

# BIG ADS, BIG KIDS

“Does advertising affect childhood obesity in children between the ages of 2 and 14 who live in a poorer socioeconomic class?”

By Krystal Munro

New Zealand has the third highest rate of obesity in adults in the developed world. (Ministry of Health, 2016). It was found that one in nine children were obese, 19% of these were Maori and 30% were Pacific children (Ministry of Health, 2016). Because of these statistics childhood obesity has become a major clinical issue, especially in primary health care. This is due to primary health care organisations being the child's first point of contact with the health system (Ministry of Health, 2016). Overweight children and adolescents grow to be obese adults. One potential contributor to childhood obesity is television viewing and exposure to advertising.

## Literature Review

- It was found that low income children spent more time watching television and have higher levels of media exposure than higher income children. Because of this they are exposed to a high rate of food advertising at home (Kumanyika & Grier, 2006).
- Children are easily moulded by what they see in television advertising. Chou, Rashad and Grossman (2008), found that children are more likely to request specific brand name products that are advertised on television.
- Utter, Scragg and Schaaf (2006), found that children who watched two or more hours of television per day were more likely to eat commonly advertised foods and were twice as likely to be consuming soft drinks, hamburgers and fries. Children exposed to advertising were found to choose the advertised product at a higher rate.
- Zimmerman and Bell (2010), found that there are two ways in which TV may lead to obesity; these are by promoting eating while viewing and exposing children to food advertising.
- Over a three year period it was found that by having an increased TV exposure to sugar sweetened product advertisement there was a 9.4% increase in consumption of soft drinks for the child. This was the same for food.

## Implications

- Lack of knowledge on the risk factors of childhood obesity such as low socioeconomic status
- Difficulty in discussing with children and their families that the child is overweight or obese, especially if the adult themselves is overweight.
- The area the family lives in may be another implication for registered nurses to consider.

## Recommendations

- Registered nurses must be up to date with current research
- Promote healthy eating on all interactions with the families and child.
- Regular BMI and health checks
- Provide information for the child and the family. Such as pamphlets on the 5+ a day scheme, healthy eating guidelines for children.
- Assess child's readiness to change and parental knowledge.
- Discuss with the family how advertising affects children's eating habits and placing a time limit on how much time the child is watching TV for.
- Ensure information is engaging and interactive.

## References:

Chou, S., Rashad, I., & Grossman, M. (2008). Fast Food Restaurant Advertising on Television and Its Influence on Childhood Obesity. *The Journal of Law and Economics*, 51(4), 599-618. Retrieved from Google Scholar <http://scholar.google.co.nz/>

Kumanyika, S., & Grier, S. (2006). Targeting Interventions for Ethnic Minority and Low Income Populations. *The Future of Children*, 16(1), 187+. Retrieved from CINAHL <http://web.a.ebscohost.com.op.idm.oclc.org>

Ministry of Health. (2016). New Zealand Health Survey: Annual update of key findings 2015/16. Wellington: Ministry of Health.

Utter, J., Scragg, R., & Schaaf, D. (2006). Associations between television viewing and consumption of commonly advertised foods among New Zealand children and young adolescents. *Public Health Nutrition*, 9(5), 606-612. Retrieved from CINAHL <http://web.a.ebscohost.com.op.idm.oclc.org/>

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## Conclusion

Obesity in New Zealand children has increased dramatically. It has been found that children living in the most deprived areas were three times more likely to be obese than children in the least deprived areas. One in nine children are obese (Ministry of Health, 2016). This requires serious attention to reduce the number of obese children today

Advertising has been found to have a huge detrimental effect on childhood obesity, by decreasing the amount of activity the child is doing and increasing the amount of sugary, high fat food the child consumes by promoting these products regularly in advertising



PECOT CATEGORY	INFORMATION RELATING TO QUESTION	EXPLANATION
Population	I want to focus on obesity in children aged between the ages of two years old and fourteen years old.	I wish to focus on this age group due to it being the ages in which children are defined.
Exposure	I want to explore how advertising affects children with obesity in New Zealand	It is being found that more and more children are leading sedentary lifestyles so I wish to see how the advertising they are being exposed to affects their obesity.
Comparison	I want to compare children who live in a higher socioeconomic class to children who live in a poorer socioeconomic class.	Children who live in poorer socioeconomic classes have been found to be more likely to be inside watching television than children in higher socioeconomic class due to the different environments in which they live/.
Outcome	I want to know if advertising affects the rates of obesity in children between the ages of 2 and 14.	I suspect that advertising will have an affect on the rates of obesity in children between the ages of 2 and 14.
Time	No timeframe	This is an ongoing issue.

Rationale

The purpose of Whitehead’s (2013) PECOT model is to assist in formulation of a clinical research question (as cited in Schneider, Whitehead, LoBiondo-Wood, & Haber, 2013) By using the PECOT model I have refined my search question from what factors affect childhood obesity in New Zealand to: “Does advertising affect childhood obesity in children between the ages of 2 and 14 who live in a poorer socioeconomic class?”

Posters present key elements of research in an easy to read format. It summarizes the study in enough detail to educate people without providing people with too much information. Posters summarize the key points (Taggart and Arslanian, 2000). A well designed poster will be visually stimulating and will reflect the importance of the topic (Taggart and Arslanian, 2000). Posters provide a creative, eye catching and quite detailed way of presenting research findings. They allow personal interaction, networking and problem solving (Schneider, Whitehead, LoBiondo-Wood, & Haber, 2013).

By visualizing information on a poster it allows patterns to be seen and for the person to be able to gain new insight. Visualising information helps to make it more memorable, structures information and place information in context (Ellstrom, n.d.). I choose to do a poster to present my information on childhood obesity and the effects of advertising because of these reasons. I wanted my information to be eye-catching, visually stimulating and memorable.

To improve the New Zealand children’s health status, it is important that parents, schools and health professionals work together to help combat the obesity epidemic. By RN’s and families understanding the influences advertising and poorer socioeconomic status has on childhood obesity, they can make a difference. It is important that nurses in the primary health care setting are advocates for their patients and assist them to make healthy life style changes, this will in turn help overcome the barriers of child obesity and help to make New Zealand children healthier which will decrease the alarming childhood obesity statistics.

References:

Ellstrom, M. (n.d.). *Benefits of Presenting Information Visually and Guidelines on How To Do It: An Introduction to Static Information Visualizations for Novices*. Retrieved from <http://scholar.google.co.nz>

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Schneider, Z., Whitehead., D., LoBiondo-Wood, G., & Haber, J. (2013). *Nursing and midwifery research methods and appraisal for evidence – based practice* (4<sup>th</sup> ed.). Sydney, NSW, Australia: Mosby.