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restrict such activities, and to promote  
breastfeeding as the best choice for

## **THE IMPACT OF MARKETING ON HEALTHY FEEDING IN INFANCY AND CHILDHOOD**

### **Abstrakt**

Anyone has responsibility for the own health and life styles. For the children, the responsibility is on their parents/guardians. Therefore, infants and children poses the greatest challenge for pediatricians and dentists, due to the impact of unhealthy food on the dentition and overall health.

It is proven that marketing and promotion have great impact on streaming the mind to some life styles not solely to own, but to the offspring as well. In that regard, it is useful to discuss few strategies and actions in banning the marketing of unhealthy food, especially for infants and children, considering their potential to growth and development.

Starting from the birth, infants are exposed to the social norms which could be useful or harmful. Marketing influences social norms by making formula being extensive, modern, and comparable to breast-milk. Clear evidence of a negative impact is found when breast-milk substitutes are provided for free in maternity facilities, promoted by health workers and in the media. Marketing remains widespread even in countries that have adopted the International Code of marketing of breast-milk substitutes to

healthy growth and development, and preventing many diseases later in life. The International Code is not legally enforceable, companies are only subject to legal sanctions for failing to abide by the Code if it has been incorporated into the legislature on national level. Over hundred countries have fully or partially adopted the Code, and some made few provisions. Others, have no legislation on baby food marketing at all.

Other issue is marketing of junk food, proven to be harmful to growth, development, dentition and overall health. Some Governments have banned marketing and selling such food nearby kindergartens and schools. These activities were proven effective in improving feeding practices in childhood.

**Key words:** marketing; breast-milk; milk formula; health; dentition; disease

### **Introduction**

Anyone has responsibility for the own health and life styles. For the children, the responsibility is on their parents/guardians.

Therefore, infants and children pose the greatest challenge for pediatricians and dentists, due to the impact of unhealthy food on the dentition and overall health. [1] It is proven that marketing and promotion have great impact on streaming the mind to some life styles not solely to own, but to the offspring as well. In that regard, it is useful to discuss few strategies and actions in banning the marketing of unhealthy food, especially for infants and children, considering their potential to growth and development.

Marketing is defined by the American Marketing Association as “the activity, set of institutions, and processes for creating, communicating, delivering, and exchanging offerings that have value for customers, clients, partners, and society at large.”[2]

But, the process is much more complex than it could be explained by one sentence or definition. Therefore, below are refereed some other definitions, more or less similar to the above.

Marketing is defined as "the total of activities involved in the transfer of goods from the producer or seller to the consumer or buyer, including advertising, shipping, storing, and selling."

Therefore Marketing can be categorized as a branch of business as well as a social science. There is a large literature on the mechanism through which advertising affects consumer choice. The depth to which advertising and marketing can reach the consumer depends on many factors, both of the consumer and the seller.

It isn't always clear whether the concern is about advertisers selling 'bad' things (junk food, for example); about the attitudes or values they may invoke in doing so (such as gender stereotypes); or about the very idea of selling things to children in the first place. The call to ban advertising to children presses some powerful emotional buttons, and has appeal right across the political spectrum. In recent years, there is intensive debate on the

advertising and marketing unhealthy food and the influence on obesity in children, perceiving as a child person under age of 18. UNESCO—the United Nations Educational, Scientific and Cultural Organization—defines early childhood as ages 0–8 years. [3] For the purposes of advertising law, the definition of a child varies from one jurisdiction to another. Because of their level of cognitive development, children under 8 years of age are viewed by many child development researchers as a population vulnerable to misleading advertising. Preteens, from ages 8-10 years, possess the cognitive ability to process advertisements, but do not necessarily do so. From early adolescence (11-12 years), children's thinking becomes more multidimensional, involving abstract as well as concrete thought. Adolescents still can be persuaded by the emotive messages of advertising, which play into their developmental concerns related to appearance, self-identity, belonging, and sexuality.[4] However, the age of 12 is commonly used as a cut-off point, considering that these children have developed their behaviour as consumers, can effectively recognise advertising and are able to adopt critical attitudes towards it.

Due to the fact that the obesity is the number one fear of the modern era in developed world, it is very important to fight against unhealthy food starting from the earliest period of the life—immediately after the birth. Banning marketing of the breast milk substitutes is one of the better regulated activities regarding children.

One of the **purposes** of this article is to describe the food advertising and marketing channels used to target newborns via their parents, children and adolescents globally, the impact of food advertising on eating behavior, and current regulation and policies.

## **1. Breastmilk feeding – a worrying trend**

Breastfeeding is an inalienable element of any child's right to proper care. State policy needs to address this issue since it has an interest in the upbringing of healthy, mentally steady and socially adapted individuals by all means. Practically, no financial resources are needed to adopt respective national legislation and to establish mechanisms of social control over the fulfillment of the International Code. The World Health Organization Code (or simply, "The Code") is a short name for the International Code of Marketing of Breastmilk Substitutes, which was adopted by the World Health Assembly and UNICEF in 1981.[5] Since that time, a number of resolutions have also been passed to clarify and add to the Code. It depends on a political decision that takes into account not only the willingness to make a profit from breastmilk substitute sales today, but also determination to preserve the health of the nation tomorrow.

