



**Regional Committee for the
Eastern Mediterranean**

EM/RC54/Tech.Disc.2
August 2007

Fifty-fourth Session

Original: Arabic

Agenda item 5 (b)

Technical discussion on

Food marketing to children and adolescents in the Eastern Mediterranean Region: implications for public health

Noncommunicable diseases and injuries now represent more than half of the total disease burden of the Region, and there is an increasing trend of overweight and obesity among adults and young people. Commercial media have proliferated in recent years, with heavy promotion of television entertainment programmes targeted at young people and heavily sponsored by the food and beverage industry.

The Regional Committee is invited to discuss the growing influence of commercial media and marketing on the dietary behaviour and health of children and adolescents in the Region and to consider the need for comprehensive educational and regulatory responses.

Contents

Executive summary.....	i
1. Introduction.....	1
2. Global context.....	2
3. Regional context.....	5
4. Strategic directions	7
5. Conclusion.....	8
6. Recommendations for Member States	8
7. References	9

Executive summary

Noncommunicable diseases and injuries now represent more than half of the total disease burden of the Region, and there is an increasing trend of overweight and obesity among adults and young people. Commercial media have proliferated in recent years, with heavy promotion of television entertainment programmes targeted at young people and heavily sponsored by the food and beverage industry. In the absence of clear regulations and appropriate legislation and enforcement, urgent preventive measures are needed to protect and promote the health of children and young people. World Health Assembly resolution WHA60.23, Prevention and control of non-communicable diseases: implementation of the global strategy, requested the Director-General to promote initiatives aimed at implementing the global strategy with the purpose of increasing availability of healthy food, and promoting healthy diets and healthy eating habits, and to promote responsible marketing including the development of a set of recommendations on marketing of foods and non-alcoholic beverages to children. This paper aims to alert policy makers to the growing influence of commercial media and marketing on the dietary behaviour and health of children and adolescents in the Region, and to advocate for comprehensive preventive educational and regulatory responses where health is put in its rightful place at the centre of further policy development concerning the marketing of food to children and young people.

1. Introduction

A complex combination of dietary practices and environmental, social and economic factors in countries of the Eastern Mediterranean Region has resulted in the persistence of what is described as the double-burden of malnutrition, where under-nutrition among young children and women of childbearing age co-exists with nutrition of excess, demonstrated by increasing rates of overweight, obesity and chronic diseases.

Based on a combination of nutrition and health indicators and risk factors, countries of the Region can be divided into four categories.

In the first category are countries that are characterized by high prevalence of overweight and obesity along with a moderate level of under-nutrition among children below the age of 5 years and micronutrient deficiencies in population sub-groups (Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and United Arab Emirates). The major risk factors that may be attributed to the role of government are lack of clear food and nutrition policies and strategies; unclear lines of coordination and collaboration between the concerned national authorities; lack of consumer education and protection laws and overall inadequate food safety and nutrition education among the general population. At the consumer and individual levels, risk factors are very high intake of energy-dense foods (fats, sugar/refined carbohydrates) and low vegetable/fruit consumption, combined with sedentary lifestyle with minimum physical activity, all existing within an overall environment of aggressive commercial marketing of fast foods and breast-milk substitutes.

In the second category are countries where moderate levels of overweight/obesity co-exist with moderate levels of under-nutrition in specific population pockets and age groups alongside widespread micronutrient deficiencies (Egypt, Islamic Republic of Iran, Jordan, Lebanon, Libyan Arab Jamahiriya, Morocco, Syrian Arab Republic and Tunisia). The major risk factors that may be attributed to the role of government are again lack of clear food and nutrition policies and strategies; unclear lines of coordination and collaboration between the concerned national authorities; lack of consumer education and protection laws, and inadequate food safety and nutrition education among the general population. The risk factors present at the consumer and population levels are increased dietary intakes (of fats and refined sugar) and inadequate energy, fruits and vegetable consumption, combined with sedentary lifestyle with minimum physical activity, occurring within an environment of aggressive commercial marketing of fast foods, breast-milk substitutes and persistence of poverty pockets, particularly in peri-urban settings and among remote rural population groups.

