FOOD-RELATED HEALTH CHALLENGES OF CHILDREN AND THE ROLE OF THE CONSUMER PROTECTION ACT 68 OF 2008 IN REGULATING UNHEALTHY FOOD ADVERTISING

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DEDICATION

I dedicate my dissertation work to my beloved parents, my mother Purity Duduzile Hlongwane, and my father Phillip Mfanyana Hlongwane, who supported me during the period of my study and who did not get to complete matric and all they had to sacrifice to make me what I am today. This is solely dedicated to them for all the support over the past years. “But as for you, be strong and do not give up, for your work will be rewarded” 2 Chronicles 15: 7.

ABSTRACT

This research has shown that the heavy advertising of unhealthy food products and beverages is a likely causal factor in weight gain and obesity. Advertisers are using various techniques to exploit and target children-consumers under the age of twelve years old. As a result of consuming unhealthy foods products, children are victims of non-communicable diseases (NCD's), which are medical conditions that result in serious health challenges, are non-infectious and cannot be passed from person to person (The Obesity policy coalition 2011: 10). The marketing of unhealthy food products has a destructive influence on children's food choices and health. It has been established and acknowledged that there is a link between NCD's and unhealthy food product consumption and this needs to be addressed.

The aim of this study is to investigate the food-related health challenges of children and the role of the Consumer Protection Act 68 of 2008 in addressing these challenges. The research design adopted for this study was quantitative in nature. The study's questionnaire will consist mainly of closed-ended questions with a few open-ended ones, it was designed to assess the role of awareness of children-consumers; and the food-related health challenges experienced by children and the role of the CPA and other commensurate legislation in regulating unhealthy food product advertising. through the regulation of unhealthy food product advertising.

Convenience sample is used, the results cannot be generalized to the whole population. The data was obtained from 377 respondents in the Mpophomeni Township area, the findings of this study will benefit those disadvantaged areas. The gap analysis revealed that the respondents confirmed that their children suffered from health challenges and that their lacked the maturity to understand such harmful effects of advertising. These negative gaps indicated that the regulation of unhealthy food product advertisement aimed at children was below the expectations of the respondents. This implied that the government had to do something to assist the children-consumers and ensure that these food industries complied with the provisions of the CPA. Disadvantaged areas such as Mpophomeni are encouraged to take steps to ensure the regulation of advertisement of unhealthy food product aimed at children. The dissertation provides some recommendations as to how to achieve the possible measures to protect children from unhealthy food product advertising.

KEYWORDS

Advertising	It displays a product for public notice to persuade them to respond by buying the product (Augustyn 2022: para 1 line 1). According to Cairns *et al.* (2013: 213) such techniques include the use of television, billboards, online advertising and celebrities, as well as free samples.
Pester power	Pester power involves the nagging by children who have been exposed to advertising, to get their parents to buy the products (Gorton 2011: 1 and Delport 2015: 15). It is also known as nagging.
Vulnerable	A person in need of special care, support, or protection because of age, disability, or risk of abuse or neglect, as they are exposed to the possibility of being attacked or harmed, either physically or emotionally (Stevenson, Elliott and Jones 2002: 749).
Non-communicable disease	A medical condition that results in serious health challenges and is non-infectious and cannot be passed from person to person (The Obesity policy coalition 2011: 10). E.g., heart disease, cancer, high blood pressure, type-2 diabetes, fast growth and other non-communicable diseases.
Unhealthy food products	Unhealthy food products are defined as nutritiously poor foods and beverages that are high in fats, sugar and salt (UNICEF 2018: 8). It is also known as HFSS foods.
Freebies	A thing that is provided or given free of charge. A technique used to persuade children to purchase food products (Cairns *et al.* 2013: 213). Such techniques include free samples in food packages.

Consumer Protection Act	Legislation enacted to protect the interests of consumers which aims to promote fairness, openness and good business practices (Fouche 2015: 336).

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LIST OF ABBREVIATIONS

CPA	Consumer Protection Act
WHO	World Health Organisation
WHA	World Health Assembly
UNICEF	United Nations Children's Fund
NCDs	Non-Communicable Diseases
HSSF	High in sugar, salt, and saturated fats
HFSS	High in fat, sugar, and sodium
NGO	Non-Governmental Organisation
UN	United Nations
CC	Constitutional Court
HC	High Court
ASA	Advertising Standards Authority
CA	Children's Act
ASASA	Advertising Standards Authority's Code Practice
CRC	Convention of the Child
WIPO	World Intellectual Property Organisation
TV	Television

CHAPTER ONE: NATURE AND SCOPE OF THE STUDY

1.1 Introduction

Children have been the target of food industry advertising for the past 100 years (Blades, Oates, Blumberg and Gunter 2014: 1). According to Emond, Bernhardt, Gilbert-Diamond and Sargent (2016: 158), food manufacturers frequently target children under the age of twelve. Obesity is now considered a global health issue that has grown over the past few decades in both industrialized and developing nations. The number of overweight children in South Africa climbed from 32 million in 1990 to 41 million in 2016, and about 38 million children under the age of five were overweight in 2019. If this trend continues globally, the number might reach 70 million by 2025, where obesity is the fifth biggest cause of mortality (Reddy 2020: 441).

According to the World Health Organization, obesity rates are rising across Africa (Rossouw, Grant and Viljoen 2012: 2). Research shows that the proportion of overweight pre-schoolers in South Africa increased between 1990 and 2010 (de Onis Blossner 2010: 1259 and Rossouw, Grant and Viljoen 2012: 1). Delport (2015: 2) argues that South Africa is presently dealing with a sharp rise in paediatric health issues. According to projections by the World Obesity Federation, 3.91 million South African children would be overweight by 2025. (Lobstein and Jackson-Leach 2016: 323). As previously stated, obesity and overweight amongst children in South Africa is a serious health issue. Hence, there is an urgent need to protect and promote the health of children through the improvement of the governance of food supplies and the regulation of the advertising of unhealthy food products in children (Lobstein *et al.* 2015: 2515).

In this chapter, the background of the study, rationale, problem statement, aims and objectives, research questions, as well as the research hypotheses are set out. Also, the unhealthy food product-related health challenges of children and the role of consumer law in protecting children will be introduced.

According to research by Harris *et al.* (2017: 2), children are more likely to eat unhealthy snacks after watching commercials for unhealthy food items. The majority of South Africans have access to television channels, and food companies advertise on channels that are often seen by South Africans (Mchiza *et al.* 2013: 2214). Jenkin

et al.'s (2014: 282) systematic review examined the various persuasion tactics used by advertisers to market their food goods to children on television. According to a study by Yamoah *et al.* (2021: 9), advertisers employ a variety of strategies to pique children's appetites for junk food.

According to Russell *et al.'s* research (2019: 566), overall, children who watch food advertisements on television eat more calories. Advertisers make sure their items are updated frequently and in line with trends so that children may continue buying the newest goods (Lusted 2009: 27). The South African food and beverage sector, according to Igumbor *et al.* (2012: 2), has been creating and selling highly processed food products, making them readily available to consumers at low prices.

Children who are overweight or obese carry a heavy load of illness and diseases, necessitating the need to address such public health issues (Russell, Croker and Viner 2019: 566). Children in South Africa are becoming more overweight and obese as a result of the promotion of unhealthy food items, which has been observed to cause a number of health issues. Therefore, steps must be taken to address these risk factors (Spires *et al.* 2016: 39). A number of studies indicate that children's health problems such as diabetes, cardiovascular disease, stroke, cancer, high blood pressure, and other related non-communicable diseases are all correlated with childhood obesity (Sartorius *et al*. 2017: 2; Spires *et al*. 2016: 36; Boyland and Harris 2017: 761). It also contributes to the decline in life quality and is linked to chronic diseases, including Type 2 diabetes and cardiovascular disorders (Visscher *et al.* 2017: 53). There is a clear connection between obesity and non-communicable diseases, as confirmed by Reddy (2020: 443).

Hence, the policy interventions to address the problem are faced with weighing up competing interests. Social justice is the theoretical framework that underpins this study. The aim of the Constitution to promote social justice and improve the quality of life of all citizens. Protecting the rights of children is a significant aspect of promoting social justice (South Africa, Department of Social Development 2005: 1-2). Consequently, there is a need to ensure that children are protected as far as the health challenges linked to food product advertising are concerned. Hence, there is a need to explore such challenges facing children, as well as to examine, from a social justice perspective, the role that consumer law can play in protecting children. The theoretical framework is introduced in more detail in the literature review chapter. It looks at the

Constitution of South Africa, the Children's Act and the Consumer Protection Act 68 of 2008 (hereinafter referred to as the CPA) as legislation that aims to promote fairness, openness and good business practices (Fouche 2015: 336). Section 3(1) of the CPA aims to promote the social welfare of consumers by creating and promoting a consumer market that is, *inter alia*, fair and responsible, particularly for vulnerable consumers. The Act also seeks to empower consumers, set national guidelines and standards for consumer information, forbid deceptive advertising, and outlaw unfair commercial practices (South Africa, Department of Trade and Industry 2008: 2). There is therefore a need for a study that examines the regulation of advertisements pertaining to unhealthy food products that target children in South Africa in order to establish whether and to what extent they are protected by the existing consumer legislation.

The following discussion will introduce the background to the study, its rationale, as well as the problem statement and the study's aims and objectives. Furthermore, the research questions and delimitations will be discussed together with an abridged version of the literature review.

1.2 Background/context of the study

The World Health Organization (WHO) is an organization under the United Nations (UN) that oversees international health. The WHO's goals include monitoring public health hazards, responding to health concerns and promoting human health. When it comes to issues involving the limitations of advertising to minors, WHO is quite vocal (Mills 2016: 154). The global rise in childhood obesity and overweight is associated with unhealthy diets (WHO 2016: 2). Furthermore, children who eat poorly have a higher risk of developing non-communicable diseases (NCDs), which can appear in infancy and persist throughout adulthood (WHO 2010: 7). An NCD is a medical condition that results in serious health challenges, is non-infectious and cannot be passed from person to person (The Obesity policy coalition 2011: 10).

Non-communicable illnesses are the primary reason of death worldwide and are becoming more prevalent in low- and middle-income nations (Spires, Sanders, Hoelzel, Delobelle, Pouane, and Swart 2016: 35). According to Delport (2015: 2), South Africa is currently dealing with a sharp rise in the number of children's health issues. The WHO (2016: 3) and King, Hebden, Grunseit, Kelly, Chapman and

Venugopal (2011: 391) agree that the way food products are advertised affects both purchase decisions and eating preferences and is a major contributor to health issues in children. The World Health Organization (WHO 2010: 8) compiled “recommendations for the marketing of foods and non-alcoholic beverages to children”, as well as for the prevention and control of NCDs, in response to the rise in children obesity and serious health problems.

According to research by Cassim and Bexiga (2007:138), advertisers frequently target children because they are viewed as more vulnerable consumers compared to the older audiences. The difficulties children have with their health are related to the way that food is marketed to them (Schmitt, Wagner and Kirch 2007: 60). A variety of promotional tactics are utilized to target these vulnerable consumers (Cassim 2010: 182). In addition to television advertising, children are also exposed to unhealthy food products at school, as well as in magazines, social media and other available platforms (Obesity Policy Coalition 2011: 10).

Children in undeveloped countries like South Africa consume a lot of meals that are high in fat, sugar and salt, according to youth survey research (Ellaway, Macdonald, Lamb, Thornton, Day and Pearce 2012: 1337; Boots, Tiggemann, Corsini and Mattiske 2015: 63 and Fisher, Wright, Herman, Malhotra, Serrano and Foster 2015: 4). A study by Nortjie, Faber and Villiers (2017: 30) posits that tuckshops in South African schools are said to be contributing causes to the sale of unhealthy products since they endanger children's health by selling high-sugar foods. The authors further state that this also applies to meals offered by vendors outside the perimeters of the schools.

