed to explore how young people (11-19 years) perceive HFSS food and drink marketing, and its effect on their dietary choices. It shows that, despite the advertising regulations introduced in 2008 11-19 year olds are engaging with HFSS marketing in profound and varied ways. This engagement was across all mediums, with broadcast advertising having the most significant role.

Overall, a number of TV marketing tactics were perceived to influence food choices, underpin preferences or successfully drive product engagement. These included entertainment value, employment of a memorable slogan or jingle, direct reference/appeal to youth culture or use of celebrity endorsement. These 'influential traits' were almost always described by participants in relation to unhealthy marketing, implying HFSS adverts were particularly persuasive to this demographic.

Whilst television advertising was discussed most frequently and most vividly, there are other advertising techniques which were perceived to influence dietary choices directly. Young people responded well to colourful products, in appealing packaging. Price point and promotions were also described as influential elements in their decision making process. Participants wanted value-for-money, particularly favouring cheaper products. They perceived cheapness to be a trait of HFSS foods, and sometimes described this as a key factor in choosing a HFSS option over a healthy option. Several types of promotions were discussed as ways to get more value, including the more common (lunch multibuy 'meal deals') and more novel (a Monopoly marketing campaign run by a fast food restaurant). By contrast, healthy products were commonly seen as dull, boring or not age-appropriate. This is interesting, insofar as it sheds light on the general ability of marketing to target, appeal and successfully persuade a variety of young people.

Overall, marketing influenced diet in two ways. The first was through persuasive intent – that is, using tactics which appealed directly to this demographic. These translated into brand familiarity, recognition and recall – which has been otherwise described as priming elsewhere³² and linked to increased food consumption in a number of different studies³³⁻³⁷. These include reviews of the literature and experimental tests of the effect of brand recall on 100 and 37 school aged children respectively. The second way was more direct. There were accounts within this studies where young people gave television marketing as *the reason* they bought an unhealthy product – sometimes showing high awareness of a marketing tactic, and then feeling persuaded to buy an unhealthy product because of it. This is a more telling indication of the high impact television marketing may have on young people's diets.

Young people often had strong views about the influence HFSS advertising had on them. In many cases these perceptions were negative. TV adverts were seen as '*unrelated*' to the product they represented and as attempts to '*trick*' people. Equally, there were suspicions that products were often designed to suggest they contained larger amounts of food/drink than they actually did. The expectation might be that where young people perceived brands to be tricking them that they would have a negative view of that brand. This, in turn, would dissuade young people from purchasing that brand, ensuring good marketing practice. However, there was no evidence that where young people noticed a marketing technique that this moderated its influence.

This is an interesting finding in the context of research into marketing's "persuasive intent". Previous studies have suggested that older adolescents understand marketing's persuasive intent, reducing their vulnerability to its various tactics³⁸. In policy, this has underpinned the narrow definition and focus on children in marketing regulation. Indeed, it was a belief our older participants voiced – suggesting younger children might lack the literacy to avoid the impact of advertising. However, though older people understood (in negative terms) the 'persuasive intent' of marketing, our findings showed no evidence that this diminished HFSS marketing's impact. More systematic reviews of the literature have shown much the same³⁹. This suggests that vulnerability to HFSS marketing goes beyond media awareness – is more extensive than young people themselves realise and occurs through mechanisms young audiences often strongly dislike.

Participants were often concerned about the disproportionate exposure to advertising they perceived more disadvantaged groups experienced. Young people were particularly worried by the large amount cheap HFSS advertised or available in more deprived areas. This worry is substantiated by the evidence, which shows (potentially increasing) inequalities in obesity in the UK⁴⁰. The insinuation is that young people believe HFSS advertising targets the most vulnerable the most. By contrast, healthy food was not mentioned in relation to targeting any specific group³. Given rates of obesity are already higher in deprived groups, a lack of action could allow health inequalities to expand in the UK.

