Consultation response

Equality assessment: introducing further advertising restrictions on TV and online for products high in fat, salt and sugar

Published 11 December 2020

Contents
1. Introduction
2. Background
3. Consultation feedback
4. Impact assessment
5. Equality assessment
6. Summary of the policy and its impact on equality
7. Monitoring and evaluation

Print this page

1. Introduction

1.1 This paper summarises the impact of the policy on introducing further advertising restrictions for products that are high in fat, sugar and salt (HFSS) on TV and online. It sets out our assessment of the impact on people with protected characteristics. The Equalities Act 2010 and Public Sector Equality Duty (PSED) of the Department for Digital Culture Media and Sport (DCMS) have protected the power in consumer protection law to ban HFSS advertising.

1.2 Under the Equalities Act 2010, DHSC and DCMS as public authorities are subject to give due regard to the Public Sector Equality Duty (PSED) when making policy decisions. The PSED is well known as the general equality duty.

1.3 DHSC and DCMS, as public authorities must, in the exercise of its functions, have due regard to the need to:

a) eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the act

b) advance equality of opportunity between people who share a relevant protected characteristic and those who do not

c) foster good relations between persons who share a protected characteristic and those who do not

1.4 The PSED covers consideration of the following protected characteristics: age; disability; gender reassignment; pregnancy and maternity; race; religion and belief; sex; sexual orientation. We also have considered the impact on those who share characteristics under 25 years.

1.5 There is limited evidence to assess whether introducing further advertising restrictions on TV and online for HFSS products will have a disproportionate impact on protected characteristics in terms of equality of opportunity and fostering good relations as set out under (b) and (c) above. However, DHSC and DCMS also consider the Equality Act continues and will be monitored and reviewed over time.

2. Background

2.1 Childhood obesity is one of the biggest health problems this country faces. Prior to the COVID-19 pandemic rates were unchanged for the first time since 2006 in school, and this rises to more than one-third by the time they leave [TRANSCRIPT] It is also a major factor in the health inequalities gap, children living in the most deprived areas are twice as likely to be obese as those living in the least deprived areas [TRANSCRIPT] and these inequalities widen as children grow older [TRANSCRIPT] and these, half are overweight.

2.2 Obesity is associated with reduced life expectancy. It is a risk factor for a range of chronic diseases including cardiovascular disease, type 2 diabetes, and at least 13 types of cancer. Liver and respiratory diseases [TRANSCRIPT] For children, it can also have a significant impact on their mental health and well-being. Children who are overweight or obese are bullied, stigmatised and low self-esteem [TRANSCRIPT] Children who are more likely to go on to become obese adults, [TRANSCRIPT] which puts them at risk of the long-term health consequences.

2.3 The consequences of obesity become acute during the pandemic and during coronavirus (COVID-19). Evidence shows that people who are overweight or living with obesity are more at risk of being admitted to hospital, requiring ventilation, being admitted to intensive care and dying from the virus [TRANSCRIPT] The Government has been clear that there is an urgent need to take action.

2.4 Obesity also has significant financial costs. It is estimated that obesity related conditions are currently costing the NHS £6 billion per year [TRANSCRIPT] The total costs to society are estimated to be £27 billion per year [TRANSCRIPT] [TRANSCRIPT] with some estimates putting this figure much higher [TRANSCRIPT]

2.5 We know that obesity is a complex problem caused by many different factors. No one policy and no one sector will reduce obesity on its own and it will take time to reduce obesity levels in the UK. To factor obesity, the UK government has taken a wide range of actions to tackle the problem. These include: [TRANSCRIPT] [TRANSCRIPT] [TRANSCRIPT]

4. Assessment against protected characteristics

4.1 The primary objective of introducing these restrictions is to reduce children's exposure to HFSS product marketing in order to reduce the prevalence of overweight and obesity. Even though this policy is specifically targeted at children and focuses on those products that contribute towards childhood obesity the intent, it may influence the wider environment and disproportionately impact people who share protected characteristics.

4.2 We recognise that the positive impact of the policy may be greater for some groups than others, for example, those who are more susceptible to marketing or those with differential rates of overweight and obesity than average. Therefore, people who share certain protected characteristics could experience greater health benefits as a result of this policy.