In the third category are those countries with significant under-nutrition consisting of acute and chronic child and maternal malnutrition, widespread micronutrient deficiencies and emerging overweight/obesity and nutrition of indulgence in population sub-groups (Pakistan and Palestine). Risk factors prevailing that may be attributed to the role of government are weak social and economic infrastructure in geographical areas; ad hoc nature of nutrition programmes; lack of a coherent nutrition policy; lack of consumer education and protection laws and inadequate institutional capacity and trained human resources for food safety control, inadequate and insufficient intake of food by a major portion of the population. Widespread poverty and insufficient income, inadequate safe water supply and poor sanitation and pockets of low literacy are the environmental components that contribute to the perpetuation of this situation.

The fourth category relates to countries experiencing humanitarian crisis with high prevalence of severe child and maternal under-nutrition and widespread micronutrient deficiencies (Afghanistan, Djibouti, Iraq, Somalia, Sudan and Yemen). In these countries, the national development programmes have been disrupted, including food safety and food control mechanisms, along with a lack of institutional capacity and trained human resources to monitor food security, food aid and food safety.

Global communication, through satellite television, internet and other media, affects the lifestyle of consumers worldwide. More than 150 television channels have been established in the past 15 years in the Region. Most of these channels operate on a commercial basis and their prime-time programmes are heavily sponsored by the international food and beverage industries. Most television programmes

targeting children and young people, including contests with very wide audience participation and pop concerts, and some children's cartoon channels, are sponsored by the food and beverage industry, who make use of popular pop stars to promote fast food, candies/sweets, snacks and sweetened carbonated drinks. Along with the growth in marketing efforts directed towards children and youth has come an upsurge in the use of psychological knowledge and research to more effectively market products to young children, drawing upon principles of developmental psychology and applying them to the goal of more effectively persuading children to want advertised products and to influence their parents' purchasing decisions.

Nowadays, children receive daily as many as 50 or more messages from television advertising (half of them for food), along with many additional marketing messages through billboards, magazines, schools, websites and shops. Given how often companies communicate with children about food, those who manufacture, sell and promote food to children have an enormous effect on parents' ability to feed their children a healthy diet. Getting children to eat a healthy diet would be much easier for parents if they did not have to contend with billions of dollars' worth of sophisticated marketing for low nutrition foods. In addition, while many parents have limited proficiency in nutrition, food companies have extensive expertise in persuasive techniques, as well as resources that parents do not have, to influence children's food choices, such as cartoon characters, contests, celebrities and toy give-aways.

This paper aims to alert policy-makers to the growing threat of commercial media and marketing on the dietary behaviour and health of children and adolescents in the Region, and to advocate for comprehensive preventive educational and regulatory responses, where health is put in its rightful place at the centre of further policy development concerning the marketing of food to children. The term "marketing" in this paper refers to those processes that are visible to the consumer, namely: television advertising, in-school marketing, sponsorship, product placement, internet marketing and sales promotions (including premiums, prizes and price discounts). Research has shown that these techniques are widely employed by advertisers and marketers to promote food to children.

2. Global context

Although the International Code of Marketing of Breast-Milk Substitutes (1981) [1] is not directly applicable to the marketing of food to children, it represents an example of a code that attempts to restrict all types of marketing of a specific product with public health as an explicit objective. Likewise, the WHO Framework Convention on Tobacco Control (FCTC) adopted at the Fifty-sixth World Health Assembly in 2003, while not directly relevant to food, has some indirect implications for food policy. Both require comprehensive and multi-sectoral approaches at global and national levels. Article 13 of the Convention deals with advertising, promotion and sponsorship.