Parents make decisions because they occasionally buy soft drinks for their children's lunchboxes or for sporting events, even if they may not be aware that they are buying items with low nutritional value (Bisschoff and Bester 2018: 269). Increased consumption of foods and beverages high in sugar, salt and fat has been associated with an increase in the incidence of NCDs in children, including obesity (World Health Organisation 2016: 17).

According to studies by Boyland and Harris (2017: 761) as well as Matawana (2019: 7), food items and drinks that are high in fat, sugar, and salt (HFSS) are heavily marketed toward children. Studies conducted on behalf of the WHO, such as those by Hastings *et al*. (2007: 19), Cairns, Angus and Hastings (2009: 3), and McGinnis,

Gootman and Kraak (2006: 2), have demonstrated how the aggressive marketing of food product suppliers has impacted children's diets to the point where it justifies taking action. Delport (2015: 32) states that food products with a high HFSS content were mostly promoted on television and specifically targeted at children. Sweets, beverages with added sugar, cereals and other food items are examples of food products.

1.2.1 Unhealthy food products and the health challenges of children

The affordability of food products that are high in energy is increasing the consumption of sugary drinks and saturated fats (Sartorius, Sartorius, Taylor, Aagaard-Hansen, Dukhi, Day, Ndlovu, Slowtow and Hofman 2017: 4). Sugary drinks, pizza, white bread, fruit juices, breakfast cereals, fried foods, cakes, candy bars, and other processed foods are examples of unhealthful food items (Gunnars 2019). According to a South African National Health and Nutrition Examination Survey report, the number of people with diabetes is expected to rise from 415 million in 2015 to 645 million by 2040 (Muyambizi, Choa, Groot, Pavlova, Labadarios and Hongoro 2017).

A wide range of obesity-related challenges, such as diabetes, cardiovascular diseases, stroke, cancer, and other related non-communicable diseases, are linked to health challenges in children who are obese as children (Sartorius *et al.* 2017: 2, Spires *et al.* 2016: 36, Boyland and Harris 2017: 761). Furthermore, consuming too much sugar results in serious health problems that are connected to non-communicable diseases (NCDs) (Meyers, Fig, Tugendhaft, Mandle, and Hofman 2015: 1).

NCDs are one of the leading causes of death worldwide, particularly in low and middle-income countries like South Africa. Research from around the world increasingly links the rapid changes in the food environment with the rise in chronic disease (Spires *et al*. 2016: 35). In addition, Vartanian, Schwartz, and Bronwell (2007: 667) highlight that soft drink consumption increases energy consumption, which is a significant contributing factor to a rise in body weight. The authors further state that soft drink consumption has an impact on health since it increases the risk of type 2 diabetes (Vartanian, Schwartz and Bronwell 2007: 671).

1.2.2 The role of consumer law in protecting children as consumers

In South Africa, the interests of consumers, including children, are protected by the CPA. The section below than looks at the relevant provisions of the CPA as well as other regulatory measures.

The CPA aims at protecting the interests of all consumers, especially those who are at risk, and section 3(1) lists children as one of these at-risk individuals. The Act seeks to guarantee that consumers who are mistreated can get effective remedy (South Africa, Department of Trade and Industry 2008: 2). According to Mills (2016: 230), Section 40 of the CPA, which prohibits unconscionable behaviour, could be utilized to address unfair and deceptive marketing techniques that target minors. Reddy (2020: 453) states that advertising is prone to portraying unhealthy meals as popular and healthy. Protecting consumers from unfair, dishonest, or misleading trade practices is one of the goals of the CPA, according to Section 3 (Mills 2016: 227). Children may be protected from the advertising of unhealthy food items by a number of additional CPA regulations. Children, for instance, are entitled to food that is both safe and of high quality (Section 55). The consumer's access to information in "plain and understandable language" is outlined in Section 22, and it also applies to advertising content. According to Section 29 of the Act, providers are not allowed to advertise their food items in a way that is false, dishonest, or deceptive, such as by suggesting that certain meals are popular or healthy when they are not (Reddy 2020: 456).

Chapter 5 of the CPA deals with National Consumer Protection institutions such as the Advertising Standards Authority of South Africa (South Africa, Department of Trade and Industry 2008: 37). In South Africa, a group called the Advertising Standards Authority (ASA) is in responsible for keeping an eye on how advertisements are self-regulatory. The ASA opposes the advertising of harmful food items to children under the age of 12 who watch television (Cassim and Bexiga 2007: 150). Despite the ASA regulations, Da Fonseca (2010: 41–42) observes that child protection is not properly enforced. According to the author, the South African government published regulations for the Foodstuffs, Cosmetics, and Disinfectants Act 39 of 2007 in response to an increase in childhood weight. These laws prohibited the advertising of unhealthy dietary items to children. According to these regulations, certain food items were to be marketed as non-essentials and offered with a warning label and such items included

unhealthy foods that could not be advertised to children (Igumbor, Sander, Puoane, Tsolekile, Schwarz, Purdy, Swart, Durao and Hawkes 2012: 5).

A regulatory authority may request an industry-wide exemption from one or more parts of this Act from the Minister on the basis that those provisions overlap or duplicate a regulatory scheme that the regulatory body administers, according to Section 5(3) of the CPA (Statues of the Republic of South Africa 1996: 36). De Stadler (2013: 16) states that the CPA promotes self-regulatory actions. The author claims that it appears the National Consumer Council was not intended to "usurp" the responsibilities of existing regulatory agencies, but rather that they would cooperate to encourage a coordinated and consistent execution of the CPA.

The role of the Consumer Protection Act 68 of 2008 in addressing these challenges through the regulation of the advertising of unhealthy food requires further investigation. Such an investigation needs to focus on children as vulnerable consumers aligning with the aim of the CPA to promote Social Justice.

1.3 Rationale for the study

According to the Heart and Stroke Foundation (2016), 3.91 million children will be overweight by 2025 if the rate of childhood obesity in South Africa continues to rise at its current rate. Although there are over 10,000 new cases of diabetes each month, children continue to be targeted by commercials for sugary foods (Malawana 2019: 1-7). According to United Nations Children's Fund (UNICEF) (2019), the number of children under the age of five who suffer from malnutrition will triple. Obesity is a burden on society, individuals, and governments as it causes health issues and premature death. Mbhele (2018) states that South Africa has the highest rate of persons living with diabetes in Africa and is ranked 28th in the world. In order to determine if and to what extent these children are protected by existing consumer legislation, a study on the regulation of advertisements for harmful food products directed towards children in South Africa is necessary.

This study will contribute to examining the effectiveness of existing regulations and legal protection offered to children with respect to the advertising of unhealthy food products. This study will benefit both children and their parents as it relates to

restrictions on advertisements of these unhealthy food products. The protection provided to children by the CPA will be examined since children are easy targets as consumers.

1.4 Problem statement

Being overweight has a detrimental effect on one's health since it increases the chance of non-communicable diseases that lower children's quality of life (Schmitt, Wagner and Kirch 2007: 57). Advertising for unhealthy food products aimed at children by food businesses has a negative impact on children's dietary preferences (Mbalati 2019). According to Schmitt, Wagner, and Kirch (2007: 60), children's dietary preferences are influenced by the marketing of foods and beverages. Children are exposed to advertising through a variety of media, including television, magazines, radio, and the internet.

Children who are overweight face major health issues, such as a variety of illnesses and health complications including high blood pressure, type-2 diabetes, rapid growth, and other non-communicable diseases, according to the Obesity Policy Coalition (2011: 10). The report further states that children's life spans are shortened, their psychological and social welfare is negatively impacted, and they are more likely to become obese as adults.

The consumption of meals high in fat, salt, and sugar above that of vegetables and fruits is still preferred by children (Kovic 2019: 3). Fast food, soft drinks, and other unhealthy food items are the most commonly advertised high sugar, salt, and fatty (HSSF) foods (Boyland and Harris 2017: 761).

In a study published in 2010, Levin and Levin (2010: 393) identified brand names and cartoon characters as marketing tactics used to target children. This is a severe issue, and in order to protect children's health, the CPA's role in regulating advertising directed at children needs to be examined.

It is therefore crucial to investigate the health challenges facing children in South Africa as a consequence of the advertising of unhealthy food products to them. The advertising of unhealthy food products and how the advertising of food product influences the types of food products consumed by children. The WHO has emphasized the requirement for legislation governing the promotion of unhealthy

dietary items to children. It supported a resolution in 2010 that sought to limit the marketing of harmful foods and drinks to children (WHO 2010: 16 and Kraak *et al*. 2016: 540). In response to this, the government was urged in the 2004 WHO Global Strategy on Diet, Physical Activity, and Health to control the promotion of unhealthy food products to children (WHO 2004: 16 and WHO 2010: 13).

The CPA does serve to protect the interests of consumers generally, including children, even if there have been relatively few initiatives in South Africa to control the advertising of unhealthy food products to children. The Act recognizes that children are a vulnerable population (Section 3). There is therefore a need to examine the role of specific regulatory measures in South Africa in protecting children as consumers, with respect to unhealthy food product advertising.

The regulatory measures will include the relevant provisions of the CPA in addition to commensurate legislation in protecting children as consumers. The outcomes obtained from this study contribute to the discourse on the regulations pertaining to the advertising of unhealthy food products.

From the above, it can be deduced that children are exposed to advertising of unhealthy food products which are linked to health challenges experienced by children.

1.5 Aim and objectives

Aim

The aim of this study is to investigate the food-related health challenges of children and the role of the Consumer Protection Act 68 of 2008 in addressing these challenges through the regulation of unhealthy food product advertising.

Objectives

- To outline the health challenges of children associated with the consumption of unhealthy food products;
- To explore how the advertising of food products influences the types of food products consumed by children; and

- To examine the relevant provisions of the CPA and other commensurate legislation in protecting children as consumers as far as the advertising of unhealthy food products is concerned.

1.6 Research questions

i. What are the health challenges of children associated with consuming unhealthy food products?
ii. How does the advertising of unhealthy food products influence the types of food products consumed by children?
iii. To what extent do the relevant provisions of the CPA and related legislation protect children with respect to the advertising of unhealthy food products and is there a need for additional legislation or other regulatory measures to protect children as consumers in this respect?

1.7 Research hypotheses

Based on the aims of the objectives, the following hypotheses have been developed to guide the study:

Ho1: Weight-gain in children, due to consuming nutritionally poor foods, does not play a significant role in children experiencing health challenges;

Ho2: The exposure of children to advertising of foods that are harmful to their health does not play a significant role in children's health challenges;

Ho3: The influence of advertising on children to consume unhealthy food products, does not play a significant role in children being overweight and obese;

Ho4: Added sugars do not play a significant role in children's consumption of soft drinks and consequent weight gain;

Ho5: The majority of food advertisements which are viewed by the respondents' children relate to unhealthy foods, such as fast foods and sweets, do not play a significant role in the increased rate of health challenges among children that are linked to unhealthy diets;

Ho6: Parents not having control over their children's exposure to advertising on TV and the internet, does not play a significant role in soft drink consumption contributing to children putting on weight.

1.8 Overview of research methodology

This section of the study will look at the research methodology, which will be examining the key concepts of the research study, such as the research design, population and sample size, data analysis, validity and reliability, as well the ethical considerations.

This study will mainly adopt the quantitative method, with a few qualitative aspects. The study's questionnaire will mainly have closed-ended questions with a few open-ended questions. This data obtained will be used to identify the available legislations protecting children as consumers from the advertising of unhealthy food products.

1.9 Delimitations of the study

This study will entail a survey amongst parents in the Mpophomeni township area who have children under the age of twelve. The sampling methodology used parents in Mpophomeni Township as the researcher targeted pre-primary and primary schools to collect data. An online questionnaire link was distributed to parents of children within the relevant age group.

The study will only represent the perceptions of parents with children between the age groups of 3 and 12 years and will therefore not represent the views of parents with younger or older children.

