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A cross-cultural content analysis of the portrayal of food and nutrition, in television advertising and programmes in New Zealand and Japan in 2002/2003.

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Abstract

The purpose of this study was to examine and compare the food-related messages that are presented to children on New Zealand and Japanese television. A sample of 25 programmes, including advertisements broadcast on New Zealand's main free-to-air network stations and a sample of 22 programmes, including advertisements broadcast on Japan's network stations were the basis of this study. Food-related messages, content and portrayed eating behaviours were analysed. The main finding of this study suggest that the advertising content of children's programmes contain a large proportion of food advertising, largely for foods high in fat and sugar. The children's programming environments in both New Zealand and Japan also contain a large proportion of food imagery, which does include a variety of healthy foods such as meat, rice, bread, fruit and vegetables. Of more concern is that whilst Japanese children are mainly watching children's programmes, in New Zealand, children are exposed to numerous unhealthy food related imagery during programmes of which they are heavy viewers, although they are not the target audience, i.e. peak viewing periods, typically 6pm -10:30pm daily. Furthermore the unhealthy eating imagery during peak viewing periods may be contributing towards shaping children's nutrition practices. It is recommended that marketers and policy makers consider these issues in regard to the claims that advertising is a contributing factor to obesity. Due to the high incidence of eating behaviours occurring during programme content it is recommended that an advertising ban during children's programmes in New Zealand and Japan would be inconsistent, ineffective and unjustifiable.

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Glossary of terms

For the purpose of this study:

Children

Are defined as being aged between four and fourteen unless otherwise stated. This combines the AC Nielsen (New Zealand) definition of children (aged 5-14) and the Video Research (Japan) definition of children (aged 4-12).

Fat

The Food Guide Pyramid (USDA, 2000) and other similar dietary guidelines recommend a diet low in fat. A "high fat" diet is one that consists of between 30% to 40% of a person's total daily energy intake. A "low fat" intake is 20% to 25% of energy intake (WHO, 2000b).

Food

A variety of food terms have been used throughout this report, including "junk food", "treat food" "unhealthy food" and "food of low nutritional value".

Firstly, Kaufman's (1980) definition of "food" was used and is as follows: "any article used for food or drink by humans, including chewing gum" (p.37).

"Junk food" is defined as: "food which is eaten in addition to or instead of regular meals, and which often has low nutritional value" (Collins Concise Dictionary, 2001, p.794).

It was not possible to obtain a standard definition of "treat food" per se. However, there are two seemingly generally agreed upon components that the term "treat food" encompasses: 1. treat foods are to be eaten occasionally, and 2. treat foods are foods high in fat, sugar and salt. The New Zealand Ministry of Health (NZMH) allude to this, stating, "foods that are high in fat, salt or sugar are best left for occasional treats" (NZMH, 1997, p.30).

The terms "unhealthy food" and "food of low nutritional value" are seemingly spin-off terms that generally refer to the same types of foods categorised as "junk food" and "treat food". These colloquial phrases are used in this report interchangeably.

Whilst the definitions supplied qualify the nature of these foods i.e. foods high in fat, sugar and salt, there is no provision for specific "junk food" examples. Obesity and nutrition related literature suggests that the following foods could be classified by these terms: beverages with high sugar content e.g. some fruit juices, energy drinks and soft drinks, confectionery, e.g. chocolate, sweets and sweets, cakes and biscuits, potato crisps and fast food, e.g. fish and chips, burgers and fries. However, this list is by no means exhaustive. Furthermore, it is important to note that authorities such as the NZMH comment that moderation is very important and that no one food is inherently "bad" (NZMH, 1997). According to Xhles and Miles (1982, cited in NZMH, 1997, p.30), "if most of a child's meals are nutritionally sound, occasional treats of potato chips, soft drinks, sweets and fast food are acceptable".

Obesity

Obesity, defined by the World Health Organisation (WHO, 2000b) is based on the Body Mass Index (BMI), calculated as the weight in kilograms divided by the square of the height in metres. A BMI equal to or greater than 25 is considered "overweight" and a BMI of 30 and above denotes "obesity". Normal weights are in the range of 18.5-25.

However, in an alternative document the WHO (2000a) comment that although in some Asian populations the prevalence of obesity is lower than in Europe,

the health risks associated with obesity occur at a lower BMI in Asian populations. Furthermore, Polynesians tend to be more muscular with higher BMI's than Europeans, but have lower fat levels for the same BMI. Consequently, the WHO recognises that current criteria for defining obesity may not be appropriate for some nationalities. However, at the time of writing this report BMI is still the most widely used tool for obesity measurement.

Physical activity

In 2001 the NZMH produced a document entitled, "New Zealand Health Strategy. DHB Toolkit: Physical Activity. Edition 1." The document discusses in detail issues relating to physical activity. The definitions in this report are based on those provided by the NZMH.

Physical activity is defined as follows:

"Any bodily movement produced by skeletal muscles that results in energy expenditure. It comprises duration, frequency, intensity, type and context" (Caspersen, Powell and Christenson, 1985, cited in NZMH, 2001, p.13).

The NZMH also provides definitions for "exercise", "physical fitness" and different levels of activity. These are contained in Appendix 1.

In 2001 The Hillary Commission developed physical activity guidelines for New Zealanders. These guidelines are also documented in the NZMH physical activity report, included in Appendix 1.