Navigating a digital marketing mix, and the impact on children and young people’s dietary attitudes and behaviours

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Together we will beat cancer
Executive Summary

Overweight and obesity is the second leading cause of cancer in the UK after smoking. Overweight and obesity causes 13 different types of cancer and over 22,000 cancer cases each year in the UK [1]. It is estimated that each year, obesity costs the NHS in England £6.1bn and the wider UK economy £27bn [2].

Childhood obesity rates in the UK are among the worst in Western Europe, with a third of children leaving primary school with obesity [3]. It is vital to understand what is driving these alarming obesity rates, and what can be done to address the issue.

Research has consistently shown that marketing for food and drinks high in fat, salt and sugar (HFSS) negatively influence dietary-related knowledge, attitudes, consumption and health outcomes in young people [4, 5, 6, 7]. This research has so far largely focused on the impact of TV advertising, but the marketing landscape has changed; digital marketing and advertising is now as, or more, prevalent in young people’s lives than TV advertising.

In 2017, digital advertising accounted for over half of total UK advertising spend (£11.6bn) [8]. Digital media provides unique strengths for marketers; it is low cost, marketing can be tailored to specific audiences, content can be user-generated, and internet use across all age groups is very high [9, 10, 11, 12, 13, 14] Internet use is particularly high in younger age groups; 99% of 12-15 year olds go online for over 20 hours a week [15].

The food and drink industry have embraced digital media and put it at the centre of their marketing strategies. Food and drink producers are using a sophisticated range of digital marketing strategies, ranging from smartphone apps to social media. Within each activity, they also use a wide variety of creative and stimulating marketing activities to create engaging and attractive content.

As digital marketing becomes more widespread and its impact more well-documented, there is a need to bring together the evidence on what effect this may have on children’s health. This report shows the pressing need for regulatory change, across all media platforms, and provides evidence to underpin policy action.

Key Findings

Children and young people are exposed to and participate with HFSS marketing across multiple digital channels

An interacting network of marketing across multiple digital channels means children and young people must navigate a digital marketing mix. This includes explicit marketing (such as social media pages) and subtle marketing (such as celebrity endorsement). This is all in addition to both traditional and digital versions of TV and out-of-home advertising.
Each brand uses an interacting network of marketing across multiple digital channels

The food and drink industry use digital media to reinforce and amplify brand and product messages

A key component of digital HFSS marketing is brand immersion, achieved by repeatedly presenting key brand components (such as logos), promoting other products within the brand, and cross-referencing across digital and traditional forms of marketing.

A variety of tactics are used in digital marketing content to promote food consumption, and content mostly promotes unhealthy foods

Consumption of products is promoted by marketing strategies such as repetitive images of the product to stimulate cravings or linking consumption or product purchase to a competition entry. Most food and drink products promoted through digital marketing have little nutritional benefit. A disproportionate number of food and drink websites advertising low nutritional foods were found to be those which are targeted to children and teenagers.

HFSS digital marketing rarely shows health information, even less so in content aimed at young people

Health information on nutrition, diet or physical activity is rare, and information which does appear is inconsistent or strategically ambiguous. Health information appears less often in content aimed at young people, compared to content intended for a general audience.

Digital marketing for HFSS food and drinks reaches and appeals to children and young people

Digital marketing for foods and drinks is placed in online spaces used by children and young people. Asking young people to share content or invite others gets even greater reach. The food and drink and advertising industry’s use of tactics such as branded characters, advergames, quizzes and youth-oriented language appeals to younger age groups.

Children have low digital marketing literacy

Young people are more likely to have difficulty recalling or recognising subtle marketing tactics. This includes knowing that marketing may be tailored through their browsing history or realising there is a commercial goal of an advergame. User-generated content also blurs the boundaries between commercial and peer activity.
Food and drink marketing uses a range of tactics which can impact children and young people

Seeing HFSS ads makes children more likely to have positive attitudes towards HFSS brands and products. Being aware of and participating with digital HFSS marketing is also linked to obesity-relevant outcomes such as consuming HFSS food and drinks, pestering parents to buy HFSS products and changes in bodyweight or obesity status.