The study is limited to parents in Mpophomeni Township in KwaZulu-Natal South Africa and therefore it is acknowledged that the observations of parents from other places in South Africa may be found to be different.

1.10 Structure of the dissertation

The dissertation is divided into 5 chapters.

Chapter 1: Introduction and nature and scope of the study

This chapter includes a background of the study. The problem statement is set out; along with the research aim; the objectives of the study and the delimitation of the research is also explained.

Chapter 2: Literature Review

The second chapter is a review of the existing literature regarding to advertising of food products aimed at children. The literature deals with the history of health challenges within the South African context; food advertising and health challenges. As well as the protection available relating to children's consumers and the provisions of the legal framework and how the CPA provisions are implemented are described in this chapter.

Chapter 3: Research Methodology

This chapter includes a comprehensive explanation of the research methodology and the tools used in the study to complete the empirical study is represented. The research design and methodology is set out is also set out. Furthermore, the sampling method used is explained and the tools used to gather data are described.

Chapter 4: Analysis of results and discussion of findings

Results obtained will be presented together with the discussion of findings. The discussion of the results will be in relation to the literature available.

Chapter 5: Conclusion and Recommendations

In the final chapter, the conclusions are derived from both the literature review and the empirical study. The conclusions aim to present a response to the problem statement and objectives defined in chapter one. Suggestions for future studies will be presented to help implement the provisions of the CPA as well as its enforcement. Conclusions

from the data analysed will give rise to recommendations on how to avoid the health challenges that children experience.

1.11 Conclusion

Advertising to children has been a focus since way back and it remains a controversial topic even today. Studies have shown that food advertisers have been targeting children and their unhealthy food products have led to an increase in food-related health challenges in children. Chapter one has provided the background to the study, outlined the objectives, and clarified the scope of the study.

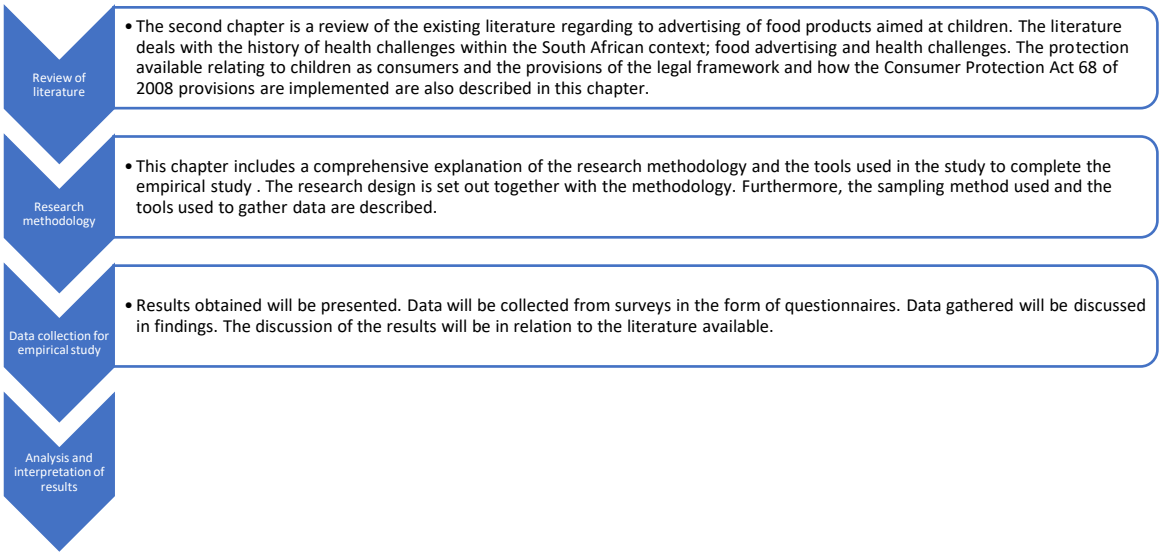

Figure 1-1 A Graphical structure of the study

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

The previous chapter provided a background to the current health challenges amongst children and the unhealthy food product advertising that contributes to these challenges. The chapter also mentioned some of the legal implications of the CPA (South Africa, Department of Trade and Industry 2008) and other commensurate legislation in protecting children as consumers as far as the advertising of food products are concerned. This chapter will go into greater detail on the breadth and scope of marketing strategies used by food manufacturers to target children. Prior to regulating these practices, it is critical to comprehend the many methods that are being utilized to promote food to children around the world.

According to the World Health Organization, obesity rates are rising across Africa (Rossouw, Grant and Viljoen 2012: 2). Research shows that the proportion of overweight pre-schoolers increased between 1990 and 2010 (de Onis Blossner 2010: 1259 and Rossouw, Grant and Viljoen 2012: 1). Obesity is now considered a global health issue that has grown over the past few decades in both developing and developed countries. About 38 million children under the age of five were overweight in 2019. The number of overweight children in South Africa increased from 32 million in 1990 to 41 million in 2016, and if this trend continues, globally the number might reach 70 million by 2025, where obesity is the fifth biggest cause of mortality (Reddy 2020: 441).

One in five children worldwide who have a body mass index of 30 or more are obese, making it the fifth biggest cause of death (Wang and Lobstein 2006: 12). The prevalence of chronic diseases among children has increased as a result of the promotion of harmful food products (Wang and Lobstein 2006: 12). According to Rossouw, Grant, and Viljoen's study (2012: 1), having an overweight or obese child has a negative effect on their general wellbeing. Children have been the target of food industry advertising for the past 100 years (Blades *et al.* 2014: 1). Hence, there is an urgent need to protect, as well as promote, the health of children through the improvement of the governance of food supplies and the regulation of the advertising of unhealthy food products in children (Lobstein *et al.* 2015: 2515).

This chapter will present the health challenges of children associated with the consumption of unhealthy food products, and will also address the advertising of unhealthy food products and how such advertising influences the types of food products consumed by children. Finally, the chapter looks at the regulatory measures relevant to these aspects, which include the pertinent provisions of the CPA.

2.2 The food-related health challenges of children

This section will explore the health challenges of children associated with the consumption of unhealthy food products. The food-related health challenges will also be examined.

2.2.1 Health challenges in children

Globally, the prevalence of childhood obesity and overweight children has rapidly increased in the twenty-first century, creating new health challenges for children (Wicks 2017: 8 and Choukem *et al*. 2020: 2). According to the World Health Organization (WHO 2018), childhood obesity has emerged as a global issue and has caused parents to worry about their children's health. Villegas-Navas, Montero-Simo, and Araque-Padilla (2019: 2) claim that children who are overweight grow up to be overweight, which has a negative impact on their self-esteem and confidence. According to UNICEF (2015: 2), in the ten years between 2005 and 2015, the number of obese and overweight children increased from 31 million to 41 million worldwide.

Delport (2015: 2) argues that South Africa is presently dealing with a sharp rise in children health issues. Children who are overweight and obese are currently a growing burden for the nation (Shisana *et al*. 2013: 43). According to estimates from the World Obesity Federation, 3.91 million South African children will be overweight by 2025 (Lobstein and Jackson-Leach 2016: 323). Children that are overweight are more likely to experience health issues, according to a study by Ebbeling, Pawiak, and Ludwig (2002: 473). Children who are overweight or obese are at a significant risk of developing non-communicable diseases (NCDs) (Smit *et al*. 2017: 129). Additionally, according to UNICEF (2018: 7), there is a link between childhood obesity and a number of NCDs. It also contributes to the decline in quality of life and is linked to chronic diseases including Type 2 diabetes and cardiovascular disorders (Visscher *et*

al. 2017: 53). Being overweight and obese can also lead to cancer and cardiovascular disorders (Elliott 2008: 368).

As indicated above, overweight and obesity is a major health problem amongst children in South Africa. Children's consumption of unhealthy food products, affordability and accessibility of these products, and the extensive marketing efforts made by food manufacturers to market such unhealthy food products to children are just a few of the factors that have been identified as contributing to the health challenges in children mentioned above (Wicks 2017: 12). However, it has become more difficult to eat healthily due to the increased accessibility of food heavy in fat, sugar, and salt (often known as junk foods) worldwide (Jolly 2011: 1). These aspects are discussed in more detail in the sections that follow, commencing with a discussion on unhealthy food products.

2.2.2 Unhealthy food products that children are exposed to

This section examines unhealthy food products that young children are exposed to. Unhealthy food items are those that are low in nutrients and high in fats, sugar and salt (UNICEF 2018: 8). Processed food items and cold drinks contain a lot of salt, sugar, or fat (HFSS), which increases the risk of NCDs (Stuckler *et al*. 2012: 1). The availability of unhealthy food items on South African school grounds is brought up by Choukem *et al.* (2020: 6), who also observe that 85% of teenagers purchase unhealthy snacks such candies, fried chips, chips, soft drinks, and white bread at school. They have access to sugary drinks, cakes, savoury snacks, chocolates, sugar confectionery, white bread, fruit juices, breakfast cereals, fried foods, cakes, candy bars, and other processed foods (Elliott and Scime 2019: 10 and Wicks 2017: 14). (Gunnars 2019). Even though the harmful effects of caffeine on children have been proved and it is known that these drinks typically include caffeine, the sale of energy drinks is rarely age-restricted in the same way that alcohol and tobacco are (Breda *et al.* 2014: 4).

Food advertisements do affect children's food preferences, purchasing decisions, and consumption, according to several systematic reviews (Hastings *et al*. 2006: 32, McGinnis *et al*. 2006: 26 and Ofcom 2006: 1). McGinnis *et al*. (2006: 2) state that children's dietary consumption of whole grains is below recommended levels, and they

are consuming too many calories and added sugars that are higher in sodium, saturated fats, and added sugar than is advised.

According to research by Andreyeva *et al*. (2011: 231), the majority of food advertising seen by children included meals that were high in calories and low in nutrients, and consuming these foods in excess may put children at risk for weight gain. The authors argue that it is a severe public health concern that children will be exposed to advertising of meals that are nutritionally inferior as long as the epidemic of childhood obesity persists. Children's exposure to unhealthy food products is also influenced by celebrity endorsements, which typically result in greater consumption of the endorsed product (UNICEF 2018: 16).

According to Russell *et al*.'s research (2019: 566), children who are exposed to food advertisements on television consume more calories overall. Children's health is often placed in danger by calorie-rich diets since they get dependent on these foods (Lusted 2009: 43). There is evidence to support comparable tendencies with adult food consumption as a result of food advertising, despite the fact that many studies prefer to concentrate on children because they are seen to be a sensitive population to food advertising (Harris *et al.* 2009: 405). According to an independent study, attempts to limit children's exposure to unhealthy food advertisements were unsuccessful because those restrictions were only applicable to a limited fraction of television programming. Additional measures are still needed, the study finds, in order to lessen children's exposure to such advertisements (Adams *et al.* 2012: 5).

The above discussion focused on the types of unhealthy food products that are available to children; the following section examines the accessibility and affordability of unhealthy food products.

2.2.3 Accessibility and affordability of unhealthy food products to children and the consumption of unhealthy food products by children

Children's health issues are mostly caused by modifications to the global food system that result in the production and creation of cheaper HFSS foods (Swinburn *et al.* 2011: 806). According to a study by Stuckler *et al*. (2012: 1), the low cost of manufacture, extended shelf life, and high retail value of unhealthy food items make them very profitable. The author points out that these characteristics are used to give industries unfavourable incentives to promote and market their products more widely. The South

African food and beverage sector, according to Igumbor *et al.* (2012: 2), has been creating and selling highly processed food products, making them readily available to consumers at low prices. According to a study by Choukem *et al*. (2020: 6), the increased availability of packaged foods that are cheap for families and high in sugar and saturated fats is to blame for children being overweight and obese. Children frequently visit fast food restaurants after school because of the speedy service they provide (Fortuna 2012: 57).