4.3 This section will examine the impact of the policy on various groups sharing protected characteristics.

Age

Obesity prevalence

4.4 Obesity prevalence is different across age groups. Public Health England (PHE) analysis of National Child Measurement Programme (NCMP) data shows that obesity prevalence increases with age and is higher in older children than in younger children in primary school. Around 9 in 10 children in Reception and 1 in 5 children in Year 1 are living with obesity. [Footnote 27]

4.5 In adults, the 2018 results from the Health Survey for England (HSE) showed that 63% of adults were classified as overweight or living with obesity. [Footnote 28] Obesity prevalence was higher in older adults than younger adults. For example, obesity in those aged 16-24 years was 15% in men aged 16 to 24 in a sample of 286 in men aged 16-24 and the equivalent range for women was 14% aged 16 to 24 in a sample of 305 aged 16-24. This also rises to 28% both men and women aged over 75.

Impact of advertising restrictions

4.6 We expect the policy to have a positive impact on children's health. Children consume more much sugar, saturated fat and salt than adults, per kilocalorie, fruit and vegetables. Data specifically shows that children (aged between 5 to 18 years old) consume 15.4% of their daily calories from added sugars, compared to adults who consume 10.1% from added sugars (Table 4 of supplied data). This decrease in consumption of added sugars, energy for adults.

4.7 In the evidence, evidence suggests that children's exposure to HFSS product advertising can affect what they eat and how much they eat. Several studies investigating the impact of TV advertising restrictions on children's exposure to HFSS product advertising increased children's desire for advertised products. [Footnote 29] [Footnote 30] [Footnote 31] [Footnote 32] [Footnote 33] [Footnote 34]

4.8 The intent of this policy is to reduce children's exposure to HFSS product advertising and thus to reduce children's consumption of these products and tackle inter-child dietary inequities. Feedback from the 2019 consultation highlighted that the majority of respondents felt that children would be affected by the policy, and that the policy was right. As children are more susceptible to advertising, they might be more inclined to gain from these policies, which is in line with the policy aim to reduce HFSS product consumption. The World Health Organisation (WHO) Ministerial Conference on Ending the Child Crisis, which came to Leeds this week, set out a list of legal analysis commissioned by UNICEF in 2018, which concluded that many of the core human rights treaties protect children from marketing of HFSS products. [Footnote 35] Other respondents to the consultation, including the World Health Organisation, proposing that children have the right to participate in digital media. We have their interests in mind when we are considering the impact of advertising on children. Children are therefore of greater concern in this assessment as they are more susceptible to suspected harms and are growing up. [Footnote 36] [Footnote 37] The government is confident that the policy will have a positive impact on children's health.

4.9 Overweight or obese children are far more likely to go on to become overweight or adults [Footnote 38] and respondents flagged the impact the policy would also have in the future. Respondents to the consultation highlighted that children are more susceptible to advertising than adults and that changes in the policy were. The majority agreed that adults raised were that, as the policy reduced exposure of all people to HFSS advertising, it would also reduce the amount of HFSS product consumed by children in line between an adult's exposure to HFSS advertising and their immediate consumption is zero decreased than for children and does not currently show a measurable impact.

4.10 A small number of respondents raised that the policy would have a negative impact on children's health, for example, by increasing their BMI. Other respondents highlighted as a possible consequence of the policy increasing HFSS advertising revenue. Respondents cited this would have an impact on the wider community and not just children, for example, on their families.

Conclusion

4.11 Consultation feedback supports the view that implementation of this policy would have a positive impact on children, which is in line with the aim of the policy. Many respondents have flagged that a positive, unintended consequence of this policy is that children will be affected by the policy, and that children are more susceptible to marketing and negatives of the policy through unintended consequences.

4.12 There is no evidence that advertising restrictions will be detrimental with regards to age under 16 and 16 and 17 (paragraph 3.1. Overall, we expect the policy to have a neutral or positive impact with regards to age.

Disability

Obesity prevalence

4.13 Disability also impacts children with disabilities are more likely to be obese than those without disabilities. This difference increases with age. Analysis of combined data from the HSE 2008 to 2010 shows that children with a limiting long-term illness are twice as likely to be obese. Children with a disability are disproportionately affected by obesity. [Footnote 39] Obesity and disability in children and young people is a complex issue linked to a range of disabling conditions. Including learning disabilities, physical activity limitations, and sensory impairments. [Footnote 40] Research shows that disabled children are therefore of greater risk of developing obesity compared to non-disabled adults, such as Type 2 diabetes.