The converging values and lifestyles worldwide, amplified by globalization, have led the food industry to adopt standardized global marketing strategies, creating central advertising production banks and guidelines for brand images and promotions, with regionally appropriate advertisements. This has allowed the pooling of huge budgetary resources for marketing research and advertisement. It has resulted in more aggressive advertising and greater sponsoring and penetration of entertainment programmes with large audiences spanning regions and countries where marketing and advertising regulations and legislation are loose or nonexistent.

The World Health Report 2002 [2] describes in detail how, in most countries, a few major risk factors account for much of the morbidity and mortality, and for noncommunicable diseases, the most important risks include high blood pressure, high concentrations of cholesterol in the blood, low intake of fruit and vegetables, being overweight, physical inactivity and tobacco use.

Food marketing was one of the areas of focus of the global strategy on diet, physical activity and health, adopted by the 57th World Health Assembly in May 2004. During the global strategy development process, WHO conducted a review in 71 countries on the regulatory environment regarding marketing food to children [3]. The review identified a number of gaps in the global regulatory environment, specifically in four main areas.

- Existing regulations do not recognize food as a category in need of special consideration from a public health standpoint. Rather, regulations aim to guide the content and form of promotions, not to minimize their ability to encourage consumption of certain foods.
- There are many differences in the regulatory environment between countries. In some countries regulations abound; in others there are very few. Moreover, case studies and anecdotal evidence indicate that there are also wide variations in the degree of enforcement.
- While there are plenty of ethically-based guidelines, there are fewer specific restrictions on the timing, content and form of marketing campaigns targeted at children.
- Non-traditional forms of advertising targeted at children, such as marketing in schools, sponsorship, internet-based techniques and sales promotions, are less regulated than television advertising to children. Moreover, there is still some uncertainty about how best to regulate the global and interactive nature of some of the “new” marketing techniques.

Advertisements targeted at children through multiple media channels contribute to children’s choices about foods, beverages, and sedentary pursuits and may have a strong influence on their tendency towards increased obesity and chronic disease risk [4]. Childhood obesity involves significant risks to physical and emotional health. Obesity prevention involves addressing the factors that influence both eating and physical activity. Overweight or obese teens are increasingly at risk for type-2 diabetes, once called “adult-onset” diabetes and once rare in children. Children who consume sweetened carbonated drinks generally consume fewer dairy products. The decreased calcium intake that may accompany consumption of carbonated drinks could, in later life, put people, particularly women, at greater risk of broken bones and osteoporosis. A recent WHO/FAO consultation report on diet and prevention of chronic diseases examined the strength of evidence linking dietary and lifestyle factors to the risk of developing obesity. Diet and lifestyle factors were categorized based on the strength of scientific evidence according to four levels of evidence: convincing, probable, possible and insufficient. The report concluded that while the evidence that the heavy marketing of fast food outlets and energy-dense, micronutrient-poor food and beverages to children causes obesity is equivocal, sufficient indirect evidence exists to place this practice in the “probable” category of increasing risk of obesity [5].

As with other sedentary pursuits, watching a lot of television has been shown to be related to health problems for some children, including obesity. It is believed that children who watch more television—especially during weekends and prime time—are more receptive to the messaging in advertisements than children who are less frequent viewers [6]. This is especially true for advertisements that appear during favourite shows and sports programmes. Every year children and adolescents are probably exposed to several thousand advertisements. Of these, approximately half are for “fast” food and carbonated drinks. Other modes of advertising that target children and adolescents include magazines, billboards, web sites, brand-related clothing and products, sponsorship of sporting events and of professional and college teams, and radio. The interactive and unregulated milieu of the internet provides marketers with a potent mix of platforms from which to target youth. Many forms of media, such as television, seek to create passive impulsive consumers. Commercial media affect the behaviour of children and young as people—how they talk, how they act in and out of school, what they create, what they wear, what they eat and drink, what they purchase, and even what they dream.