As the availability of HFSS food increased, prices decreased and they also became more readily available and convenient (Wicks 2017: 12). According to Igumbor *et al.* (2012: 4), the South African food businesses were able to flourish and increase their market share and per capita consumption of their products by making these HFSS meals more accessible, acceptable, and affordable. From the above discussion, it is clear that food companies continue to produce large quantities of unhealthy food products which are easily accessible to children and available at affordable prices. This has had an impact on the consumption of such products by consumers, including children.

Rapidly HFSS food consumption in low- and middle-income countries has been linked to an increase in the incidence of NCDs (Stuckler *et al.* 2012: 1). The behaviour of skipping breakfast and eating more than three times a day, as well as the regular consumption of harmful food products, all contribute to children being overweight and obese (Choukem *et al.* 2020: 6). Buijzen *et al.* (2008: 236) opine that food advertising influences children's consumption of food products that are high in calories as well as their brand preferences.

The WHO (2010: 4) also maintains that a higher consumption of HFSS foods is regarded as an unhealthy diet and is associated with children's overweight and obesity, which, as was already indicated, increases the likelihood that they may develop NCDs. According to an older study by Popkin (1997: 18), economic advancements forced people to change their diets to include more fat, which led to an increase in obesity and other health problems. According to Stacey *et al.* (2017: S35), limiting the consumption of energy drinks may help reduce the hazards related to consuming large amounts of sugar and caffeine.

The consumption patterns of unhealthy foods have resulted in an increase in the incidence of non-communicable diseases. The sections that follow will briefly discuss the types of diseases and the link between unhealthy food products and the health challenges in children.

2.2.4 Types of non-communicable diseases associated with obesity and unhealthy foods

This section gives a brief overview of the different types of NCD's that have been linked to obesity and unhealthy foods. Globally, the number of deaths attributed to non-communicable diseases (NCDs) has been on the rise and in 2012, 38 million people, including adults, died from an NCD, and by 2030, that number is expected to more than double to 52 million (WHO 2012: 9). These figures demonstrate how serious a problem NCDs are for global public health.

A number of studies have shown a correlation between childhood obesity and health problems in children, such as diabetes, cardiovascular disease, stroke, cancer, high blood pressure, and other related non-communicable diseases (Sartorius *et al*. 2017: 2; Spires *et al*. 2016: 36; Boyland and Harris 2017: 761). Obesity has serious negative effects on children's health, including cardiovascular disease, insulin resistance, musculoskeletal diseases, several forms of cancers, and disability, according to the WHO (2018). Choukem *et al*. (2020: 2) note the connection between childhood obesity and sleeping difficulties. Major non-communicable diseases are primarily caused by poor diet and inactivity (Reddy 2020: 443). In addition to the health issues already mentioned, children's psychological and social wellbeing, as well as their life expectancy and risk of becoming obese as adults, are all negatively impacted by obesity (Obesity Policy Coalition Report 2011: 10).

As confirmed by Reddy (2020: 443), there is a distinct relationship between obesity and non-communicable diseases. The next section examines the link between unhealthy food products and health challenges found in children.

2.2.5 Link between unhealthy food products and health challenges among children

This section examines how unhealthy food products and health challenges among children are related. The dietary changes in South Africa have been influenced by a

number of techniques used by large food manufacturers to boost the accessibility, acceptance, and cost of their products to consumers (Igumbor *et al*. 2012: 2). The rapid rise in the consumption of foods and beverages with a high fat, sugar, or salt content has been related to an increase in overweight and obesity among children (WHO 2017: 15). According to Lavrisa and Pravst (2019: 1), exposure to food advertisements frequently has a negative effect on children's dietary intake and can cause health problems in children. Children who are overweight or obese carry a heavy load of illness and diseases, necessitating the need to address such public health issues (Russell, Croker and Viner 2019: 566).

Obesity and poor diets are undoubtedly related. Children are making poor dietary choices, according to studies, because South African diets are high in high-calorie foods like fast food, snack bars, chocolate, sweets, and beverages, and low in unprocessed foods, fruits, and vegetables (Albers and Wright 2016: 23). A study on soft drink consumption by Vartanian, Schwartz, and Brownell (2007: 667) demonstrated a relationship between soft drink consumption and higher calorie intake as well as a connection between soft drink consumption and diseases like diabetes.

An unhealthy diet increases a child's chance of developing non-communicable diseases (NCDs), which have hazards that begin in early childhood and last into adulthood. Unhealthy diets are linked to the rising rates of overweight and obesity in children around the world (WHO 2010: 7). Children who drink beverages with added sugar consume a lot of calories (Tamir *et al.* 2018: 1). These changes in nutrient consumption appeared to be linked to dietary changes (Igumbor *et al.* 2012: 1).

An increasing body of international research, according to Spires *et al.* (2016: 35), links population-level dietary changes over individual characteristics like knowledge, attitudes, and behaviours to an emerging chronic illness epidemic. The authors believe that environmental policy changes can be useful strategies for establishing more hygienic food settings. It is clear from the explanation above that unhealthy food products do cause children to experience serious health issues.

In the case of *Pelman v McDonald Corporation* (2003), Pelman stated they ate McDonald’s food numerous times a week because they believed it to be healthier than it actually was. The complaint alleges that McDonald’s unfairly manufactured unsafe food; that they failed to warn consumers of product hazards; and that they engaged in

misleading advertising, sales or marketing. Pelman's plaintiff also claimed that McDonalds knew, or should have known, that these actions were leading to obesity and related health problems for millions of children.

Pelman alleged that corporations (such as McDonald's) were selling its products that were deceptive and that the deception caused minors to consume these unhealthy food products and consequently face health challenges such as obesity.

The sections that follow discuss the advertising of unhealthy food products targeting children, the advertising and marketing techniques used to target children and the impact they have on children.

2.3 The advertising of unhealthy food products directed at children

Advertising in the food industry has been targeting children for the past 100 years (Blades *et al*. 2014: 1). This section examines the promotion of unhealthy food products, especially to children, and how such advertising influences the types of food products consumed by them. In their everyday life, people are exposed to various forms of advertising (Lusted 2009: 6). Multinational corporations, according to Choukem *et al*. (2020: 6), aggressively promote unhealthy food items while failing to educate the public about the harm such products have on one's health and the fact that they contribute to childhood obesity. Children in South Africa are becoming more overweight and obese as a result of the promotion of unhealthy food items, which has been observed to cause a number of health issues. Therefore, steps must be taken to address these risk factors (Spires *et al.* 2016: 39).

Children's targeted food advertising and promotions are contributing to the obesity epidemic (Schmitt, Wagner and Kirch 2007: 57). One type of marketing strategy used to promote unhealthy food products is advertising (WHO 2016: 1). Children have been seen as a huge market since the early 1980s, and they also have an impact on the purchases that their families make, according to Lusted (2009: 7). As a result, advertisers are aware of how important children are to the current market. Evidence suggests that current HFSS food advertising directly influences children's food preferences and consumption, which raises their risk of obesity and NCDs (Cairns *et al.* 2013: 209 and Moodie *et al.* 2013: 670).

Advertisers frequently target children because, in comparison to more mature audiences, they are seen as vulnerable buyers, according to a study by Cassim and Bexiga (2007: 138). Emond *et al.* (2016: 158) asserts that food manufacturers frequently target children under the age of twelve. Children are a susceptible group and readily persuaded, thus advertisements for their products to them use a variety of techniques (Lavrisa and Pravst 2019: 2 and Rowthorn 2019: 606). These techniques are discussed in the next section.

Advertisers make sure their items are updated frequently and in line with trends so that children may continue buying the newest goods (Lusted 2009: 27). According to a study by Hastings *et al.* (2006: 23), television advertising dominated the majority of HFSS food advertisements targeted at children in many different countries. Children are more likely to eat unhealthy snacks after watching advertisements for unhealthy food items, according to research by Harris *et al.* (2017: 2). A study by Elliott and Scime (2019: 2) found that children-directed food products may be distinguished by the following characteristics: the inclusion of the word "kid" in the brand name, the product packaging, and the child's preferred television show.

From the above discussion it can be noted that the food industry directs advertising at children as they are seen as an easy target. The next section examines the different marketing techniques used to target children.

2.3.1 Advertising and marketing techniques used to target children

This section will examine the different advertising techniques aimed at children. The WHO (2016: 3) and King *et al.* (2011: 391) both state that the way food products are advertised, particularly affects both purchase decisions and eating preferences, and is a major contributor to health issues in children. Advertisers use a variety of techniques to attract their target market (Calvert 2008: 208). These methods are employed to convince children to buy the food items. These strategies include the use of celebrities, billboards, online advertising, television, as well as free samples inside food packaging, (Cairns *et al.* 2013: 213). Delport (2015: 17) notes that additional strategies are used to attract children, such as the use of branded characters, advergames, advertising, product placement, packaging, and celebrity endorsement. Advertisers have also used creative strategies to market their food goods to children, including competitions, celebrity endorsements, carton animations, the internet, and

the inclusion of collectible toys with the purchase of the product (Delport 2015: 17). These strategies are created by advertisers to entice children to choose foods linked to media programming (Linn and Golin 2006: 17).

2.3.1.1 Television

According to studies, food products with high levels of sugar, salt, or fat (HSSF) are mostly advertised on television out of all the marketing channels that are accessible (Delport 2015: 14). UNICEF (2018: 14) also indicates that the most common method for marketing harmful food items to children is television. Choukem *et al*. (2020: 6) claim that television advertisements favour the promotion of junk food and sugary beverages, and children are exposed to these advertisements.

The majority of South Africans have access to television channels, and food companies advertise on channels that are often seen by South Africans (Mchiza *et al.* 2013: 2214). According to Abideen and Salaria (2009: 3), television is a powerful medium for advertising since it may significantly affect a person's decision, with children being the first ones to be targeted. Mani (2014: 131) claims that because children cannot tell what is real from what is not, advertisers take advantage of this by using television to market their products to children. Children frequently watch television alone without an adult nearby to help them understand the marketing message pervading the medium (Linn and Golin 2006: 15).

Jenkin *et al.*'s (2014: 282) systematic review examined the various persuasion techniques used by advertisers to advertise their foods to children on television. The study found that these strategies were utilized to market HFSS food products to children, including premium offers and promotional characters. According to research by Russell *et al*. (2019: 566), children's nutritional intake is influenced by television and video game advertising. However, the most often utilized strategy for attracting children is television (Cairns *et al.* 2013: 213).

Increased exposure to food advertisements, according to research, results in harmful eating behaviours (Dixon *et al.* 2007: 1311). Research by Gantz *et al.* (2007: 19) found that children between the ages of eight and twelve were the most affected by advertisements of unhealthy food because they watched so much television and were exposed to so many food advertisements. According to the authors, this also affects how they eat because adolescents are more likely to spend time away from their

parents, have access to their own money, and have the freedom to choose what they eat. The increase in the consumption of unhealthy food products and the television food advertising that continue to advertise unhealthy food goods are directly related (Mchiza *et al.* 2013: 2218). This claim is supported by a study that discovered a connection between fast food television advertising and the continuous growth in childhood obesity (Chou *et al*. 2008: 600).

According to a study by Arcan *et al.* (2013: 4), watching television is linked to children's consumption of unhealthy food items. Television exposure was linked to more positive attitudes toward fast food and the belief that children were more likely to consume harmful food products (Dixon *et al*. 2007: 1319). In addition, Buijzen *et al.* (2008: 237) came to the conclusion that television food advertising does influence consumers' consumption of energy-dense foods in general as well as of unhealthy food products, which supports their claim that advertising influences both as these products take the place of nutritious food items in children' diets. Television food advertising is effective; a third of a second food ad can influence children's brand preferences as young as two, and repeated exposure has an even greater impact (Linn and Golin 2006: 15). Advertisers rarely targeted children until the invention of television in the 20th century. Today, there are more options to sell products oriented towards children on channels like Nickelodeon and Cartoon Network, which offer children's programming, as more consumers add subscription TV to their entertainment plans (Jolly 2011: 4).