A major influence on mothers deciding not to breastfeed has been done by a variety of ways manufacturers and distributors promote artificial feeding products on the market. The information mothers are exposed to is more likely to include advertising of artificial products than breastmilk.[6]

The Code is a marketing code that aims to protect breastfeeding, to protect *all* mothers and babies (whether breastfeeding, formula-feeding or combination feeding) and to prevent aggressive marketing practices that often prevent mothers from meeting their own breastfeeding goals.[7] Infant formula, feeding bottles, and artificial nipples are the main products that fall within the scope of the Code. Pacifiers and breast pumps are not under the scope of the Code.

The Code is primarily aimed at governments and companies. Health care workers and facilities also have a role to play.

Article 1 of the Code: "*The aim of this Code is to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and*

*by ensuring the proper use of breastmilk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.*" Its features include the following:

- It is **not** directed at parents.
- It does **not** advocate against parents choosing to use formula.
- It **does** require that parents be given complete and factual information about infant feeding including, when applicable, how to properly and safely prepare infant formula.
- It does **not** suggest that formula sales to the public should be limited.
- It **does** require that infant formula meet strict quality standards, that the label include clear instructions for safe preparation, and that inappropriate foods (such as canned milk, rice milk, etc.) not be advertised for use as the sole source of nourishment for babies.
- It **does** say that companies should *stop* marketing practices that undermine breastfeeding and prevent mothers from meeting their own breastfeeding goals.
- It **does** say that, instead of advertising hype, parents who use formula should receive unbiased, factual information.

The Code applies to a relatively broad scope of products - all breastmilk substitute products and other products which are used as a partial or total replacement of breastmilk, bottles and teats.

All advertising and promotion to the general public is banned. This includes forbidding the distribution of free samples, gifts and other promotional materials, and eliminating direct or indirect contact between marketing personnel and pregnant women and mothers.

Informational and educational materials about breastmilk substitutes are permitted. However, the materials must be scientific and factual, and must include information on all of ten points listed in the *Code*, including, for example, the superiority of breastfeeding, the difficulty of reversing the decision not to breastfeed, the financial implications of buying

commercial substitutes, and the health hazards of improper use. No pictures or text may idealize the use of breast-milk substitutes, or imply equivalency with breastmilk.

To discourage the routine use of formula in hospitals, the *Code* restricts "donations" (free supplies) and low-cost supplies of breastmilk substitutes only to charity cases where a breastmilk substitute is deemed necessary.

The Code designates a specific list of label requirements. Labels must, among other things, include the message that the product only be used on the advice of a health worker who can instruct on the proper method of use.

The medical profession was targeted as a promotional free samples at the health clinic and supplies from the maternity ward meant, to mothers, that the product was medically endorsed. Doctors and health facilities received various material benefits, everything from pens and key chains to cash payments and trips abroad, for their implied or explicit endorsement.

Marketing influences social norms by making formula use seem to be extensive, modern, and comparable to or better than breast milk. Clear evidence of a negative impact is found when breast-milk substitutes are provided for free in maternity facilities and when they are promoted by health workers and in the media. Influences through other channels are plausible, but rigorous studies are lacking. Marketing remains widespread even in countries that have adopted the International Code of Marketing of Breast-milk Substitutes to restrict such activities.[8]

## **2. Nutrition and children**

Nutrition during childhood and adolescence is essential for growth and development, health and well-being. Further, eating behaviors established during the earliest childhood, track into adulthood and contribute to long-term health and chronic disease risk. Numerous studies, majority conducted in USA, but

related to all developed countries, have consistently documented that dietary intake patterns of children and adolescents are poor and do not meet national dietary goals. Children and adolescents are eating more food away from home, drinking more soft drinks, and snacking more frequently. The growing epidemic of childhood overweight and obesity is a major public health concern. Almost two-thirds (60%) of overweight children have at least one cardiovascular risk factor (e.g., hypertension, hyperlipidemia) and the prevalence of type 2 diabetes mellitus is increasing in youth. These trends may seriously compromise the future health and productivity of the population and add to health care costs.

While multiple factors influence eating behaviors and food choices of youth, one potent force is food advertising. Over the past 10 years, children and adolescents have increasingly been targeted with intensive and aggressive forms of food marketing and advertising practices through a range of channels.

## **3. The effects of advertising on children and adolescents**

There is an obvious correlation between televised advertisements and child obesity. A study conducted by Frederick J. Zimmerman and Janice F. Bell made the statement that "Commercial television pushes children to eat a large quantity of those foods they should consume least: sugary cereals, snacks, fast food and soda pop".[9] Children decide their food preference at a young age through preliminary learning process and when they are exposed to large amounts of fast food advertising which has major long-lasting implications on their diet. Children's innocence and lack a lot of knowledge around commercial food, allows them to easily trust what an advertisement says. As a result, companies are able to falsely display food

items to children and what children think to be healthy and nutritious is actually unhealthy being high in fats and sugars.