In sum, our analysis suggests that young people experience a significant amount of HFSS advertising. Moreover, this advertising is designed in a way that specifically and particularly appeals to them in a way healthy food marketing does not. This trend seems to suggest the impact of HFSS marketing on this demographic remains unacceptably high. We feel, given our research coheres with the vast majority of work on marketing and young people's dietary habits/weight, confident in using this to substantiating policy recommendations.

POLICY RECOMMENDATION

Results presented in this report suggest that, even with regulations intended to protect children and adolescents, HFSS marketing has a significant effect on young people's dietary choices. ***Based on the impact of HFSS marketing, shown both in our evidence and the vast majority of existing research on the subject, we advocate for restrictions on advertising on family viewing shows - in particular, those shown before 9pm.*** This is in-line with Public Health England's recommendations for comprehensive restrictions to advertising of sugar, including on TV, in their October 2015 report⁴¹. It is also advocated by a number of peer-reviewed research papers as the most impactful approach^{33,42-44}. Our evidence suggests that the link between junk food marketing and young people's diets is likely to be as true in current, real world and UK settings as in experimental or pre-regulation studies.

Restrictions to HFSS marketing represent a pragmatic approach to youth obesity for three key reasons:

1. It is in the spirit of current regulations. These aim to reduce HFSS marketing exposure to lower levels, mitigating the risk it poses to young people. These regulations are now

³ Which is not to say other demographics, not included in this study, would not be engaged with marketing of these products

10 years old, and by updating them to meet the changing viewing habits of young people, they can be made fit for purpose. This would be achieved by expanding current regulations to cover family viewing in evenings and on weekends – providing the most protection on the shows young people watch the most.

2. Young people viewed marketing negatively. In policy discussions, they concluded that proactive measures reducing exposure were the measures they supported the most. These combine to suggest the regulations would be the most popular approach for this demographic.
3. It would not require legislation. Rather, it could be implemented through the Broadcasting Committee of Advertising Practice and Ofcom, the industry regulator. This makes restrictions a viable way for policymakers to quickly and sustainably impact youth obesity in the UK.

Beyond this, we recommend that older adolescents – who this study suggests are also effected by HFSS marketing – are included in the scope of regulations, which currently only protect those 15 years old and under. There was evidence throughout of marketing's impact on 16-19 year olds throughout the study. We suggest any updated policy reflect the World Health Assembly's call for protections for adolescents as well as children by including the age range we have shown to be vulnerable to HFSS marketing in this study.

Other measures will still be needed to tackle the issue of childhood obesity in its entirety. Regulations beyond broadcast media will likely be necessary as marketing moves online and, as such, ensuring measures remain fit for purpose will be a priority. Recent regulations of non-broadcast marketing should also be evaluated, to ensure they remain effective. Equally, reformulation remains a key goal in reducing calorie intake, with the early success of the (not-yet implemented) Soft Drinks Industry Levy in driving sugar reductions in products a good example. Rather, this policy represents the most pragmatic way currently available to policy makers to impact on a wide-spread public health problem.

STRENGTHS AND LIMITATIONS

The research provided rich descriptions of young people's perceptions of food marketing and obesity along with detailed accounts of their health knowledge and policy support. The participants came from a variety of locations (England; Scotland and Wales); included different demographics (age and gender) and were recruited via diverse techniques to enable meaningful analyses and cross-comparisons. However, only eight groups were convened with 11-19 year olds across the three countries, which is very useful for the scoping work, but means caution should be taken in generalising the results further. We have ensured any recommendations made are limited to area where our work coheres with the wider research literature. We will also use a survey to further test the results and recommendations outlined in this paper. In addition to the usual caveats about generalizing from a small group sample, the nature of focus group dynamics themselves should be noted. It is possible that some participants might have refrained from expressing their views on food marketing and eating behaviours simply because of the group dynamic. It is also possible that individuals gave socially desirable responses during the groups, though the data do not necessarily support this.

FURTHER WORK

The findings from this study will be used to inform the development of a national youth survey designed to examine food and drink marketing, issues related to obesity and related regulation. As a result they will inform both the identification and design of relevant survey questions. This survey will explore marketing, diet and inequality in publications over 2018, creating evidence to help policy makers tackle obesity across the UK.

