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# **It's Not My Fault! Obesity, Advertising and Attribution Theory**

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## **Abstract**

*Australians are getting fatter. In recent times, the contribution of fast food advertising to rising obesity levels has been mooted and concerned stakeholders are currently debating the link. Advertisers are firmly in the firing line. This paper reviews the issues of obesity and fast food advertising, adding to the debate. The paper considers the regulatory response to the problem in Australia and the important role of attribution theory.*

## **Introduction**

Australians are getting fatter. In the twenty-year period from 1980 to 2000, female Australians classified as obese increased from 8% to 22%, whilst obese men increased from 9% to 19% (Australian Department of Health and Ageing 2003). Childhood obesity in Australia, specifically, has tripled in the past decade, with nearly 20% of boys and 21% of girls now overweight or obese (AMA 2001). However, there are some concerns about measurement and definition that are explored later in this paper. The contribution of fast food advertising to obesity is controversial and concerned stakeholders are currently debating the link, with advertisers firmly in the firing line. Indeed, despite a lack of hard evidence, the Food and Agriculture Organisation/World Health Organisation (WHO 2003) suggest that there is sufficient 'indirect evidence' to implicate marketing as a 'probable' cause of weight gain.

One of the responsibilities of effective advertising self-regulation is to accurately represent prevailing community standards in relation to acceptable advertising. Some of the issues of community concern in recent times have included tobacco advertising prohibition legislation that has been introduced in Australia (1992), Canada (1991) and New Zealand (1990). However, social commentators also often focus on the impact of alcohol advertising and of course the topic of the role that fast food advertising plays in relation to rising obesity levels is the current concern. The purpose of this paper is to review, and add to, the current debate on this topic from an Australian perspective. The paper contributes further by exploring the role of attribution theory in this context.

## **Obesity – Definition and Scope**

Obesity is an excess of body weight that is mainly attributable to body fat accumulation. It is often referred to as a 'disease', but this has been disputed by Tremblay and Doucet (2000), who regard it as a necessary biological adaptation. The most common method of determining obesity prevalence is by the calculation of the body mass index (BMI). Adults with a BMI of over 30 are considered obese. In Australia, obesity increased between 1980 and 2000 from 8% to 22% of adult females and 9% to 19% of adult males (Australian Department of Health

and Ageing 2003). Estimates of obesity in Australian children show that prevalence has apparently quadrupled in the last couple of years from around 5% to 20%. However, this is a statistical artefact, resulting from a change in definition of childhood obesity, which is now measured according to a sliding BMI index based on age (Magarey, Daniels and Boulton 2001). Under the new formula, a 7 year-old child with a BMI of 20 is considered obese (Cole, Bellizzi, Flegal and Dietz 2000). According to the BMI 30 criterion, the following people are obese: Sylvester Stallone (BMI 34), Arnold Schwarzenegger (33) and Sammy Sosa (30). While George Clooney, Bruce Willis and Harrison Ford are very close to obese (29) (McKay 2002). This, separate, debate about measurement succeeds in confusing the current discussion about obesity and advertising but is a key part of the picture, prompting questions about validity.

Obesity in Australia is most prevalent in the 55-64 year age group and is associated with low socio-economic groups, especially females. Its prevalence is highest among indigenous Australians and persons born in Greece, Yugoslavia and Lebanon (NSW Summit Background Paper 2002, p. 9). In terms of the world picture, most developed economies have rates comparable to those of Australia, although a notable exception is the Netherlands, where the rate is about half (10%). Further, obesity and overweight tendency is more prevalent among socially and economically disadvantaged people (O'Dea 2004).

According to recent research, 'obesity is a serious and chronic condition ... it is difficult to treat' (NSW Childhood Obesity Summit Communique 2002, p. 2). Obesity is also thought to increase risk of heart disease, type 2 diabetes and other disorders and to adversely impact on psycho-social functioning. According to Manson, Wiley and Stampfer (1995) females with a BMI of 33 or more have at least double the risk of premature death as compared with those with a BMI of 20. However, other research suggests that cardiovascular fitness is a much better predictor of mortality than obesity; obese people who exercise are at no greater risk of dying (LaRoche 2002). Indeed, intentional weight loss by overweight or obese people does not appear to reduce their mortality rates and may in some cases increase them (Yang, Fontaine, Wang and Allison 2003, Sorensen 2003).