2.3.1.2 School promotions of unhealthy food products

Children are exposed to unhealthy food products at school in addition to television advertising (Obesity Policy Coalition 2011: 10). Schools provide a chance to promote directly to the captive audience; food advertising businesses trying to influence children's eating habits find schools to be attractive settings (Molnar *et al*. 2013: 3). Advertisers have shamelessly entered school grounds and placed billboards and posters there, convincing the cash-strapped schools to let them in by paying for access to classes and space for their promotional materials (Soni 2007: 314). Parents frequently have faith in schools to put their children's best interests first, therefore the marketing of bad eating there is a significant cause for concern (UNICEF 2018: 14). Children spend more than 180 days per year in schools, which are free of clutter and advertising, allowing for effective exposure to food advertising (Kent *et al*. 2019: 2).

Schools are popular venues for food promotion (Linn and Golin 2006: 25–29), since students are captive audiences who cannot ignore commercial messaging. The authors also mention the usage of corporate-sponsored incentive programs in schools, which provide prizes for students and advertise on school property as well as through fundraisers. Due to the lack of funding for public education, businesses have had the chance to advertise in classrooms.

Children and teenagers spend the majority of their waking hours at school, where they get around one-third of their daily energy demands (Velazques, Black and Kent 2017: 2). According to a study by Missbach *et al.* (2017: 308), even when schools provide lunch on-site, students still prefer to purchase nearby snacks during breaks and on their way to and from school. According to the study, children continue to snack, which accounts for about 27% of their daily caloric intake, and there has been an increase in this behaviour over the past few decades.

2.3.1.3 Viral marketing

Another strategy used by marketers is viral marketing. It depends on children serving as ambassadors (UNICEF 2018: 16). Product firms can encourage children to advertise their items and influence their friends using social media networking platforms (UNICEF 2018: 16). Viral marketing spreads texts, videos, and photos across social networks to promote brands' goods; in this type of marketing, the target audience becomes the message's distributor (Sramova 2015: 1525). Children's food products are also marketed through digital and multi-media platforms, with some multi-media platforms being utilized in addition to conventional advertising methods (Wicks 2017: 13).

2.3.1.4 Product placement and product packaging

Product placement is a technique used to appeal to children by displaying messages about eating habits on web pages (Villegas-Navas *et al*. 2019: 1). Both Lavrisa and Pravst (2019: 2) and Calvert (2008: 209) define product placement as raising consumer awareness of a product, which includes the practice of sponsors placing their logo on website pages. Another marketing strategy used to promote unhealthy food products is product packaging. For the purpose of drawing children's attention, it makes use of bright colours, cartoon figures, and a kid-friendly font (Lavrisa and Pravst

2019: 2). In order to appeal to children, supermarkets use vibrant colours, geometric shapes, and cartoon characters on their packaging (Elliott 2008: 369).

2.3.1.5 Pester power

Another tactic used by food product marketers with persuasion is pester power (Hebden, King and Kelly 2011: 779). Children who have seen the advertisements may use "pester power" to nag their parents into purchasing the goods (Gorton 2011: 1 and Delport 2015: 15). The practice of persistently pestering and pressuring their parents to buy them the advertised goods is known as pester power (Askelson *et al.* 2019: 183). Children can influence their parents' decisions to buy food by constantly requesting items that are not regularly bought for their family from their parents and caregivers (Swindle *et al*. 2020: 801). Pester power specifically targets parents' aspirations to provide their children with the best upbringing possible and preys on any guilt they may feel for not spending enough time with them (Jolly 2011: 5).

Vinnakota and Mohan (2020: 195) suggest that pestering primarily targets children since they are an important market group for expanding businesses globally and because their purchasing power has shown to be an effective marketing technique known as pester power. The authors go on to say that pester power has a significant psychological effect, particularly on children, and they contend that it breeds an inescapable and uncontrolled psychological inclination in children to be demanding. Food businesses and marketing are aware that nagging children will persuade their parents to buy their items (May *et al*. 2020: 62).

The following are examples of what children can understand about advertising intentions: Children under the age of four see advertising as entertainment; children between the ages of six and seven believe that it provides information; children between the ages of seven and eight cannot tell the difference between information and an attempt to persuade; and finally, children between the ages of ten and twelve are able to understand the motivations and goals of advertising but are generally unable to explain sales techniques (Jolly 2011: 7).

2.3.1.6 Celebrity endorsement

Another strategy used by advertisers to persuade children to buy their items is celebrity endorsement, which involves having celebrities promote the products on-

camera (Calvert 2008: 209, Gantz *et al*. 2007: 12 and Sramova 2015: 1526). This also results in a rise in the consumption of unhealthy dietary items.

Emulation of a celebrity is acquiring and utilizing the merchandise recommended by the star in question (Choi and Rifon 2007: 308). Celebrities who are well-liked by children are utilized to promote unhealthy food items. Celebrity endorsement is an effective marketing tactic for appealing to children (De Veirman *et al*. 2019: 4).

Celebrity endorsement in advertising is defined by Zipporah and Mberia (2014: 187) as the use of testimonial proof, style, and a highly credible source to promote the product. According to the authors, sales have grown as a result of more celebrities endorse products throughout time, and advertisers increasingly recognize how influential celebrities can be on consumers' purchase decisions.

A study on celebrity endorsement advertising found that participants between the ages of 18 and 20 were willing to pay extra for these products that were supported by celebrities. It was also noticed that celebrity brand knowledge also had an impact on customers' purchase decisions (Ndlela and Chuchu 2016: 88). Compared to non-endorsed advertisements, Zipporah and Mberia (2014: 183), claim that most individuals are more easily persuaded by celebrity endorsements of products. This is mostly because celebrities are viewed as effective role models by the general public.

2.3.1.7 Advergames

Advergames are digital games that contain branded material and are used to promote a brand (WHO 2016: 1). A study by Russell *et al*. (2019: 566) provided proof that children's dietary consumption rose as a result of exposure to unhealthy product advertisements on television and in video games. Advertising on video games occurs when a business creates a game to market a certain brand of merchandise. According to a study by Villegas-Navas *et al*. (2019: 1), children who are exposed to various media will pick up a variety of food-related messages from advertising, product placement, and advergames, which are strategies used to target children.

Through websites with kid-friendly content, the Internet provides even more chances. A variety of strategies are used by internet marketers to draw attention, including articles, offers for contests, videos, and product discounts, and "promo games." Advergames are video games that are sponsored by advertisers that feature a brand's

message in lively, exciting, and fast-paced adventures created by the company particularly to market the brand (Jolly 2011: 4). According to Jolly (2011: 5), advertising does in fact cover a wide variety of activities, such as cross-promotion, peer-to-peer or viral marketing, supermarket merchandising, television advertising, internet marketing, product placement in television programs, films, DVDs, computer and video games, and many more. Advergames are a cross between movies and TV shows, licensed characters and voice actors, celebrity endorsements, magazine marketing for children, out-of-home advertising, print marketing, sponsoring of sporting events and educational institutions, marketing for mobile phones, and branding of toys and clothing.

2.3.1.8 Branded characters and premiums

Branded characters and premiums are yet another effective ad strategy used in advertising to children, according to Calvert (2008: 209). The author argues that this strategy makes use of media figures associated with businesses, such as SpongeBob SquarePants from Nickelodeon, which has a license to appear on goods like cereals. To encourage sales to children, McDonald's uses premium offerings like the happy meal character toys. Children spend a lot of time watching cartoons, which are linked to specific product placements that affect their eating habits (Villegas-Navas *et al*. 2019: 2).

All these above-mentioned techniques are applied to advertisements directed at children (WHO 2013: 23). Despite the fact that they may not always understand them, children are more vulnerable to the effects of advertisements (Cassim and Bexiga 2007: 139). Children are persuaded to purchase unhealthy food products by food firms through attention-grabbing marketing strategies such product placement, packaging, branding, celebrity endorsement, and television (Elliot 2008: 369).

Hence, it can be noted that advertising techniques play a major role in the food industry's efforts to target children. According to a study by Yamoah *et al*. (2021: 9), advertisers use a variety of tactics to spark children's appetites for unhealthy food. Children under the age of twelve lack the cognitive abilities needed to comprehend media, according to Gorton (2011: 1), hence they must be protected from advertisements. When it comes to advertising directed at children in the media, researchers have had a struggle to keep up (Lapierre *et al.* 2017: S154).

The following section looks at the impact that the advertising of unhealthy food products has on children.

2.3.2 The advertising of unhealthy food products and its impact on children

Children are the main audience for advertisements on television, radio, magazines, music, cell phones, the internet, at home, in schools, and at sporting events (Schmitt, Wagner and Kirch 2007: 58). The influence of commercial brand promotion on children's brand preferences is sufficient (WHO 2018: 32). According to Cairns *et al*. (2013: 213), unhealthy food products are advertised through aggressive advertising strategies, and there is proof that this might have a direct impact on consumers' purchase decisions. Cairns *et al.* (2013: 214) go on to state that this is an issue, particularly for children because they are easily swayed by this type of advertising and because promotions still target children because they can affect both their parents and their peers.

Russell *et al.* (2019: 554) state that children who see advertisements of unhealthy food consume more, which leads to a rise in childhood obesity. According to the authors, HSSF foods and other harmful food products receive a lot of exposure in children's media, which promotes unhealthy eating patterns. A systematic review by Cairns *et al*. (2013: 212) noted that the majority of HFSS foods that were advertised were sweets, soft drinks, breakfast cereals with added sugar, salty snacks, and other food products. The majority of HFSS food marketing, the authors continue, target children.

Children are impacted by harmful food promotion through three markets, according to UNICEF (2018: 13). The first is the primary market, where children spend their own money as consumers; the second is the parent market, where children influence parents' purchasing decisions; and the third is the future market, where children keep buying the same unhealthy food items as they get older. Gardner (2015: 286) notes that children' eating habits are influenced by the food environment in which they are raised. According to Russell *et al*. (2019: 566), food advertising on media outlets like television encourages children to eat more unhealthy foods, which has a long-term negative impact on their health.

Therefore, evidence suggests that there is a relationship between food advertising and the food preferences in children. According to Kelly *et al*. research (2019: 117), there have been significant changes in the food system that have led to poor dietary habits and an increase in NCDs. Gorton (2011: 3) argues that it is undeniable that the increased promotion of unhealthy food items contributes to children's overweight and obesity and to health issues including chronic diseases. The majority of children are overweight and dependent on foods that are heavy in fat, sugar, and salt (Lusted 2009: 43). Due to their developing food choices for unhealthy foods, children face serious health concerns (Gorton 2011: 1). Obesity has been influenced by the excessive consumption of unhealthy foods and non-alcoholic beverages that are high in saturated fats, trans fats, free sugar, and salt (WHO 2018: 6).

Hence, there is strong evidence to show that advertisements do have an effect on children (Cairns *et al.* 2013: 214). In addition, Kunkel *et al.* (2004: 38) opine that advertising has an effect on children as children lack cognitive skills, are incapable of understanding the message of the advertisements in the same way that adults do, and are unable to defend themselves against the negative effects of advertising. Additionally, the authors contend that children are susceptible to advertising as they could not completely comprehend its persuasive goals.

From the discussion above, it is evident that exposure to advertising leads to consumption of unhealthy food products which are harmful to children's health. There is strong evidence to show that such advertising influences them to make unhealthy food preferences which contribute to unhealthy eating habits and reduced physical participation levels. The following section will examine the influence of advertising on children's food preference.

2.3.3 The influence of advertising on children's food preference

The following section contains a brief discussion about how food product advertising influences children's food preferences. Evidence suggests that children's food environments have an impact on both their eating habits and food preferences (Gardner 2015: 281). Advertising for food products influences children's intake as well as dietary preferences (Sadeghirad *et al*. 2016: 12). Parents and healthcare professionals have called for restrictions on the advertising of food goods to children

since, according to Galbraith-Emami and Lobstein (2013: 972), food advertising techniques also have an impact on children's dietary preferences.