APPENDICES

STUDY POPULATION

	Focus Groups	Geographic Area	How participants were recruited	No. of participants	Age range
Obesity Groups	G9 Obesity Female 13-14 ABC1 West Glasgow	Scotland	Recruitment agency	6	13-14
	G10 Obesity Male 15-16 C2DE West Glasgow	Scotland	Recruitment agency	6	15-16
	G11 Obesity Mixed 15-16 London	England	National Citizen Service	5	15-16
	G12 Obesity Mixed 15-17 London	England	National Citizen Service	5	15-17
	G13 Obesity Male 19 Newcastle	England	British Youth Council	2	19
	G14 Obesity Mixed 17-18 Slough	England	British Youth Council	5	17-18
	G15 Obesity Mixed 11-13 Wrexham	Wales	Secondary school	7	11-13
	G16 Obesity Mixed 11-12 Wrexham	Wales	Secondary school	5	11-12
	Total number of focus groups				8

FOCUS GROUP TOPIC GUIDE

Rationale

The focus groups have three main objectives:

1. To ascertain young people's views regarding the marketing of food and soft drinks and its perceived health and social impacts.
2. To explore young people's views of legislation aimed at addressing the marketing and content of food and soft drinks products and related issues, and how this needs to evolve in the future.
3. To identify issues which young people believe merit particular attention as part of new national surveys.

Key research questions include:

- What role does food choice (including food chains and outlets) play in the social lives of young people?
- How do young people perceive and engage with food products and associated marketing activity?
- What food products and brands do young people find most appealing and what factors differentiate brands with lower and higher levels of appeal?
- What impact is food marketing perceived to have on consumption styles, quantities consumed and personal health (including weight)?
- What risks, harms and problems (if any) do young people associate with food consumption and how do these relate to youth culture and differing consumption styles and products?
- What role is industry perceived to have in promoting risks, harms and problems associated with obesity and food consumption and what actions (if any) are required to address these?
- What issues and areas (if any) do you people see as requiring particular attention with specific regard to the regulation of food production and marketing?

Moderators are encouraged to use a non-directive approach to exploring issues of interest and to identify themes for further analysis in future surveys.

Whilst the primary focus is on examining the links between food marketing and obesity, moderators are also encourage to consider other health impacts as well as any positive health impacts of, and trends in, food marketing. Participants should also be reminded when talking about food we are also interested in marketing for soft drinks.

Introduction

Use the initial introduction to set an appropriate tone for open discussion and for sharing views and experiences.

- Explain the research approach and purpose.
- Confirm the moderators role in this (non-judgmental, not a marketing practitioner / policy maker).
- Explain the purpose of digital recording and how data will be used.
- Offer reassurance about confidentiality.
- Provide opportunity to ask questions.

Warm-up (5-10 mins)

Use the initial warm-up discussion to develop an understanding of eating preferences, norms, attitudes and behaviours amongst young people, including the impact of peers and family.

Today we are going to talk about the marketing of food products and chains (e.g. McDonald's, Subway) ; but just to give a bit of context before we talk about that can you tell me a bit about where and when you eat and the kinds of things shape young people's eating patterns nowadays. Possible probes could include (ensure all have an opportunity to voice their views):

- *Thinking about a typical week day can you tell me a bit about when, what and where you eat across that day / does that vary a lot / what about weekends ...*
- *Does anything limit your ability to choose what you eat, like money, time, access etc...*

Food preferences and marketing (5-10 mins)

- *Can you tell me about any food marketing and promotion campaigns you've come across recently which stick in your mind / you find appealing or interesting / what is it about the campaign that works for you / what do you think about the ways that the food industry use marketing to promote and sell their products... (use this as prompt to explore the types of advertising message (e.g. celebrity endorsement (Gary Linaker, etc), branding, animation (M&Ms, etc) (that appeals to the participant's age group, gender, culture etc and to probe for any concerns about the perceived uses of food marketing).*
- *Has any food marketing (e.g. adverts/branding) had an impact on you/your family and what has been bought/consumed, how / can you explain by give some examples ...*