### **The Fast Food, Advertising and Obesity Debate**

Most people would agree that "fast" or "junk" foods include the fare typically served in hamburger, pizza, taco and fried chicken chain stores. But where should the line be drawn? For example, Mehta includes chocolate, confectionery, fast food restaurants and sweetened breakfast cereals as 'non-nutritious' (Mehta paper to NSW Summit 2002). Fast food is generally characterised by high levels of fat, carbohydrates and salt. However, some foods not usually considered fast or junk food, such as peanut butter and cheese, have even higher levels of fat.

Whilst 'experts' advocate a 'balanced diet', unfortunately, there is no agreement as to what this is. In Western countries it is seen predominantly in terms of chemistry, with an appropriate amount of carbohydrates, protein, fat, vitamins, and so forth. However, there is little agreement on what the appropriate proportions of these chemicals should be. According to the traditional 'food pyramid' approach, the energy in the diet should come predominantly from carbohydrates. An increasingly popular alternative view is that energy should come predominantly from protein and fat (Atkins 2003). (See also articles by Layman, Boileau, Erickson, Painter, Shiue, Sather and Christou 2003, Martindale 2003, Fumento 2003.)

Specifically in terms of the 'kids' meals' that fast food restaurants offer (usually in conjunction with a free gift), there is little difference between the offerings from McDonald's, KFC, Red Rooster and Hungry Jack's. A kid's meal from these outlets provides 2,000-3,000 kJ, 20-30g of fat and salt far in excess of the required daily intake (Anon. 2003, p. 10).

According to conventional wisdom, genetic factors may predispose some people to obesity, but the main factors for the recent increases in obesity have been the increase in energy consumption combined with a decrease in physical activity.

There is little scientific evidence of any relationship between fast food consumption and obesity. Those who have implicitly or explicitly drawn a connection have done so mainly on the basis of one of two arguments: fast foods are fatty, therefore they must make you fat and obesity has increased a lot since fast foods became popular (see Schlosser 2001). The former argument is disputed by Atkins (2003), the latter ignores other social trends such as the increase in organic food consumption and vegetarianism.

When it comes to soft drinks, while the Georgetown Centre for Food and Nutrition Policy research (funded by the National Soft Drink Association) found no link between obesity and soft drink consumption by children, the FAO/WHO (2003) study concluded that each additional can or glass of sugar-sweetened drink that children consume every day increases the risk of becoming obese by 60% (Mattes 1996). Most of the evidence relates to soda drinks but many fruit drinks and cordials are equally energy-dense and may promote weight gain if drunk in large quantities. Overall, the evidence implicating a high intake of sugar-sweetened drinks in promoting weight gain was considered moderately strong.

The contribution of fast food advertising to obesity is controversial. People who watch more ads also watch more television and are thus on average likely to engage in less physical activity and more likely to be obese (Robinson 1998, Crespo, Smit, Troiano, Bartlett, Macera and Andersen 2001). British children, in particular, notice and enjoy food promotion (Hastings, Stead, McDermott, Forsyth, MacKintosh, Rayner, Godfrey, Caraher and Angus 2003) and watch an average of 22 minutes of commercial television each day. However, most of this viewing is done in adult airtime (Ofcom 2004). Thus, bans on the advertising of fast foods in children's time would be ineffective for this reason, indeed, according to Belgiovane (2003) bans on advertising have not prevented the increased consumption of tobacco and alcohol in some countries. Hastings et al. (2003) found that it is impossible to make a causal link between exposure to television advertisements and obesity, suggesting that other factors are influential.