According to Russell *et al*. (2019: 566), children are influenced by advertisements for unhealthy food products to prioritize flavour over their health. Children's choices and purchasing power are impacted by the advertisement of unhealthy food goods, according to a study by Kraak *et al.* (2016: 540). Children's preferences for food products are influenced by a variety of personal factors (Villegas-Navas *et al.* 2019: 3). Lavrisa and Pravst (2019: 1-2) state that children's food preferences are influenced by food marketing, and children also think that the things that are sold to them are tastier. It is clear that advertisements for harmful food products have an impact on children's dietary preferences, (UNICEF 2018: 4). Children lack the cognitive ability to recognize the connection between current dietary decisions and potential chronic diseases (Magnus *et al.* 2009: 1095). An experimental investigation by Emond *et al.* (2016: 162) confirmed the link between collectible toys and the rise in the consumption of unhealthy food by children. Cairns *et al.* (2013: 214) asserts that there is substantial evidence that the choice of food products as well as the brand can be influenced by the promotion of unhealthy food products.

As children are brand loyal and carry this loyalty into adulthood, influencing children's food preferences has long-term benefits for the food business (Lobstein *et al*. 2015: 2516). As previously discussed, there is also enough evidence to conclude that television advertising affects young children's diets, food preferences, and purchasing behaviour (Arcan *et al*. 2013: 4).

The discussion above shows that the more advertising claims that a food product is tasty, the more children will consume that food product, and this leads to children preferring unhealthy food products over time. Experts have suggested limits to reduce the quantity of unhealthy food product advertising to children since research has showed the enormous volume of advertising directed at children and its detrimental impact on their health (Harris *et al*. 2017: 1). Due to the lack of regulatory restrictions in many countries, energy drink producers, for example, aggressively market their goods to children, adolescents, and young people. This has contributed to the

employment of aggressive marketing techniques targeted towards children (Breda *et al.* 2014: 4).

Hence, the policy interventions to address the problem are faced with weighing up competing interests. The following section deals with regulatory measures that are relevant to protecting children, with a focus on the provisions of the CPA.

2.4 Types of regulatory measures relating to advertising of food products to children

Regulatory measures come in different forms, including governmental regulation and industry self-regulation. In the context discussed above, the government regulations may prohibit television advertising to children through legislation, which may relate to particular types of food product, such as foods that are high in sugar, salt or fat content (Mills 2016: 209). In order to combat obesity, levies can be implemented to restrict the amount of sugar, salt, and fat in unhealthy food products. Regulatory measures can also be used to regulate the marketing of food products to children. Numerous sorts of industry self-regulation exist; however, they all generally have shortcomings as regulatory mechanisms (Mills 2016: 185).

Voluntary pledges from the food and beverage sectors are intended to implement polices to decrease the exposure of unhealthy food products to children, but these have proven ineffective (Hebden *et al*. 2011: 780). Even after signing the pledge, research indicates that South Africa's television advertising regulations are not being followed correctly, and significant violations have been found (Yamoah *et al*. 2021: 2). Even though there are self-regulatory measures by the food industry, there are still high levels of promotion of unhealthy food products (Hebden *et al.* 2011: 780).

Food and beverage companies have made voluntary pledges to implement policies to reduce children's access to unhealthy food products, but these have not worked very well (Hebden *et al.* 2011: 780). Even after signing the pledge, studies reveal inadequate compliance with South Africa's TV advertising regulations, with significant violations of the commitment being found (Yamoah *et al.* 2021: 2). Despite the food industry's self-regulatory procedures, there are still significant amounts of unhealthy food products being promoted (Hebden *et al.* 2011: 780). Reviews of reports reveal a clear split between reports from the industry, which show a notable decrease from a

range of sources, including advertisements for unhealthy food products and studies on how children are exposed to them, which also highlight the limited levels of change on self-regulation. According to these reports, statutory legislation may be able to reduce children's exposure to the marketing of unhealthy food goods (Galbraithe-Emami and Lobstein 2013: 972).

For the reasons mentioned above, Schmitt, Wagner, and Kirch (2007: 57) state that statutory measures are needed with adequate monitoring of compliance and adequate punishments for non-compliance because industry self-regulation is insufficient to protect children as consumers. According to Arcan *et al*. (2013: 4), Quebec is the only province that prohibits commercial advertising aimed at children under the age of thirteen, despite the fact that there is little regulation of advertising to children in Canada. No studies have examined whether food advertisers adhere to the South African Marketing to Children Pledge (Yamoah *et al.* 2021: 2).

2.5 Legislation, regulations and pledges in food marketing in children

As discussed above, there is evidence to suggest that the consumption of unhealthy food products by children leads to children being overweight and obese which in turn may result in an increase in non-communicable diseases. There is therefore a need for a study that examines the regulation of advertisements pertaining to unhealthy food products that target children in South Africa in order to establish whether and to what extent they are protected by the existing consumer legislation.

A WHO and UNICEF report on children's health and wellbeing also urged legislative measures to protect children from advertisements for unhealthful food items (Sacks and Looi 2020: 1). The WHO and other organizations have urged restrictions on the promotion of nutritionally deficient meals to children (Mills 2016: 218). The WHO (2010: 8) put together recommendations for the marketing of foods and non-alcoholic beverages to children, as well as for the prevention and control of NCDs, in response to the alarming rise in childhood obesity and its dire related health problems.

Numerous policy interventions have been implemented aimed at addressing health challenges in children, as discussed above. The rise of health challenges in children due to advertising of unhealthy food products has resulted in a number of regulatory

measures being introduced to restrict the advertising of unhealthy food products to children. The regulatory measures include the relevant provisions of the CPA and other commensurate legislation. Across the world and in South Africa, regulatory frameworks do currently exist which are aimed at the protection of children. This section will discuss mention some of the provisions that guide regulation internationally and then focus on regulatory measures that exist in South Africa.

2.5.1 International regulation

A number of international legal regulations are observed. The following section looks at the Convention of the Rights of the Child, the World Health Organisation set of recommendations as well as the World Health Assembly dietary guidelines.

2.5.1.1 The UN Convention on the Rights of the Child (CRC)

The United Nations Convention on the Rights of the Child (CRC) provides for fundamental rights of the children so that they can be healthy at all times. Article three of the CRC states that the best interest of the child should be a primary consideration (Mills 2016: 1). This convention is concerned with the best interest of the child and also offers protection to the child. Article seventeen of the CRC encourages states to develop guidelines that would be seen as appropriate **to** protecting children from information and material detrimental to their well-being.

A child rights-based approach to food marketing: a guide for policy makers (UNICEF 2018: 4) states that the Food Marketing and Children's Rights offers a legal analysis linking the WHO Guidelines with the Convention on the Rights of the Child (CRC). In the analysis, the CRC provides the fundamentals for a child rights-based approach to ending childhood obesity and the prevention of NCDs (UNICEF 2018: 4). A study conducted by UNICEF (2013: 1-3) examined the rights of children under the CRC and indicates that Article two of the convention looks at the best interests of the child. Article four reflects on the protection of the rights of the child and states that member countries must review their laws regarding children and change such laws in order to ensure *inter alia* that children have an environment where they can mature and be able to reach their full potential.

According to the World Health Organization and other international health organizations, persuading children to purchase unhealthy food products through

persuasive advertising is a major risk factor for childhood obesity (University of North Carolina 2016: 1). This is against the law and poses a threat to the children's health. Article six looks at the survival and development of children. Article seventeen is also significant in that it elaborates on the access of children to information and mass media.

Children are exposed to exploitative marketing and promotion by the commercial sector, according to the WHO-UNICEF Lancet Commission. Fast food and sugar-sweetened beverages were highlighted as the main goods that children are exposed to and damaged by (Powell 2020: 1734).

Article three (one) of the CRC states that the best interest of the child is the primary consideration in all actions relating to children (UNICEF 2013). Article eighteen of the CRC explains that both parents have the responsibility for the upbringing of their child, i.e., the best interest of the child is their common concern (OHCHR 2020).

According to UNICEF (2018: 29) the CRC has certain guiding principles which include the following:

- Article three highlights the best interest of the child, the child's best interest is of primarily consideration in all actions concerning the child. The best interest principle ensures that children's welfare and well-being are of first importance at all times; it ensures that the child always takes first priority at all times, and
- Article six deals with the right to survival and development, which ensures that children get the protection they require due to their developing minds, which makes them notably susceptible to manipulation. Article 6 proposes a holistic approach that considers the impact of marketing on the physical, psychological, spiritual, social, emotional, cognitive, cultural and economic development of the child.

Gorton (2011: 4) maintains that Article twenty-four sets out the child's right to attain the highest standard of health, and points out that the advertising of unhealthy food products is opposed to this intention of this provision.

The CRC provides a legal framework for a child rights-based approach to obesity and NCD prevention amongst children. The CRC creates regulations pertaining to the advertising of unhealthy food products to children and ensures that children should be accorded a say in the realisation of their rights, that their evolving development

requires extra consideration and a unique approach that will balance their rights and the need for the parents and government to uphold and enforce these rights on their behalf as Article 12 mentions. Therefore, the CRC is viewed as a framework for substantive rights as it meets realities and challenges faced in the 21st century (UNICEF 2018: 29).

Hence, in the regulation of food advertising practices, the best interest of the child should be considered. Both the Constitutional Court (CC) and the Children's Act (CA) authorize that the policy choices relating to food marketing regulatory measures in children must consider the impact that these choices can have the best interest of the child. A determination should be made as to whether the best interest of the child is considered as the first priority or not (Mills 2016: 226-227).

2.5.1.2 The World Health Organisation and the World Health Assembly

The WHO called for a set of recommendations in 2007 for member states to regulate the advertising of food products to children (WHO 2006: 1). In 2010, twenty-two states had already adopted the national polices relating to the marketing of food products to children and such polices included statutory measures, self-regulation as well as co-regulation (Galbraithe-Emami and Lobstein 2013: 972). Due to consistency of evidence indicating that advertisements and promotion of unhealthy food products was increasing the risk of getting NCD's amongst children, policies were than developed to protect children. To address the high NCD's rate caused by unhealthy food products, the WHO developed a "Set of recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children" (WHO 2010: 5). WHO (2004: 13) highlighted the need and urgency of regulating marketing of unhealthy food products to children. A member of the WHO stated that South Africa had not yet enacted the legislation on the issue of restricting unhealthy food advertising to children even though draft legislations exist (May *et al.* 2020: 63). The authors continue to mention that South Africa has neglected the inter-sectoral responses recommended by the WHO.

In 2004, the WHO Global Strategy on Diet, Physical Activity and Health was adopted. This strategy aims to reduce the likelihood of developing non-communicable diseases brought on by the consumption of unhealthy food choices. It calls on governments to make sure that unhealthy food product advertising to children is prohibited and that

food and beverage product advertisements do not take advantage of children's young minds and gullibility (WHO 2004: 5).

The WHO in 2010 released twelve recommendations that encouraged national governments to establish rules and limitations on the promotion of unhealthy food products aimed at children; and later released its global action plan for the prevention and control of communicable diseases (Kraak *et al.* 2016: 541). The WHO recommendations were than endorsed by the World Health Association (WHA) (WHO 2010: 6). In 2015, a WHO report acknowledged proof that the promotion of food and refreshment products was associated to obesity and children being overweight (WHO ECHO 2017: 10). However, in 2016, WHO released the Ending Childhood Obesity (ECHO) Commission to review the gaps that existed in the obesity prevention strategies as their progress was slow and unreliable (WHO 2016: 2). The WHO Ending Childhood Obesity highlights a continued increase in children being overweight and obese. The WHO report on Ending Childhood Obesity by the Heart and Stroke Foundation (2016) had an action plan set out; the recommendations included addressing the norms, treating overweight children, promotion of healthy food products and physical activity as well as providing healthier school atmospheres and preventing the advertisement of unhealthy food products amongst children.