4.14 In adults, there is a key relationship between obesity and disability. Children with disabilities are more likely to be overweight, while obesity can lead to complications leading to disabilities because of being obese. [Footnote 41] Analysis of Health Survey for England data shows that obesity increases the risk of developing a disability in adulthood, such as Type 2 diabetes.

4.15 People with learning disabilities are more often overweight or live with obesity at higher rates than the general population, with poorly balanced diets and low levels of physical activity. [Footnote 42] [Footnote 43] [Footnote 44] [Footnote 45] Obesity is a risk factor that leads to a common in people aged 16-64 with learning disabilities compared with patients with no learning disabilities. [Footnote 46]

Impact of advertising restrictions

4.16 Consultation feedback showed a mixed response to how these restrictions would affect people with disabilities. Some respondents stated that people with disabilities are more likely to be affected by high sugar products as part of maintaining their condition. Another respondent highlighted that advertising restrictions would be beneficial to people with disabilities, as they are more susceptible to marketing. Other respondents to other responses to the consultation stated that people with disabilities are more susceptible to marketing and that there are estimated to be around 6,000 children living with Type 2 diabetes in the UK, which is a disease that is largely preventable through diet and has long-term benefits for this specific group. The government is confident that the policy will be in line with the use in people's access to HFSS products. those who are high sugar products to manage their health conditions will be able to do so.

4.17 Concerns were also raised about a proposed exemption for low-skilled workers in the hospitality sector. Some stated that this would be discriminatory, as this sector is commonly populated by disabled workers. However, the government is confident that this exemption will not have a negative impact on people with disabilities, as the majority of paragraph 3.1.

4.18 Although not directly linked to obesity, Phenylalanine (HFS) is a product that potentially serves a theoretical character. Persons with PKU are intended to supplement, an amino acid, which is a product that potentially serves a theoretical character. Persons with PKU are intended to supplement, an amino acid, which is a product that potentially serves a theoretical character. Persons with PKU are intended to supplement, an amino acid, which is a product that potentially serves a theoretical character. Persons with PKU. These expenses noted that whom exploration to reduce sugar in foods and drinks, as well as the consumption of HFSS products