However, whilst a direct causative link has not been made between fast food advertising and consumption, marketers obviously feel there is such a link between advertising and behaviour, otherwise advertising budgets would be smaller and the funds allocated elsewhere. In the UK, television advertising spend on the core category of 'food, soft drinks and fast food chains' in children's airtime represented 1% of total spend. This core category ad spend is primarily on food, with the largest sub-sector being spend on prepared and convenience foods, confectionery and dairy products (Ofcom 2004, p. 129). Fast food restaurants, and foods and beverages that are usually classified under the 'eat least' category in dietary guidelines are among the most heavily marketed products, especially on television. Young children are often the target group for the advertising of these products because they have a significant influence on the foods bought by parents (Borzekowski and Robinson 2001). The huge investment in marketing fast foods and other 'eat least' choices (US\$11 billion in the United States alone in

1997) was considered a key factor in the increased consumption of food prepared outside the home in general and those energy-dense, micronutrient-poor foods in particular. Young children are unable to distinguish program content from the persuasive intent of advertisements. The evidence that the heavy marketing of these foods and beverages to young children causes obesity is not unequivocal. Nevertheless, the consultation considered that there is sufficient indirect evidence to warrant this practice being placed in the 'probable' category and thus becoming a potential target for interventions (Robinson 1998, Borzekowski, Robinson 2001, Lewis and Hill 1998, Taras and Gage 1995).

In terms of the availability of fast food restaurants, there is a large difference in the number of ads for these outlets between countries. America tops the list with just over 3 ads for fast food restaurants per viewing hour of 9-17 year olds, followed by New Zealand with 2.5, and Australia at just over 2. The Scandinavian countries have the least ads of this type amongst the selected western countries sampled (NSW Summit Background Paper 2002, p. 17).

In Australia, children 5-12 years watch 2.5 hours of TV a day including 52 minutes of ads. There are 26 ads per hour during children's viewing times; 34% are for food, nearly three-quarters (72%) of which are for 'non-nutritious' foods (Mehta's paper to NSW Summit). However, the UK data shows that the majority of children's television viewing is conducted in adult viewing time. These figures have been disputed by the industry. Melhuish (speech to NSW Summit 2002), for example, states food and beverage ads make up little more than a fifth of ads up to 8.30pm and that Nielsen media research showed that advertising levels transmitted to children aged 5-12 of confectionery, snack foods, soft drinks and fast food decreased by 19 per cent from 1996 to 2001.

A legitimate sales promotion technique is to give the consumer more product for the same, or slightly increased, price and this tactic has had an impact on consumer behaviour in terms of fast food consumption. A recent study of more than 63,000 Americans found that serving sizes for nearly all foods eaten at home and in restaurants increased between 1977 and 1998 (Nielsen, cited in Health Reader 2003 p. 5). For example, in the twenty-one year period, the average serve of a soft drink rose from 390mL and 604kJ to nearly 600mL and 810kJ, whilst serves of both hamburgers and hot chips grew by 23% and 16% respectively (Nielsen, cited in Health Reader 2003 p. 5). Indeed, the largest portion sizes were found to be in fast food restaurants and it was thought that this influenced people's perceptions of an 'average' serving, translating into larger portions being served at home (Nielsen, cited in Health Reader 2003 p. 5).

This recent strategy of 'upsizing', whereby more food is offered for less money by ordering a meal deal, is appealing to fast food consumers who are price sensitive. A recent Australian study found that one upsize deal delivered 50% more fat, calories and sugar for only 16% more money. The researchers found that, on average, 12% more money provides 25% more fat and calories (and nearly 40% more sugar) (Anon. 2003, p. 8).

### **The State of Play in Australia: The Stakeholders**

The key stakeholders in this debate are the health industry, advertisers, government and regulators, each has a view.