The WHO guidelines adopted boundaries on advertising to promote better nutrition amongst children in order to contribute to ending obesity in childhood (UNICEF 2018: 4). The Prevention Declaration implemented the WHO global plan for the Prevention and Control of NCD's 2013-2020. This strategy observed a framework with nine voluntary global targets to be reached by 2025 (UNICEF 2018: 9). Kraak *et al*. (2016: 542) state that the WHO global intentions were to limit marketing of unhealthy food products to children and to also reduce non-communicable diseases by twenty-five percent by 2025. The government shall take charge and find ways to fight the health challenges in children by executing polices that reduce marketing of HFSS foods to children (Kelly *et al*. 2013: 59).

The WHO recommendations are of high importance as advertising of unhealthy food products can pose a serious threat to the health of children. These suggestions aims to assist WHO Member States in developing new polices that ensure responsible advertising (Delport 2015: 23).

A summary of the WHO set of recommendations entail the following:

The objectives of the policy as to limiting the impact that advertising has on children; as well as the restriction of marketing techniques used to target children; the different approaches to be used by the State in reducing the marketing of HFSS food products; the types of foods to be advertised to children and the age group is to be mentioned; the enforcement mechanisms to include enforcement mechanisms and sanctions to be clearly defined; compliance with the policy monitoring systems and lastly the Member States are to find existing information on the “extent, nature and effects” of food marketing to children in their country and support further research in the area (UNICEF 2018: 21).

Apart from the WHO, moving forward we briefly mention the World Health Assembly (WHA). The WHA in 2004 adopted the dietary guidelines agreeing with national and international recommendations to encourage marketing that is ethical (Galbraith-Emami and Lobstein 2013: 960). The sixty-third World Health Assembly recognised the WHO set of guidelines on the marketing of unhealthy foods and beverages to children (UNICEF 2018: 4). According to Galbraith-Emami and Lobstein (2013: 960), the World Health Organization (WHO) requested a set of recommendations for its member states in 2007 regarding the marketing of food and beverages to children.

Therefore, from an international perspective, a number of policies have been introduced aimed at protecting children consumers from unhealthy food product advertising.

2.5.1.3 Theoretical Framework

McGregor (2017: 5-6) describes Distributive Justice as the even distribution of wealth and income amongst people in the society. He notes that social justice is concerned with taking the right actions so that everyone will benefit. Social justice is present when everyone gets equal access as it demands a free-market system regulated by a legal and political framework that prevents excessive concentrations of wealth and property (Rawls 2001: 44). Social justice is a suitable theoretical framework to adopt, whilst distributive justice is a way of achieving social justice. This study will adopt social justice as a theoretical framework, with a focus on distributive justice as a means of achieving social justice.

When it comes to advertising of food products to children, the relationship between children and the food industry is not on an equitable basis. Children lack the maturity to understand the harmful effects of advertising. Hence the CPA in its preamble confirms that as a social justice legislation, it aims to promote the social-economic welfare of consumers, including children. Section 3 of the Act acknowledges that children are a vulnerable group (Reddy 2020: 451- 452).

A lack of social justice in the marketplaces has a negative impact on “consumer justice” due to the fact that citizens are left voiceless and helpless (McGregor 2017: 7). Carreau (2011: 12) describes social injustice in terms of inequality. The author notes that failing to address inequality results in justice becoming inaccessible and adds that social power needs to be improved and distributed equally. As a result, consumer protection systems have failed to account for consumer access to social and economic justice (Carreau 2011: 12). Hence, Hilton (2009: 122-189) maintains that social justice inequalities need to be corrected and maintained. Therefore, children fall into a vulnerable group and the inequality relating to the challenges arising from food advertising to children, needs to be addressed.

The infringement of consumer rights does not lead to the best interests of the consumer being served as there are no benefits received; consumers are exploited and consumer injustice is perpetuated (McGregor 2012: 5). In 1985, the General Assembly of the United Nations adopted eight consumer rights, namely the right to safety; to be informed; to choose; to be heard; to satisfaction of basic needs; to redress; consumer education; and the right to a healthy and sustainable environment (Larsen and Lawson 2013: 516). However, Reddy (2015: 6) highlights that efforts to bring about social up-liftment for the poor have not succeeded and there is a need for business involvement in order to address socio-economic inequality.

Social justice has been chosen as a theoretical framework in this study because of the central role it occupies in the transformation agenda in South Africa. The importance of social justice in South Africa is highlighted in the preambles of the Constitution, the CPA and the Children’s Act 38 of 2005. In order to "create a society founded on democratic values, social justice, and fundamental human rights," the Constitution's preamble states that it aspires to "heal the divisions of the past", in which all citizens are equally protected by law, thereby improving their quality of life (Statutes of the Republic of South Africa 1996: 1243).

The CPA preamble also emphasizes the importance of social justice and aims to address social and economic inequality by improving access to quality information in order to empower consumers to make informed choices and protect their well-being and safety. The Act aims to fulfil the rights of disadvantaged persons and promote their full participation as consumers (South Africa, Department of Trade and Industry 2008: 4). The preamble to the Children's Act refers to the aim of the Constitution to promote social justice and improve the quality of life of all citizens and highlights the importance of protecting the rights of children within their families and communities (South Africa, Department of Social Development 2005: 1-2). Hence, the health challenges linked to food product advertising, that are faced by children, need to be addressed and there is a need to explore such challenges facing children, as well as the role of the CPA in protecting children in that context from a social justice perspective.

2.6 The regulatory framework in South Africa

The food industries have been involved in advertising techniques that promote unhealthy food and beverage products to children. These include food products that are high in fats, sugar as well as salt, which have been associated with non-communicable diseases (Reddy 2020: 450). This section will examine the regulatory framework in South Africa, which includes the Constitution, legislation such as the CPA and the Children's Act. A discussion on industry self- regulatory codes relating to food products advertised to children follows in the next section.

2.6.1 The Constitution of South Africa

The Bill of Rights highlights the rights of a child in South Africa as children require special protection because they are the most vulnerable members of society who are dependent on their families (Constitutional Court 2017). In the case of *De Reuck v Director of Public Prosecutions* (2003), the court held that Section 28(2) of the Constitution, states that, other rights enshrined in the Bill of Rights are subjected to limitations which are reasonable and justifiable in compliance with Section 36. It adds that in terms of Section 28, children's rights, in comparison to other socio-economic rights, contained no internal limitation subjecting them to the availability of resources and legislative measures for their progressive realisation.

Section 24 of the Constitution states that “everyone has a right to an environment that is not harmful to their health and the environment is to be protected through reasonable legislative measures” (South Africa, Department of Justice and Constitutional Development 2012: 9).

The South African Constitution of 1996 specifies the right to food, Section 27(1)(b) states that everyone has the right to have access to sufficient food and water. Section 28 (1)(c) of the Constitution further explains that every child has a right to basic nutrition, shelter, basic healthcare services and social services (South Africa, Department of Justice and Constitutional Development 2012: 11). Children's exposure to specific foods on a regular basis increases their awareness of them and strengthens their familiarity with them, which may help to reduce the phenomena of food neophobia for these regularly offered foods (Naderer 2021: 14).

Section 28(1)(c) of the Constitution further explains that every child has a right to basic nutrition, shelter, basic healthcare services and social services (South Africa, Department of Justice and Constitutional Development 2012: 11). Section 28 also provides children special protection – this is identified as the children’s right clause (Heaton 2012: 204). Section 28 requires the law to make an effort to avoid any breakdown of parental care that may threaten to put the child’s life at increased risk (Mills 2016: 221). This section also mentions that every child’s best interest is important in every matter concerning the child (South Africa, Department of Justice and Constitutional Development 1996: 12). The case of *Centre for Child Law v Minister of Justice and Constitutional Development* (2009: para 29) emphasizes that the child’s interest are most important above anything else.

The Constitution shows that the child’s best interest is of great importance (Mills 2016: 220). It is essential that people have the access to nutritious food, failure to do so leads to people consuming excess of unwanted food products high in sugar, salt and fat (Ramkissoon 2016: 8). The author in the South African human rights commission continues to mention that South Africa has a broad constitutional framework protecting various rights and that South Africa has signed international agreements. However, Skweyiya in the case of *C v Department of Health and Social Development* (2012) argued that the above-mentioned provisions were not sufficient protection in terms of the best interest of the child but it was restrictive of the rights.

In the case of *S v M (Centre for Child Law as Amicus Curiae)* (2008), the court held: "The paramountcy principle, read with the right to family care, requires that the interests of children who stand to be affected receive due consideration. It does not necessitate overriding all other considerations. Rather, it calls for appropriate weight to be given in each case to a consideration to which the law attaches the highest value, namely, the interests of children who may be concerned."

2.6.2 The Children's Act 38 of 2005

The Children's Act 38 of 2005 notes the importance of effecting changes to the current laws relating to children in order to offer them protection (Mills 2016: 224). Heaton (2012: 206), mentions that Section 8 of the Children's Act 38 of 2005 states that a child's right in the Act supplements those of the Constitution. The preamble of the Act confirms that these given rights must be valued, protected, promoted and fulfilled at all times if a child is involved. The Children's Act inter alia gives effect to the child's constitutional rights to the family when being removed from their family environment, to social services in order to be protected from maltreatment, negligence, abuse as well as be afforded the best interests in every matter involving the child. The Act also gives effect to the obligations relating to the well-being of the children that South Africa has incurred in terms of the international instruments such as the African Charter on the Rights and Welfare of the Child as well as the United Nations Convention on the Rights of the Child. The author continues to state that Section 6 of the Children's Act sets out general principles that guide the implementation of the proceedings, action and judgements by any organ of state in any matter, while Section 7 looks at the best interest of the child standards and Section 9 states that the best interest of the child are of paramount importance (Heaton 2012: 206-207).

The Act provides a legal framework that regulates children's care, contact and protection, wherein parental responsibilities and rights are identified (Family Law 2019). Section 28(2) of the Constitution also refers to the child's best interests being of paramount importance in every matter concerning the child. Both internationally and in South Africa, the standard for ensuring that children are protected is the "best interest of the child". In the case of *Fletcher v Fletcher* (1948) the court confirmed that the best interest standard must undoubtedly be the main consideration in matters concerning the child. In *McCall v McCall* (1994), the guiding factors were set by the

court in terms of what must be considered when the best interest of the child is involved.

Hence, the Children's Act and the Constitution of the Republic of South Africa both confirm that policy decision making and regulatory measures relating to advertising of unhealthy food products must first consider the interest of the child at all times (Mills 2016: 226). These rights aimed at protecting children are affected by the advertising of unhealthy food products and the government must consider all constitutionally affected rights relating to children, including the right to healthcare, life, access to information and protection from ill-treatment, exploitation and degradation (Mills 2016: 226).

2.6.3 The Consumer Protection Act 68 of 2008

The CPA, hereinafter referred to as the CPA, is legislation that aims to promote fairness, openness and good business practices (Fouche 2015: 336). The CPA is the final attempt of any failed efforts to address the previous lack of consumer law, which regulates the interaction of consumers and commercial enterprises in South Africa (Mills 2016: 227). The aim of the CPA is to "promote and advance the social and economic welfare of consumers in South Africa by establishing a legal framework" for achieving and maintaining a "consumer market that is fair, accessible, efficient, sustainable and responsible". This consumer market is for the "benefit of consumers generally", with a special focus on overcoming disadvantages experienced by vulnerable consumers in accessing goods and services in the marketplace (Section 3(1)(a); (b)). According to Jacobs *et al*. (2010: 304), (Section 3(1) of the CPA seeks to protect the interests of all consumers, particularly vulnerable consumers, and lists minors as part of this vulnerable group. The CPA aims to promote the social welfare of consumers by creating and promoting a consumer market that is, *inter alia*, fair and responsible, particularly for vulnerable consumers. Section 3 emphasizes that minors are categorised under the vulnerable group and the aim is to protect children. The Act attempts to ease the possibility of vulnerable consumers being exploited and manipulated by businesses. The Act also aims to establish national norms and standards of consumer information; prohibit unfair marketing and business practices; empower consumers; and promote responsible behaviour (South Africa, Department

of Trade and Industry 2008: 2). As children under the age of eight years old are not able to differentiate between a TV program and advertisement (Mills 2016: 230).