Commercial media also affect the, physical, mental, social and spiritual health of children and young people. Overweight and obesity can lead to adverse metabolic changes, including increases in blood pressure, unfavourable cholesterol levels and increased insulin resistance. They raise the risk of coronary heart disease, stroke, diabetes mellitus, and many forms of cancer particularly breast cancer. Obesity is a major risk factor for type 2 diabetes. The risk of developing type 2 diabetes increases with increase in body mass index (BMI). Ninety per cent (90%) of adult men and women with a diagnosis of type 2 diabetes have a BMI of 27 kg/m² or greater. In both men and women, weight gain of 5 kg or more after early adulthood (18–20 years) is associated with an increased risk of diabetes, and the risk increases with the amount of weight gain. Diabetes is the most preventable consequence of the obesity epidemic. Obese children also have a strong predisposition to become obese adults, with a greater likelihood of developing a battery of serious chronic diseases, including diabetes, cardiovascular

disease, and, in the end, shorter life spans. A study published in 2001 [7] found that, compared to adolescents who did not eat at fast-food restaurants, boys and girls who had eaten fast food three times in the previous week had astoundingly higher calorie intakes: 40% and 37% higher, respectively. According to a 2002 study [8], for each can of carbonated drink consumed each day, a child is 1.6 times more likely to become obese, all other things held constant.

A substantial body of research evidence documents age-related differences in how children understand and are affected by television advertising. An extensive review of the research literature in the area of advertising media and its effects on children indicated that children under the age of eight lack the cognitive development to understand the persuasive intent of television advertising and are uniquely susceptible to advertising's influence [6]. This is a critical concern because the most common products marketed to children are sugared cereals, candies/sweets, carbonated drinks and snack foods. Such advertising of unhealthy food products to young children contributes to poor nutritional habits that may last a lifetime. The report also shows clearly that advertising exerts substantial influence on children's attitudes and behaviours, and that these effects reach well beyond moving product desire from one brand to another. It is well established that television advertising is effective at accomplishing advertiser's intended goal of influencing children's attitudes and behaviours toward advertised products, as well as contributing to such unintended effects as parent-child conflict, unhealthy eating habits, materialistic attitudes, and more positive attitudes toward sensitive products such as tobacco and alcohol. Younger children are more strongly influenced to request advertised products after watching advertisements, which seems indicative of younger children's weaker cognitive defences against advertising claims and appeals. It appears quite clear that children's understanding of advertising's persuasive intent plays an important role in their ability to defend themselves against commercial exploitation.

A 2005 report found strong evidence that television advertising of foods and beverages has a direct influence on what children choose to eat, and established a clear link between television advertisements of "fast" food and young children's hunger for such [9]. Especially alarming is the evidence that appetites for junk food can be established as young as 2 years old, supporting the thesis that patterns for eating in later life are set very young and underscoring the serious implications of advertising influence in this realm. The report also noted the dominant focus of food and beverage marketing to children and youth is on products high in calories and low in nutrients, sharply out of balance with healthy diets. Marketing approaches, it notes, have become multi-faceted and sophisticated, moving far beyond television advertising to include the internet, "advergates", strategic product placement and much more, and turning round the current trends in children's diets and in marketing will require strong and active leadership and cooperation, from both the public and private sectors, with industry resources and creativity harnessed on behalf of healthier diets for children.

As long ago as 1982, UNESCO's International Symposium on Media Education pointed out the need to prepare children and young people for living in a media saturated world: "We share the responsibility for preparing the young person for living in a world of powerful images, words and sounds"[10]. Since the second half of the 1980s media literacy education has been developed in Australia, Canada, Europe, United Kingdom and United States of America as an educational response to the growing impact of media in the modern world¹. In general, research shows that interventions can teach children about advertising processes, techniques and goals, as well as increase their self-reported scepticism about advertisements.

¹ "Media literacy is concerned with... helping students develop an informed and critical understanding of the nature of the mass media, the techniques used by them, and the impact of these techniques. Ultimately, media literacy education aims to produce students who have an understanding of the media that includes knowledge of their strengths and weaknesses, biases and priorities, role and impact, and artistry and artifice. More specifically, it is education that aims to increase students' understanding and enjoyment of how the media work, how they produce meaning, how they are organized and how they construct reality. Media literacy is a life skill." The Association for Media Literacy, Canada (www.aml.ca).