Product mapping exercise (20-25 mins)

Firstly, what, if any, are your favourite food and drink brands? Why do you like these brands in particular? (Note: try to get 1-2 examples per person, but try not to spend too much time on this – it is important to get on to the product mapping quickly)

Now show the images of a cross section of commonly advertised food brands and eating outlets, incorporating both healthy and less healthy brands. (*We should have an agreed list of c20 brands, including 'healthy' brands*)

*Now, I'd like you to have a look at the images again and then chose two: **one** you find **appealing** and **one** you think **doesn't have anything good to say** about it.*

[Encourage participants to stand up and take a close look at the brands before making a choice and then work your way around the group asking each person to explain their choice, and encouraging others as you go to share their own views and experiences of the two products (approx. 4-5 mins on each). **Possible prompts include:**

- *What makes these products particularly appealing / unappealing...*
- *Have you seen any marketing or advertising for this product / what / where / what do you think of it...*
- *Who would you imagine would be attracted to this product / why / in what context...*
- *How young people like yourself would feel about being seen with this product / in this outlet ...*
- *Where on the continuum would you place each product (consult with the group as a whole and try to reach a consensus on where the product should be positioned in relation to two opposing points ('**There are some things I like about this brand**' Vs '**There is nothing I like about this brand**') and to others products, using disagreements as further stimulus to explore perceptions of the product).*

Once you have been round the group and placed all of the products, focus the groups' attention on the continuum and invite them to consider: a) if there are any common patterns emerging as to why certain types of product are liked/disliked; and b) if there are any products that merit particular attention by regulators and industry

- *Are there any obvious patterns emerging which might help to explain why some products have appeal and others don't...*

Health knowledge and risks associated with food (5-10 mins)

We've now looked at examples of food and drink branding and marketing. We are interested in their impact on health.

[Don't use HFSS jargon – clarify their definition of unhealthy food]

- *How healthy do you think these products are / how conscious are the food producers of their products impact on health / how do they deal with this in the way they market their products...*
- *Thinking of (give HFSS examples already cited), what do you think the impacts on a person's health would be if you consumed these in (a) the short term (b) the longer term? Are there any specific illnesses that you think might result from consumption of these HFSS items (PROMPTS: types of cancer, diabetes, CVD, etc)*

- *Thinking of the ‘healthy’ items, what do you think the impacts on a person’s health would be if you consumed these in (a) the short term (b) the longer term? Are there any negative or positive effects you can think of?*
- *Are there items which are marketed/promoted as being healthy which you think are actually unhealthy? Please give examples, and any possible benefits or risks associated with eating these products*

Policy implications (5-10 mins)

Imagine that you were in charge of governing the country and that researchers came to you with alarming figures about the impact of unhealthy food on young people and the population at large. What would you do? Possible prompts include:

- *Do you think that it would be a good idea to regulate **Price**? (i.e. make unhealthy food and drinks more expensive?). Why/Why not? (If time, explore knowledge of sugar tax; wider HFSS taxes in Europe...)*
- *What about **Marketing**? (i.e. how do you feel about regulations which restrict how unhealthy food and drinks product are marketed?) Thinking about the different marketing channels and techniques used to promote food brands and chains are there any areas that you feel are a source of concern / require closer scrutiny by industry and the authorities? (e.g. celebrity endorsement, TV and wider ban on HFSS adverts, sponsorship, etc)*
- *What about regulating **School meals**? (i.e. nutritional guidelines in school, lunchtime meal deals for pupils in shops in vicinity of school, what do you think of restricting pupils to schools at lunchtime or banning special [lunchtime] promotions [incl ‘3 for 2’ offers, supersizing offers etc] should vending machines have standards to limit the unhealthy options?)*
- *How do you feel about regulating the information that food and drink manufacturers have to include on their product labels? (**Product Labelling**). (e.g. calorie content, traffic light system, amount of fat, ingredients, possible health claims and warnings)*
- *Do you think there are certain **Places** where HFSS foods shouldn’t be sold?*

End

Before we finish up is there anything else you’d like to say that we haven’t talked about?