18. Halford J C and others (2007). Beyond-brand effect of television (TV) food advertisements/commercials, in Public Health Nutrition 11(9):897 to 904.
19. Halford J C, Gillespie J, Brown V, Pontin E E, Dovey T M (2004). Effect of television advertisements for foods on food consumption in children. Appetite. Apr 1;42(2):221 to 225.
20. Cairns G, Angus K, Hastings G (2009).The extent, nature and effects of food promotion to children: a review of the evidence to December 2008. World Health Organization, WHO Press.
21. Hastings G, Stead M, McDermott L, Forsyth A, MacKintosh A M, Rayner M, Godfrey C, Caraher M, Angus K (2003). Review of research on the effects of food promotion to children. London: Food Standards Agency. Sep 22.
22. Ofcom (2017). Children and parents: media use and attitudes report (p22).
23. Adams J, Tyrrell R, Adamson A J, White M (2012). Socio-economic differences in exposure to television food advertisements in the UK: a cross-sectional study of advertisements broadcast in one television region. Public health nutrition. Mar;15(3):487 to 94.
24. Russell, Simon J, Helen Croker, and Russell M Viner (2018). The effect of screen advertising on children's dietary intake: A systematic review and meta-analysis.
25. Zimmerman F J, Shimoga S V. The effects of food advertising and cognitive load on food choices. BMC Public Health. 2014 Dec;14(1):342.
26. Harris J L, Bargh J A, Brownell K D. Priming effects of television food advertising on eating behavior. Health psychology. 2009 Jul;28(4):404.
27. Koordeman R, Anschutz D J, van Baaren R B, Engels R C. Exposure to soda commercials affects sugar-sweetened soda consumption in young women. An observational experimental study. Appetite. 2010 Jun 1;54(3):619 to 22.
28. Mills S D, Tanner L M, Adams J. Systematic literature review of the effects of food and drink advertising on food and drink-related behaviour, attitudes and beliefs in adult populations. Obesity Reviews. 2013 Apr 1;14(4):303 to 14.
29. Boyland E J, Nolan S, Kelly B, Tudur-Smith C, Jones A, Halford J C, Robinson E. Advertising as a cue to consume: a systematic review and meta-analysis of the effects of acute exposure to unhealthy food and non-alcoholic beverage advertising on intake in children and adults, 2. The American Journal of Clinical Nutrition. 2016 Jan 20;103(2):519 to 33.
30. Ofcom (2018). Media Nations: UK, Figure 10.
31. Ofcom. Children and parents: media use and attitudes report 2019. 4 Feb. 2020, Accessed 3 June 2021.
32. Ofcom (2017). Children and parents: media use and attitudes report, Figure A1.5.
33. Ofcom (2017). Children and parents: media use and attitudes report, p2.
34. Estimated weekly hours of media consumption at home or elsewhere, among users, by age: 2018 – children and parents media use and attitudes: annex 1.
35. Ofcom (2020). Children and parents: media use and attitudes report 2019 (p4).
36. Tatlow-Golden, M, Boyland, E J, Jewell, J, Zalnieriute, M, Handsley, E, Breda, J and Galea, G (2016). Tackling food marketing to children in a digital world: trans-disciplinary perspectives.
37. NHS Digital (2019). National Child Measurement Programme 2018 to 2019
38. NHS Digital (2019). Health Survey for England 2018.
39. Gorn G J, and Goldberg M E (1982). Behavioural evidence of the effects of televised food messages on children. The Journal of Consumer Research, 9, 200 to 205.
40. Robertson T S, and Rossiter J R (1976). Short-run advertising effects on children: a field study. Journal of Marketing Research, 13, 68 to 70.
41. Buijzen M and Valkenburg P M (2003a). The effects of television advertising on materialism, parent-child conflict, and unhappiness: A review of research. Applied Developmental Psychology, 24, 437 to 456.
42. Unicef. A child rights-based approach to food marketing: a guide for policy makers.
43. WHO. Tackling food marketing to children in a digital world: trans-disciplinary perspectives.
44. Simmonds M, Llewellyn and others (2016). Predicting adult obesity from childhood obesity: a systematic review and meta analysis. Obesity reviews, 17(2), 95 to 107.
45. Gatineau M. Obesity and disability: children and young people. Oxford: Public Health England Obesity Knowledge and Intelligence, 2014.
46. Public Health England (2013). Obesity and disability: Children and young people.
47. Lidstone, J S M, Ells, L J, Finn, P, Whittaker, V J, Wilkinson, J R, and Summerbell, C D (2005). Independent associations between weight status and disability in adults: results from the health survey for England. Public Health, 120, 412 to 417.
48. NHS Digital 2016. Health and care of people with learning disabilities: experimental statistics: 2014 to 2015; Archived.
49. Public Health England (2020). Obesity and weight management for people with learning disabilities: guidance.
50. NHS Digital (2016). Health and care of people with learning disabilities: experimental statistics: 2014 to 2015; Archived.
51. NHS (2017). Overweight and pregnant: your pregnancy and baby guide.
52. Ovesen P, Rasmussen S and Kesmodel U (2011). Effect of prepregnancy maternal overweight and obesity on pregnancy outcome. Obstetrics & Gynecology; 118(2):305 to 312.