3. Regional context

The findings of the studies quoted apply not only to the United States of America or to industrialized countries but are equally valid in the Eastern Mediterranean Region. Under the umbrella of globalization and market economies, multi-national companies sponsor huge audience events that are transmitted across borders, targeting millions of people. Huge advertising budgets and regional approaches to marketing are used to penetrate new markets, maintain or increase share in promising markets where consumer associations or activists are almost non-existent and legislation or regulations are either missing or not enforced.

According to a report in the Oman Economic Review, the emergence of private satellite networks since 1991 has given viewers in the Arab region opportunity to watch a wide variety of channels. It notes that there are two main satellite system providers that cater to the region, Arabsat and Nilesat, which together, provide over 150 free-to-air satellite channels, more than 20 free radio stations, and carry the television and radio channels of the three main pay-TV providers in the Region. Accurate ratings and viewership are difficult to obtain due to the lack of a standard measuring method. Hence, broadcasters are unable to provide advertisers with solid audience figures. However, there are other indicators of audience sizes, including the telephone companies. Several channels are using mobile messaging (SMS) to interact with viewers and obtain feedback, and others have used “phone-ins” for audience participation. One channel received nearly 70 million phone calls for one of its “reality” shows from 22 countries, an indicator of the reach [11].

Spending on advertising in the Region is reported to have grown by 25% per annum since 2000. More than 60% of the advertising revenue contribution comes from five channels only and television advertising rates have increased dramatically, with popular programmes charging up to US\$ 11 500 for a 30-second commercial spot [11]. According to the same report, private free-to-air channels, including LBC, Future, MBC and Al Jazeera, are among the market leaders in advertising revenues while a study by the Pan Arab Research Centre showed that the total spending on advertising in the Arab world rose from US\$ 4.67 billion in 2004 to US\$ 5.4 billion in 2005. Advertising spending in the GCC countries alone in 2005 was US\$ 2.5 billion according to the International Advertising Association, Bahrain Chapter. [11]

According to ArabAd magazine, foods and non-alcoholic drinks ranked second and fourth respectively among the top 10 sectors in advertisement spending among all media channels in 2006 in the Arab world (IPSOS Stat). When combined together, both sectors rank first. Six food multinationals are among the 10 top clients in all media and television advertising, with Unilever, Pepsi Cola International and Nestle occupying 2nd, 3rd and 4th rank respectively [12].

According to Mindshare’s Communications Channels Survey, 79% of Arab females in the United Arab Emirates said they were influenced by soft drink advertisements and 82% by chocolate advertisements, while 77% of Arab males in the United Arab Emirates said they were influenced by car advertisements and 71.5% of them perceived television to be the most effective medium for promotion of soft drinks. The same study found that 68% of Arab consumers in the United Arab Emirates were influenced by advertisements on television, 29% by outdoor advertising, 30% by newspapers, 18% by radio and 22.5% by indoor advertisements [13].

Table 1 gives the prevalence of overweight and obesity among adults 20 years and older in selected countries of the Region.

Table 1. Prevalence of adult overweight and obesity (>20 years) in some countries of the Eastern Mediterranean Region

Country	Latest year	Males %	Females %
Bahrain	2004	56.0	79.0
Egypt	2005	60.0	72.2
Iran, Islamic Republic of	2005	37.0	48.5
Iraq	2006	63.6	69.6
Jordan	2005	65.0	77.0
Kuwait	2006	78.0	81.7
Lebanon	2002	60.0	53.0
Saudi Arabia	2005	64.0	70.0
Syrian Arab Republic	2004	52.9	58.8

Source: STEPwise Surveillance System, WHO.