Thank participants and bring discussion to a close – explain and distribute information leaflet. Take a photographic record of the mapped products before getting ready for the next group.

INFORMATION SHEET AND CONSENT FORMS

NatCen
Social Research



Hello! We work for an organisation called NatCen Social Research. We would like to talk to you about what you know about obesity and what you think about food adverts.

An organisation called Cancer Research UK has asked us to help them with this research. This leaflet tells you a bit more about what taking part would involve.



What will happen?

We will talk to you and a small group of people your own age about what you think about food adverts and what you know about obesity.



Do I have to take part?

No, it is up to you. Your mum, dad or carer has said that we can talk to you but only if you want to talk to us. You do not have to answer any of the questions we ask if you do not want to.



What will happen with the information I tell you?

At the end of the project, we will write a report about some of the things you have told us, but we will not use your name in this report.



How long will it take?

The group discussion will last around half an hour.



What sort of things will you ask me?

Together as a group we will talk about:

- Your favourite food and drinks
- What types of sports or physical activities you are involved in
- What you know about obesity
- What you think about food adverts and how you think these might affect people



Dear Parent/Guardian,

RE: Focus Group Research into Attitudes towards the Marketing of Food Products and Obesity

Why are you writing to me?

NatCen Social Research, Britain's largest independent, not-for-profit social research organisation, has been asked by Cancer Research UK (CRUK) to find out what young people think about the ways that different food products are marketed. The findings from this research will be used to help design a questionnaire and help inform policies about public health and regulating the marketing of foods and diets.

This letter is to ask for your permission to allow your child to take part in this research project. Please note that your child has been chosen s/he is a young person aged 11-15. We are interested in the opinions of all young people regardless of their or their family's dietary behaviour.

What will the research involve?

Taking part in the study would involve your child attending an informal group discussion, with around 5 or 6 of their classmates. The discussion will be led by an experienced researcher from NatCen who will ask questions and encourage the participants to chat openly and express their views in their own words.

The session will be held during school time on school premises and will last around 30-40 minutes. The researcher will be sensitive to all the issues raised but if your child finds talking to the researcher makes them anxious or upset, they are free to contribute as much or as little as s/he wishes and will be able to stop the conversation with the researcher at any time without giving a reason. Your child does not have to answer any question that s/he feels is too personal or makes them uncomfortable.

The interview will be audio-recorded, with the children's permission, in order to make sure we have an accurate record of what is said in the discussion. Your child's name and anything that could lead to anyone being able to identify him/her will be removed from the recording notes.

As part of the discussion group, participants will be shown a range of food products and some examples of food marketing. We want to find out what they think about these items. Your child's school will receive a donation of £100 for taking part in this research.

How will NatCen use the information from these discussions?

Everything pupils say in the discussion groups will be treated confidentially. At the end of the project, a report will be written by NatCen summarising the key findings from the discussions. NatCen will not use the names of pupils or their schools in the report.

What do I need to do?

If you have **no objection** to your son or daughter being interviewed as part of a group **you DO NOT need to return** the reply slip below and we will assume that you have given your consent to allow your child to take part in the project.

If you do not want your child to take part, please return the reply slip to your child's class teacher or to the school office. Please do this before **Monday 12th September**. Alternatively, you can also contact our research team (our contact details can be found below).

If you have any questions about the study or want any more information about what it involves, please get in touch with **Lauren Porter** at NatCen on **0207 549 8579** or email **Lauren.Porter@natcen.ac.uk**. They will be happy to talk to you about the study and will answer any questions you have.

Yours sincerely,

Aude Bicquelet

Research Director

Health Policy Team, NatCen

Aude.Bicquelet@natcen.ac.uk

0207 549 7023

OPT OUT SLIP FOR PARENTS/GUARDIANS

I DO NOT WANT MY SON/DAUGHTER TO TAKE PART IN THE GROUP DISCUSSIONS

NAME OF CHILD

Signed

If you do not want your son/daughter to take part in the group discussions please return this slip to your son/daughter's class teacher by Monday 12th of September.

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