#### *The Health Industry*

The main Australian action by the health industry is the formation in 2002 of the Coalition on Food Advertising to Children (CFAC) by 12 individuals and national health and consumer organisations, including:

- The Australian Divisions of General Practice
- The Dietician's Association of Australia
- The Paediatrics and Child Health Division of Royal Australasian College of Physicians
- Young Media Australia
- The Nutrition Unit and Dept of Public Health, Flinders University
- The Public Health Association of Australia
- Rosemary Stanton (a prominent Dietician)

CFAC's aim is simply to lobby federal government and the food industry to reduce the number of food ads shown during children's programs (Maye 2002).

#### *The Advertising Industry*

The Australian Association of National Advertisers (AANA) and Advertising Federation of Australia (AFA) predictably reject any link between obesity and advertising, stating that childhood obesity has risen in Sweden, which introduced a television advertising ban in 1992. The industry therefore rejects a ban, wants a limitation on the restrictions on health and nutrition claims in food advertising and states it would support the implementation of a National Healthy Lifestyle Campaign (Alwill 2002).

The advertising industry has subsequently formed a coalition to develop the Healthy Lifestyle Campaign, comprising:

- Australian Association of National Advertisers (AANA)
- Advertising Federation of Australia (AFA)
- Australian Subscription Television and Radio Association (ASTRA)
- Free TV (formerly CTVA)
- Magazine Publishers of Australia (MPA)
- Outdoor Advertising Association of Australia (OAAA)

In December 2002 AANA, the Australian Food & Grocery Council and the federal government entered into an Alliance on Childhood Obesity that is to initiate a 5-year campaign similar to the 'Slip Slop Slap' social marketing anti-skin cancer campaign.

#### *Government and Regulators*

In Australia, television advertising is regulated by the Children's Television Standards, which stipulates when and where advertising to children may be placed and relies on a code of conduct about the content of children's advertising. In addition, there is a Code of Practice of the Federation of Australian Commercial Television Stations and the AANA advertiser code of ethics, for example, article 2.6 states that ads shall not depict material that is 'contrary to prevailing community standards on health and safety'. The Advertising Standards Bureau, the complaint handling body, has a complaints mechanism.

## So, Can We Blame the Advertisers?

The Hastings Report (2003) suggests that the simple answer to this question is 'no', but some blame is laid at the feet of marketers generally and the marketing mix specifically. A useful concept that does help us to understand the influence of advertising on obesity, however, is to be found in attribution theory (Heider, 1958). Whilst the theory has its roots in the psychology discipline, one of its strengths is its applicability in other areas, such as consumer behaviour. Weiner (2000, p. 382) champions the longevity and sheer usefulness of attribution theory, suggesting that it is still valid because it focuses on the universal concern with explanation as to why a particular event, or state, or outcome (such as obesity) has eventuated, and the consequences of phenomenal causality. So, it is not only of use and interest to social psychologists but also to marketers and, indeed, to the public at large.

Heider (1958) outlined a set of rules of inference by which the ordinary person might attribute responsibility to another person (an 'actor', in this case fast food advertisers) for an action (resultant obesity after eating fast food). The theory distinguishes between internal and external attributions, suggesting that both personal forces and environmental factors operate on the 'actor' and the balance of these determines the attribution of responsibility (Lewis and Daltroy 1990). There are several dimensions to attribution theory that might help explain the reasons people surrender responsibility for what they eat to those that advertise. There is a tendency for people to attribute their own behaviour to external or situational causes, but the behaviour of other people to internal causes, or perceived personality traits, and this is known as actor-observer differences in attribution theory (Wright 1980; Nisbett and Borgida, 1975). Several theorists have taken this concept further, arguing that a self-serving bias exists in causal attribution and that there is a tendency in people to assume that they can do no wrong (Bern 1972, 1976; Carver, 1989). Broadly, the argument suggests that there is a bias that people have to view positive behaviours or outcomes as stemming from internal causes or traits, but negative behaviours or outcomes as stemming from environmental or external causes. Thus, when people are successful in carrying out difficult endeavours they take credit for the success themselves, whereas, when they are unsuccessful, they blame external factors or the environment.