The findings of the Global School-based Student Health Survey (GSHS) from countries of the Region [14] indicate that children are spending more time watching television and using the internet and are less physically active. Surveys show that most young people view the internet as a communication and socialization tool. The percentage of children aged 13–15 years who spent 3 or more hours per typical or usual day sitting and watching television, playing computer games, talking to friends or doing sitting activities was: Jordan 41.3% (2004); Morocco 30% (2006); Oman 34.1% (2005); and United Arab Emirates 40.5% (2005). Moreover the GSHS data confirm the overweight and obesity trend among adolescents. The percentage of students 13–15 years at risk of becoming overweight or currently overweight or obese was as follows: Jordan boys 20.8%, girls 14.1% (2004); Lebanon boys 23.2%, girls 12.8% (2005); United Arab Emirates boys 33.9%, girls 32.5% (2005).

Many fast food advertisements in the Region, in common with the rest of the world, are targeted at children, featuring children's meals with prizes, milk shakes and sweetened carbonated drinks. Children appear to be affected by fast food to the greatest extent and most negatively. The techniques used to promote foods high in fat, salt and sugar are very creative, and many of them hold appeal for children. The most popular marketing tactics include using children's film characters, the World Cup or competitions to attract children, as well as "viral marketing", through the internet to encourage children to email branded messages to each other.

Despite the public relations tactics used by certain fast food chains to promote their public image and appear to be adopting responsible marketing policies, most of these so called responsible marketing policies remain empty rhetoric; they have not translated into abandoning super-sizing, providing healthier choices, or openly disclosing calories, fat and fibre information on their menus rather than obliging customers to request it.

With the recent growth in children's and young people's access to the internet, thousands of child-oriented web sites have sprung up, and many are laden with commercial promotion, with blurred boundaries between commercial and non-commercial content.

Most of the foods marketed to children contain high levels of fat, sugar or salt. Children believe in the truthfulness of advertising and do not have sufficient knowledge of the adverse effects on health that are associated with excessive use of products containing high levels of fat, sugar or salt and are poor in fibre, essential trace elements, vitamins and other ingredients important from the perspective of health. This is in conflict with public health goals and the World Health Organization's global strategy on diet, physical activity and health.

One potential contributor to overweight among youth may be reported shifts in their eating patterns and physical activity. These shifts in eating patterns relate to where children and adolescents are eating, what they are eating and drinking (e.g. more energy-dense foods and sweetened beverages);

and how much they are eating (e.g. larger portion sizes) [8,15]. Fat accounts for 45% to 65% of total energy in some fast foods [16].

Paediatric overweight has been linked with subsequent overweight or obesity in adulthood and an increased risk of adult morbidity and mortality. [17–19]

Moreover, while children, adolescents, and young people are asked to consume, they are also receiving confusing messages about beauty and sexuality. Tall models with sunken cheeks and jutting shoulder blades represent an unattainable beauty standard for adolescent girls, leading them to become frustrated or driving them to adopt aggressive diets leading to eating disorders like bulimia and anorexia nervosa. The GSHS findings for Jordan (2004) regarding dietary behaviour are quite indicative of the increasing dissatisfaction with body image among girls: 11.1% of girls 13–15 years were at risk of overweight (BMI between 85th and 95th percentiles) against 17.5% among boys, 27.3% of girls perceived themselves as overweight (18.8 % boys) and 42.2% of girls were trying to lose weight (22.7% boys) [14].

4. Strategic directions

World Health Assembly resolution WHA60.23, Prevention and control of non-communicable diseases: implementation of the global strategy, requested the Director-General inter alia “to promote initiatives aimed at implementing the global strategy with the purpose of increasing availability of healthy food, and promoting healthy diets and healthy eating habits, and to promote responsible marketing including the development of a set of recommendations on marketing of foods and non-alcoholic beverages to children, in order to reduce the impact of foods high in saturated fats, *trans*-fatty acids, free sugars or salt, in dialogue with all relevant stakeholders, including private-sector parties, while ensuring avoidance of potential conflict of interest” and “to build and sustain contact with the mass media in order to ensure continued prominence in the media of the issues related to the prevention and control of non-communicable diseases”.