53. Mission J F, Marshall NE, Caughey A B (2013). Obesity in pregnancy: a big problem and getting bigger. Obstetrical and Gynaecological Survey, 68(5): 389 to 399.
54. Leddy M A, Power M A, Schulkin J (2008). The Impact of maternal obesity on maternal and fetal health. Rev Obstet Gynecol., 1(4), 170 to178.
55. Drake A J and Reynolds R M (2010). Impact of maternal obesity on offspring obesity and cardiometabolic disease risk. Reproduction, 140, 387 to 398.
56. Santangeli L, Sattar N and Huda S S (2015). Impact of maternal obesity on perinatal and childhood outcomes, Best Practice and Research Clinical Obstetrics and Gynaecology, 29(3), 438 to 448.
57. Forno E, Young O M, Kumar R, Simhan H and Celedon J C (2014). Maternal obesity in pregnancy, gestational weight gain, and risk of childhood asthma. Pediatrics, 134(2), e535 to e546.
58. Chen A, Feresu S A, Fernandez C and Rogan W J (2009). Maternal obesity and the risk of infant death in the United States. Epidemiology, 20(1), 74 to 81.
59. Public Health England (2015). Compilation of webpages 'Maternal obesity'.
60. Heslehurst and others (2010). A nationally representative study of maternal obesity in England, UK: trends in incidence and demographic inequalities in 619 323 births, 1989 to 2007, International Journal of Obesity; 34, 420 to 428.
61. Public Health England (2018). Guidance – Preconception care: making the case.
62. Sport England (2020). Active Lives Adult Survey, November 2018 to 2019 report.
63. Sankar P, Cho M K, Condit C M, Hunt L M, Koenig B, Marshall P and Spicer P (2004). Genetic research and health disparities. Jama, 291(24), 2985 to 2989.
64. National Obesity Observatory (2011). Obesity and ethnicity.
65. Falconer C L, Park M H, Croker H, and others (2014). Can the relationship between ethnicity and obesity-related behaviours among school-aged children be explained by deprivation? A cross-sectional study. BMJ Open 2014;4:e003949. doi: 10.1136/bmjopen-2013-003949.
66. Albuquerque, D, Stice E, Rodríguez-López R, Manco L and Nóbrega C (2015). Current review of genetics of human obesity: from molecular mechanisms to an evolutionary perspective. Molecular genetics and genomics, 290(4), 1191 to1221.
67. Fernández J R, Pearson K E, Kell K P, and Brown M M B (2013). Genetic admixture and obesity: recent perspectives and future applications. Human heredity, 75(2to 4), 98 to105.
68. Stryjecki C, Alyass A, and Meyre D (2018). Ethnic and population differences in the genetic predisposition to human obesity. Obesity Reviews, 19(1), 62 to 80.
69. Cheng C Y, Kao, W L, Patterson N, Tandon A, Haiman C A, Harris T B, and Coresh J (2009). Admixture mapping of 15,280 African Americans identifies obesity susceptibility loci on chromosomes 5 and X. PLoS genetics, 5(5), e1000490.
70. Zilanawala A, Davis-Kean, P, Nazroo J, Sacker A, Simonton S, and Kelly Y. 2015. Race/ethnic disparities in early childhood BMI, obesity and overweight in the United Kingdom and United States. International Journal of Obesity, 39(3). pp.520 to 529.
71. National Obesity Observatory: Obesity and Ethnicity (2011).
72. WHO, EC (2004). Appropriate body-mass index for Asian populations and its implications for policy and intervention strategies. Lancet (London, England), 363(9403), 157.
73. WHO, EC (2004). Appropriate body-mass index for Asian populations and its implications for policy and intervention strategies. Lancet (London, England), 363(9403), 157.
74. Razak F, Anand S S, Shannon H, Vuksan V, Davis B, Jacobs R, Teo K K, McQueen M, Yusuf S (2006). Defining obesity cut points in a multi-ethnic population. Circulation, 115 (16), 2111 to 2118.
75. NHS Digital (2020). National Child Measurement Programme 2019 to 2020.
76. NHS Digital (2019). Health Survey for England 2018.
77. Public Health England (2018). Calorie reduction: the scope and ambition for action.
78. Jessica Castonguay and Aysen Bakir (2019). You eat "like a girl": gender differences in content and effects of food advertising depicting sports, Journal of Food Products Marketing, 25:3, 233 to 256.
79. Ofcom. Adults' media use and attitudes report 2019 to 30 May 2019. Accessed 17 March 2021.

Is this page useful? Yes No

Report a problem with this page

Coronavirus (COVID-19)

Coronavirus (COVID-19): guidance and support

Brexit

Check what you need to do

Services and information

Benefits
Births, deaths, marriages and care
Business and self-employed
Childcare and parenting
Citizenship and living in the UK
Crime, justice and the law
Disabled people
Driving and transport
Education and learning
Employing people
Environment and countryside
Housing and local services
Money and tax
Passports, travel and living abroad
Visas and immigration
Working, jobs and pensions

Departments and policy

How government works
Departments
Worldwide
Services
Guidance and regulation
News and communications
Research and statistics
Policy papers and consultations
Transparency and freedom of information releases

Help Privacy Cookies Contact Accessibility statement Terms and conditions
Rhestr o Wasanaethau Cymraeg Built by the Government Digital Service

OGL All content is available under the Open Government Licence v3.0, except where otherwise stated

© Crown copyright