Parents find it difficult to monitor and control the digital marketing that children are exposed to online

Extensive HFSS marketing across a variety of platforms means that parents face challenges in understanding how much digital marketing their children have been exposed to and how it can influence them.

What should government do?

Decisive policy action at a national level is key to achieving the UK Government’s ambition of halving childhood obesity rates by 2030. The UK Government must introduce a comprehensive 9pm watershed for HFSS ads across all forms of media, including all digital media.

This would reduce children’s exposure, support parents to help keep their family healthy, provide a consistent approach for industry, and minimise the risk of displacement of HFSS marketing to other media.

Methodology

This report is a structured narrative review. It was split into two themes:

1) Digital HFSS marketing, utilising peer-reviewed content and key grey literature (known as content analyses research)

2) Exposure to HFSS marketing and the association with consumption, based on experimental studies, cross-sectional research and qualitative studies (known as consumer research).
Policy Recommendations

Through its comprehensive assessment of how the tactics employed in digital marketing for HFSS food and drink influence children’s dietary preferences and behaviours, this report demonstrates the urgent need for policy action to regulate the online marketing space and provides vital evidence to inform policy makers.

In June 2018, the UK Government published Chapter Two of its Childhood Obesity Plan, which contained an ambitious aim of halving childhood obesity rates by 2030. There is no ‘silver bullet’ to reducing obesity, and tackling this issue will require a UK-wide, whole-system approach. However, decisive policy action at a national level – and implemented without delay – will be key to achieving the UK Government’s goal. It is noteworthy that both the Scottish and Welsh Governments support a UK-wide 9pm watershed for junk food advertising and look to Westminster to make this happen.

While TV (including catch-up and on-demand programming) remains popular with children, the use of online platforms by young people has been increasing, and has overtaken TV viewing amongst older children. To reflect this, current regulations on HFSS advertising online were introduced by the Committee of Advertising Practice in July 2017. However, the 25% audience threshold means that high numbers of children can still be exposed to adverts for unhealthy food, especially on platforms popular with both adults and children. In addition, there is a lack of clarity about the definitions of content particularly appealing to children; the regulations are hard to monitor and enforce; and getting hold of the data to assess the threshold is difficult.

The self-regulatory nature of the regime in the UK also has limitations: it is reactive, has few meaningful sanctions for non-compliance, and moves too slowly to keep pace with digital marketing campaigns.

To protect children from HFSS advertising on all forms of media they are exposed to in and out of the home, Government must introduce a comprehensive 9pm watershed across all forms of media. This includes linear TV, catch-up and TV on-demand services and also, in recognition of the importance that brands place on digital advertising, online and social media. To ensure consistency in regulation with TV and a level playing field between platforms, and to avoid displacement of advertising spend to online, restrictions must apply across all digital media.

The UK Government’s consultation on restricting HFSS advertising has sought views on exemptions to rules online. We believe that the number of children exposed to HFSS adverts on TV or online must be as close to zero as possible, as we do not believe that any number of children exposed is acceptable. Existing methods to determine a user’s age online are not sufficiently accurate, so companies cannot guarantee that children are not exposed to these adverts. Furthermore, it is currently not possible to independently monitor and verify these numbers because online media platforms do not share audience data, and there is a lack of industry-wide recognised data standards.

Exactly how to regulate online marketing appropriately, and who is best to oversee that process, will be a key question for the UK Government in the coming months, and this area will be a focus of future research from Cancer Research UK.
Report

This report should be referred to as follows:


Cancer Research UK

Cancer Research UK is the world’s largest independent cancer charity dedicated to saving lives through research. We support research into all aspects of cancer through the work of over 4,000 scientists, doctors and nurses. In 2017/2018, we spent £423 million on research institutes, hospitals and universities across the UK. We receive no funding from UK governments for our research. This research was funded by the Cancer Policy Research Centre, Cancer Research UK.

Cancer Research UK is a registered charity in England and Wales (1089464), Scotland (SC041666) and the Isle of Man (1103)
http://www.cancerresearchuk.org/

References