The Global Strategy on Diet, Physical Activity and Health provides a comprehensive framework and identifies five strategic areas for action, of which four are pertinent in the context of food marketing to children and youth.

- a) Education, communication and public awareness: Appropriate public knowledge on the relationship between physical activity, diet and health, on energy intake and output, on diets and patterns of physical activity that lower the risk of noncommunicable diseases, and on healthy choices of food items provides a basis of good policy. Schools should protect the good health of children by providing health information, teaching health literacy, and promoting healthy diets and physical activity, as well as other healthy behaviour. Schools should require daily physical education and should be equipped with appropriate facilities. Policies should support healthy diets at school and limit the availability of products high in salt, sugar and fats.
- b) Marketing, advertising, sponsorship and promotion: Food advertising affects food choices and influences dietary habits. Food and beverage advertisements should not exploit children's inexperience or credulity. Messages that encourage unhealthy dietary practices or physical inactivity should be discouraged, and positive, healthy messages encouraged. Governments should work with consumer groups and with the industry (including the advertising sector) to develop appropriate approaches to deal with the marketing of food to children.
- c) Labelling: Consumers have the right to accurate, standardized and comprehensible information on the content of food items so that it is conducive to making healthy choices. Governments may require information on key nutritional aspects, as proposed in the Codex Guidelines on Nutrition Labelling.
- d) Health claims: As consumers' interest in health grows, and increasing attention is paid to the health aspects of food products, producers increasingly use health-related messages. Such messages must not mislead the public about nutritional benefits or risks.

Moreover, media literacy skills should be taught at school starting as early as possible (above 8 years). Media literate children and adolescents are better able to decipher the complex messages they receive

from television, radio, newspapers, magazines, books, billboards, signs, packaging, marketing materials, video games, recorded music, the internet and other forms of media. They can understand not only the surface content of media messages (the “text”) but also the more important meanings (the “subtext”) hidden beneath the surface.

Guidelines for responsible food marketing to children should be developed, consistent with national dietary guidelines, to set criteria for which foods are appropriate to market to children. Responsible food marketing to children must address not only how food is marketed (presentation/appeal/persuasive techniques used), but also which foods may be marketed to children [20].

5. Conclusion

The double burden of disease in the Region, in which noncommunicable diseases and injury account for more than half of the total disease burden; and increasing trend of overweight and obesity among adults and young people; the rapid proliferation of commercial media, with imported concept television entertainment programmes appealing to young people and heavily sponsored by the food and beverage industry; and the absence of clear regulations and appropriate legislation and enforcement, warrant urgent preventive measures, including appropriate legislation and suitable educational responses to counterbalance their adverse effects on the health of children and young people. The health sector has a leadership role to play in advocating for comprehensive preventive actions, and regulatory responses promoting healthy diets and physical activity among children and young people. Health must be put in its rightful place at the centre of further policy development concerning the marketing of food to children.

The educational system needs to develop appropriate life skills-based preventive responses, such as media literacy education, to counterbalance the adverse impact of commercial media on the health of children and adolescents. Parent must be encouraged and empowered to assume their responsibility and contribute actively to reversing the situation through pressuring the food industry to take corrective actions.

Public and civil society organizations, the food industry, institutions, and agencies as well as the media should be involved in designing and implementing changes, with the active involvement of families, schools, and communities that create the environments in which children live and their behaviours are formed.

The private sector, if approached adequately and pressured by consumer groups, can be a significant player in promoting healthy diets and physical activity. Food companies, retailers, sporting goods companies, the catering industry, advertising and recreation companies, insurance and banking groups, pharmaceutical companies and the media all have crucial roles to play as responsible employers and as advocates for healthy diets and physical activity.

6. Recommendations for Member States

1. Develop regulations for the advertising and marketing of foods, and beverages directed at children and youth that require the food industry to provide clear, correct and consistent consumer nutrition information and media messages.
2. Ensure that food marketing regulatory policies and practices designate food as a product category in need of special consideration from a public health standpoint, and conform to nationally established nutrition goals, standards and target population groups, particularly in the marketing of foods for infants, children and adolescents.
3. Promote the use of regional or national food-based dietary guidelines with a view to raising the awareness of the importance of balanced diets among the different target groups, especially families and children .