It has been a recent recommendation of the World Health Organisation that companies and organisations make a reduction of “food and beverage marketing directed at children that is high in sugar, fat and sodium in order to help reduce the burden of obesity worldwide” The World Health Organisation recommendation forms a firm foundation for what could be a possible solution to commercial food promotion to children. If government industries and companies worldwide were to begin to place restrictions and regulate advertisements of food industries so that healthier and nutritious foods are shown to be more positive and desirable, then the issue of obesity worldwide may begin to dissipate.

The impact depends greatly on the age and accordingly, level of maturity of the children. More importantly, there is no evidence that banning such advertising can reduce the incidence and prevalence of child obesity. Such evidence would be very difficult to establish in any case, but the latest statistics seem to show that obesity is rising, after having flat-lined or slightly fallen over the past decade. Other issue linked to marketing and children, is the great variety of media children are exposed to. Advertising, like any legitimate industry out there, is regulated. There are certain practices which have become outlawed over the years. There are some papers blaming marketing and advertising the food for children as unethical and harmful for their health, thus coming to the question of “unethical” and “illegal”.

Unethical vs. Illegal. What's the Difference?

Sometimes, advertising can be both, when the advertiser or business uses the practice, they are breaking the law and can face severe consequences.

Below are mentioned some examples of how advertisers, marketers, and businesses

walk that fine line of unethical, but not illegal, behavior, when children are involved.

In recent years, the food and beverage industry in the developed world has viewed children and adolescents as a major market force. Multiple techniques and channels are used to reach youth, beginning when they are toddlers, to foster brand-building and influence food product purchase behavior. These food marketing channels include television advertising, in-school marketing, product placements, kids clubs, the Internet, toys and products with brand logos, and youth-targeted promotions, such as cross-selling and tie-ins. Foods marketed to children are predominantly high in sugar and fat, and as such are inconsistent with national dietary recommendations.

However, some agencies use fear in all the wrong places. Frightening children that if they don't eat the advertised food will become ill, or look differently than peers, or losing attention and concentration, is frightening for them and as an activity, unethical. Marketing should not scare children into buying anything; using unjustifiable fear is just plain wrong.

A ban on advertising to children could never be complete, but it would give us the chance to start our lives as something other than consumers, and it would set a very important tone. Because marketing to children and adolescents has become so pervasive, many child advocates and media experts believe that such marketing constitutes an escalating public health problem. Existing research has shown that it was unfair and deceptive to advertise to children younger than 6 years. Some Western countries have banned advertising to children, such Sweden and Norway forbid advertising directed at children younger than 12 years, Greece bans toy advertising until after 10 PM, and Denmark and Belgium severely restrict advertising aimed at children.[10] Children are more susceptible to the effects of marketing than adults. Numerous studies have documented that children under 8 years of age



are developmentally unable to understand the intent of advertisements and accept advertising claims as factual.[11][12][13][14] Advertising to children can take place on traditional media (television, radio and print), as well as new media (internet and other electronic media). Packaging, in-store advertising, event sponsorship, and promotions can also be used.

#### 4. Specific health-related areas of concern

Healthy foods are advertised less than 3% of the time; children rarely see a food advertisement for broccoli. Increasingly, fast food conglomerates are using toy tie-ins with major children's motion pictures to try to attract young people. Nearly 20% of fast food ads now mention a toy premium in their commercials. Several studies document that young children request more junk food (defined as foods with high-caloric density but very low nutrient density) after viewing commercials.[15] There are growing calls to restrict advertising of junk foods. Whether such a move will improve diet quality will depend on how advertising shifts consumer demands and how firms respond.[16]

The World Health Organization (WHO, 2010) published the recommendation that the "overall policy objective (of an advertising ban) should be to reduce both the exposure of children to, and the power of, marketing of foods high in saturated fats, *trans*-fatty acids, free sugars, or salt".

In Macedonia since 2004 the Law on consumer protection is in force,[17] and there is regulated that all audiovisual commercial communications which join children's program, and related to food and beverages containing fats, salt and sugar, and the excessive intake is not recommended; it is forbidden: to present incorrect or misleading information for the nutritional value of the food product; to suggest that certain food or beverage is replacement for fruit/vegetable and to encourage unhealthy feeding practices as

excessive intake. Also, by the Law in Macedonia, it is forbidden advertising of tobacco, alcohol and illicit drugs.

#### Conclusion

Clearly, advertising represents "big business" in the United States and can have a significant effect on young people. Advertisements can be restricted or even banned if there is a significant public health risk. One solution that is noncontroversial and would be easy to implement is to educate children and teenagers about the effects of advertising—media literacy. Curricula have been developed that teach young people to become critical viewers of media in all of its forms, including advertising. Media education seems to be protective in mitigating harmful effects of media, including the effects of cigarette, alcohol, and food advertising.[18][19]

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