Heider's theory was advanced by Kelley (1967) who included the factors that affect the formation of attributions:

- Consistency: the degree to which the actor performs that same behaviour toward an object on different occasions. That is, do all or only a few people respond to the stimulus (fast food ads) in the same way as the target person?
- Distinctiveness: the degree to which the actor performs different behaviour with different objects. That is, does the target person respond in the same way to other stimuli (other food ads) as well?
- Consensus: the degree to which other actors perform the same behaviour with the same object. That is, does the target person always respond in the same way to this stimulus (fast food ads)?

If we apply Kelley's theory directly to fast food advertising, it is apparent that consistency and distinctiveness are both low and consensus is high. Thus, if a perceiver knows that i) most people do not respond to fast food advertising by becoming obese, ii) the target person does not respond in a similar way to other food ads but iii) does respond this way to fast food ads, then response to the ads is attributable to something about him/her (likes eating fast food), not something unique about fast food ads.

Obese or overweight people, or their 'representatives', may blame external or environmental factors, such as advertising, for the resulting increased desire to eat fast food and, thus, increase their weight, rather than attributing perceived failure to resist fast food to their own internal factors such as personality, maturity, traits, abilities, and so on. It should be noted, however, that the current debate is being undertaken by various representatives *on behalf* of overweight Australians, and some of these groups attribute blame for the increase in obesity in Australia to fast food advertising.

One final aspect of attribution theory requires examination at this point; that there is a tendency for people to engage in self-handicapping (Jones and Berglas, 1978, 1979). Seemingly, people can 'arrange' conditions so that potential failure can be attributed to external or environmental, rather than internal, factors. For example, people may admit to being 'weak-willed', or have a 'tendency to put on weight easily' and then attribute the availability of fast food advertising as the cause of their weight gain.

### **Conclusions**

The debate relating to the influence of advertising on obesity in Australia has polarised around two positions. Public health advocates want fast food advertising on television banned or severely reduced, while advertising and food industries and federal government argue that existing regulations are sufficient and that the obesity problem is better handled by intervention campaigns. There are problems with both positions. The first, however logical it might appear, is not evidence-based, as there does not appear to be any conclusive connection between television advertising and obesity – yet. The position ignores the role of attribution theory and, in effect, transfers responsibility for obesity from the individual to the corporation. However, an attempt is made to address the problem at its roots. Adherents of the second position agree that advertising to children needs to be restricted, but argue that current restrictions are sufficient. However, the current regulatory regime is a reactive, complaint-based one. By the time a complaint has been lodged and adjudicated on and the offending advertisement withdrawn, substantial harm might have been done. Moreover, the standards are vague, making it difficult for complaints to be compiled or upheld. A social marketing intervention campaign is, in effect, a bandaid solution to the problem. Indeed, as O'Dea (2004) warns, the early 'control your weight' campaigns of the past merely demonised overweight people, in effect labelling them as failures, or moral outcasts, when they attempted to reduce their weight and failed (for example, see the recent Victorian government campaign – [www.goforyourlife.vic.gov.au](http://www.goforyourlife.vic.gov.au)). Again attribution theory is ignored, even though it could strengthen the position of corporations, so perhaps a conscience-based 'chink' in the industry's 'armour' is apparent. Alternatives should therefore be considered, for example, an active regulatory regime similar to that employed to regulate film and literature classification. Under such a system, advertisements and product endorsements would be classified as to their suitability to be shown in children's periods by a suitably qualified board prior to being released; such a system has been advocated recently by the Dieticians Association of Australia (B&T Marketing & Media 18 February 2003).

### **Future Research**

The important issue in this research area is one of public health, seeking someone to blame is immature and unhelpful, the debate needs to be furthered through evidence-based research and informed policy-making. Interested scholars are invited to participate in three key areas of future research on this important topic. First, more work needs to be done on the



relationship, if any, between advertising and obesity and there is a large body of work on which to build here. A second area to address is what is the evidence for the effectiveness of bans on fast food advertising? A final area for empirical research, from a public health perspective, would be to understand to what people attribute their weight gain, or obesity (and the role of fast food advertising), in an attempt to inform policy-making in this area.

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