4. Strengthen the existing and develop where needed, national food legislation, labelling and standards, as proposed in the Codex Alimentarius guidelines, in collaboration with consumer safety and consumer protection groups.
5. Formulate or further strengthen school health policies that support healthy diets and limit the availability of products high in salt, sugar and fats, including sweetened carbonated drinks, and require daily physical education in schools.
6. Support the introduction of media literacy education in schools, and further strengthen nutrition and food safety education, particularly in the health-promoting schools and the nutrition-friendly schools initiatives.
7. Require school health staff and primary health care providers to periodically track body mass index in children and youth and offer, as appropriate, counselling and guidance to children and their families.
8. Expand and promote opportunities for physical activity in schools and in the community.
9. Provide motivation and expand opportunities to parents and families to engage in and promote more healthful dietary intakes and active lifestyles.

7. References

1. WHO/UNICEF. *International code of marketing of breast-milk substitutes*. Geneva, World Health Organization, 1981.
2. *The World Health Report 2002. Reducing risks to health, promoting healthy life*. Geneva, World Health Organization, 2002.
3. *Marketing food to children: the global regulatory environment*. Geneva, World Health Organization, 2004.
4. *Advertising, marketing and the media: improving messages*. Institute of Medicine of the National Academies. Fact sheet, September 2004.
5. *Joint WHO/FAO Expert Consultation on Diet, Nutrition and the Prevention of Chronic Disease*. Geneva, World Health Organization, 2003.
6. The American Psychological Association, Advertising media, and its effects on children. February 2004 www.apa.org/publications.
7. French SA et al. Fast food restaurant use among adolescents: associations with nutrient intake, food choices and behavioural and psychosocial variables. *International Journal of Obesity*. 2001, 25:1823–33.
8. Ebbeling CB, Pawlak DB, Ludwig DS. Childhood obesity: public health crisis, common sense cure. *Lancet*, 2002, 360:473–482.
9. *Food marketing to children and youth: threat or opportunity?* Washington DC, Institute of Medicine of the National Academies, 2005, and Fact Sheets from *Preventing childhood obesity: health in the balance*, 2005, www.iom.edu.
10. Grunwald Declaration on Media Education. Issued by the UNESCO International Symposium on Media Education, held in Grunwald, Germany, 22 January 1982.
11. Reality TV: a success story. *Oman Economic Review*, April 2006.
12. Arab satellites... a headache or a blessing. *ArabAd*. May 2007.
13. Mindshare pioneers multidimensional research approach to media planning in region. *AME Info*. May 28, 2006. www.ameinfo.com/87266.html.
14. Global school-based student health (GSHS) survey, Fact Sheets. Geneva, <http://www.who.int/chp/gshs/en/>

15. Fung T, Anyan WR. Adolescence: life in the fast lane. In: Tamborlane WV, ed. *The Yale guide to children's nutrition*. New Haven, CT, Yale University Press, 1997:73.
16. Bray GA. Classification and evaluation of the overweight patient. In: Bray GA, Bouchard C, eds. *Handbook of obesity. clinical applications*, 2nd ed. New York, Marcel Dekker, Inc, 2003, 8–32.
17. Hill JO, Peters JC. Environmental contributions to the obesity epidemic. *Science*. 1998, 280:1371–74.
18. French SA et al. Fast food restaurant use among adolescents: associations with nutrient intake, food choices and behavioural and psychosocial variables, *International Journal of Obesity*, 2001, 25:1823–33.
19. Ludwig D et al. Relation between consumption of sugar-sweetened drinks and childhood obesity: a prospective, observational analysis, *Lancet* , 2001, 357:505–508.
20. Centre for Science in the Public Interest. *Guidelines for responsible food marketing to children*. Washington DC January 2006, www.cspinet.org/marketingguidelines.pdf.