The Act applies to every transaction occurring with South Africa for the supply of goods as well as services unless it is prohibited by the application of the Act (Jacobs *et al*. 2010: 309). In addition, Jacobs *et al.* (2010: 307) and de Stadler (2016: 15), mention that under Section 4(2) of the CPA, the Tribunal has an obligation to develop the common law that will improve the realisation as well as enjoyment of the consumer rights and specifically the rights of the vulnerable consumers. Section 4(3) of the CPA states that if there is any part of the Act that is interpreted or has multiple meanings, the Tribunal will then be forced to interpret it in a manner that will promote the purpose of the Act as well as improve the realisation of the consumer rights, especially those mentioned in section 3(1)(b) (South Africa, Department of Trade and Industry 2008: 34).

The Act aims to ensure that consumers who are abused have access to efficient redress (WIPO 2013: 3). The Act also intends to regulate the advertising of good and services to consumers as well as the relationship, transaction, advertisements and agreements between the consumer, suppliers, producers, distributors and intermediaries of those goods and services (Stephens 2008: 3). Consumers rights granted by the Act which are applicable to the advertising of food products to children are discovered; this is to determine if children are considered as consumers, check if there are restrictions available on the advertising of unhealthy food products and beverages to children; and look at the rights offered to children in such scenarios as well as the protection granted by the Act (Reddy 2020: 452). A consumer is then defined as any person whom the goods or services are advertised to in the course of a supplier's business (Fouche 2015: 339). A supplier is any person who advertises their good or services (South Africa, Department of Trade and Industry 2008: 26). In Section 1 of the CPA, to promote means to advertise supply goods in the course of the business for consideration (Jacobs *et al*. 2010: 315). Suppliers also include retailers, estate agents, marketing and advertising agencies, print media industry (Stephens 2008: 7).

2.6.3.1 Consumer rights in terms of the Act that have implications for marketing of food products to children

The CPA does seek to promote the rights of all consumers to have all the possible information to allow consumers to make better decisions (Mills 2016: 227). In the section below, the relevant sections are observed. Sections 11, 22, 24, 29, 40, 51, 53 and 55 are observed in detail.

2.6.3.2 The consumer right to information in plain and understandable language

Section 22(1) of the CPA states that children have the right to receive information in plain and understandable language especially in advertisements directed at children; the child must be able to understand the message that is conveyed by the advertiser. The intention of this provision is for a consumer with average literacy skills and minimal experience as a consumer to be able to understand the content without any difficulty. Hence, in advertising aimed at children they assess whether a child is able to understand the content without undue effort (Fouche 2015: 345).

This provision must be read in conjunction with other regulatory measures. The requirements for food product labelling is set out in the regulations promulgated in Section 15 of the Foodstuffs, Cosmetics and Disinfectants Act 54 of 1972 and regulations R146 are applicable since it entails the nutritional information to be provided in instances where a claim is made (Mills 2016: 231).

2.6.3.3 The consumer right in respect of product labelling and trade descriptions

Section 24(2)(a) of the Act deals with product labelling and trade descriptions. The retailer of goods is, *inter alia*, not allowed to mislead the consumers on the displayed goods (Fouche 2015: 345). This then implies that children as vulnerable consumers can be misled into believing that there are no risks in consuming unhealthy food products. Therefore, this Act provides that the Minister may specify that information that is mandatory must be included in the trade description (South Africa, Department of Trade and Industry 2008: 66).

Section 24(6) states that any person who produces any goods must display on the packaging of the goods a notice in a prescribed manner and form that discloses the presence of any genetically modified ingredients of those goods in accordance with applicable regulations (South Africa, Department of Trade and Industry 2008: 66). Trade description is defined as the supplier having an obligation to include ingredients of which the goods consists, but there is no specific mention made of an indication of whether the product is safe or not. This provision highlights the necessity of explicit legislation relating to overweight, obesity and health risks associated with the consumption of the particular food product (Reddy 2020: 456).

2.6.3.4 The consumer right to fair value, good quality and safety

Section 53(1)(c) and (d), provides the right to fair, value, good quality and safety. Section 53(1)(c) identifies a 'hazard' as goods are found to present a risk of personal injury, whilst section 53(1)(d) explains that 'unsafe' means particular goods present extreme risk of personal injury to the consumer (South Africa, Department of Trade and Industry 2008: 106).

When suppliers agree to work on the consumer's behalf, Section 54 of the CPA specifies that the consumer has the right to demand quality service. The rights include the following: a right to punctual performance, services performed in a quality manner that a consumer is entitled too, goods free of defects, and the return policy of property to be in the same condition it was when the consumer made it available to the supplier (Jacobs *et al*. 2010: 365). Duties of the supplier under Section 48 (1) of the CPA state that a supplier must not offer to supply any goods at an unfair price or on unfair terms. It continues to mention that the supplier must not advertise goods in an unfair manner, also that the supplier must not require the consumer to waive their rights or any liability of the supplier on unfair terms in an agreement (South Africa, Department of Trade and Industry 2008: 96).

Unhealthy food products are seen as contributing to the causes of overweight and obesity which leads to NCD's. Children have the right to food products which are safe and of good quality (Reddy 2020: 453). The author further elaborates that as the consumer's right to safe products does not amount to a prohibition on the sale of unhealthy food products to children. The essence of advertising has consequences at times of representing food products which are unhealthy as being healthy and the

decision is then up to the consumer to decide. The Act then aims to improve the access to the quality of information provided to the consumer to enable them to make a smart decision. The concepts of access and quality of information are seen as subjective terms which allow for protection of children from deceptive advertising content. Considering the maturity level of children and their ability to understand advertisements, children will still continue to select unhealthy food products despite the access to such information (Reddy 2020: 453).

Therefore, Section 3 of the CPA confirms that the purpose of the Act is to promote fair business practices as well as protect vulnerable consumers from unfair trade practices as well as deceptive conduct (Mills 2016: 227 and Jacobs *et al.* 2010: 304). This is to encourage responsible and informed consumer choice and behaviour. Therefore, the preamble of the CPA confirms that the purpose of the Act is to protect consumers from hazards to their well-being and safety, as well as promote and provide consumer education (Reddy 2020: 454). The authors mention that the Act places a huge obligation on suppliers and authorities to ensure that consumers are protected and it remains to be seen whether the Act will achieve its purpose and be successful in protecting consumers as the National Credit Act has proven to do so (Jacobs *et al*. 2010: 304).

2.6.3.5 Consumers right to safe, good quality goods

Section 55(3)(a) and (b) states that if a consumer has specifically informed the supplier of the particular purpose for which the consumer wishes to acquire the goods, or the use to which the consumer intends to apply the goods, and the supplier offers to supply the goods or acts in a consistent way with being knowledgeable regarding the use of goods, the consumer then has a right to expect the goods to be suitable for the purpose they were intended for (South Africa, Department of Trade and Industry 2008: 108). In determining whether the products supplied are safe or not, Section 55(4) considers the circumstances of the supply, as well as the manner and purpose which the goods were advertised for and the use of any trade description and warnings on the use of such goods (South Africa, Department of Trade and Industry 2008: 108). Furthermore, Gangiah (2015: 18), mentions that in terms on Section 55 of the CPA, a consumer has a right to safe goods and therefore, every consumer has a right to receive goods in good condition and be suited for their intended purpose.

Therefore, in finding out if the food products are suitable and safe for consumption of children, the way in which the goods were packed and displayed is considered. Trade descriptions, as well as the instructions and warnings are important (Reddy 2020: 454). The use of celebrities to promote unhealthy food products is to draw attention and make children believe that these celebrities obtained their high energy levels from these products (Mills 2016: 262). Such practice would be misleading to children and in fact prohibited by the Act.

2.6.3.6 Right to restrict unwanted direct marketing

Section 11 of the Act is the right to pre-emptively block any unwanted direct marketing (South Africa, Department of Trade and Industry 2008: 46). Direct marketing is defined as marketing whereby a person is approached either by mail, in person or through electronic communications for the sole purpose of being offered to supply goods to a person for any reason (Jacobs *et al.* 2010: 338).

Advertisers target children online using a variety of interactive advertising techniques. These commercials differ from normal television (TV) commercials as these offer multiple entertaining, animated and interactive areas developed for pre-schoolers and children. These online sites include games, music, word puzzles and online stores licensed to sell merchandise (Story and French 2004: 9). Children ae also included in this right. However, due to the maturity levels of children, they do not discontinue such marketing because they are attracted to the advertising messages. Consequently, it is clear that children are vulnerable and need protection from such marketing through explicit legislation (Reddy 2020: 455).

Advertisers make sure they keep up to date with trends and constantly upgrade their products so children can continue purchasing the latest products (Lusted 2009: 27). Children and adolescents have been targeted with intensive and aggressive forms of food advertising techniques through a range of channels. These advertisers are particularly interested in children as they spend billions annually on food products (Story and French 2004: 1- 2). Food companies use a range of techniques to advertise to children, these are child-targeted marketing messages on product packages, special displays, bright colours and other ways to attract the attention of children. Researchers observed that these child-targeted foods are placed on shelves reachable by children, as this will make it easy for children to grab these food products

(Harris *et al*. 2020: 2). Viral marketing uses social networks to advertise products through spreading texts, videos as well as images; in viral marketing the recipient of an advertising message becomes its distributer (Sramova 2015: 1525). Multi-media platforms and digital media are also used to market food products to children.

Under Section 11 of the CPA, the right of a person to privacy includes the right to decline to accept and requires the other person to discontinue, or to pre-emptively block in case of approach. Section 11(2) continues to facilitate the realisation of each consumer's right to privacy and enables consumers to efficiently protect themselves against contemplated activities in subsection (1). The person approached through direct marketing can within reasonable time discontinue from initiating any further communication (South Africa, Department of Trade and Industry 2008: 46).

2.5.3.7 Right to fair and responsible marketing and promotion

Suppliers used different techniques to advertise their unhealthy food products and Section 29 of the Act regulates the various marketing techniques so that children's consumers are not mislead. The various marketing techniques include product placement, television, product packaging, celebrity endorsement, pester power and branded characters as discussed under the advertising. The aim of this right is to create fair business practices in respect to advertising. This right leads to greater trust amongst the consumers and suppliers (Reddy 2020: 334). This right also prohibits puffing; puffing is when the advertiser is saying it is guaranteed that you will see results and it does not happen (Jacobs *et al*. 2010: 336).

A service provider is not permitted to advertise any goods in a manner that will imply a misleading representation of goods as this is contemplated in section 41 (South Africa, Department of Trade and Industry 2008: 70). Chendip (2018: 12- 13), mentions that a consumer is offered protection from the time that they view an advertisement up until they receive the goods. The author continues to mention that under Section 29 (b) of the CPA, it can be ascertained that protection will be provided to a consumer against any misleading, deceptive or fraudulent marketing when dealing with the material aspects of the goods in question.

Chendip (2018: 13), also brings in Section 29(a) of the CPA that it regulates such conduct in conjunction with section 41 of the CPA, which provides a list of instances where that constitutes false or misleading representations. Therefore, the supplier

must make sure that the information is in plain and understandable language (Fouche 2015: 346). Therefore, suppliers need to ensure that the required food and beverage product information is displayed on the product, the information must be available in plain and understandable language by the consumer (Reddy 2020: 456). Due to the technological advancements such as the internet and cellphones, it was clear that common law was insufficient to govern promotional activities that were aimed at consumers. Mechanisms should include means for monitoring the compliance of standards established for managing consumer complaints as well as make the advertisers aware of these requirements (Barnard and Scott 2015: 4).

However, Section 30 of the Act regulates bait marketing, where the supplier is not allowed to mislead consumers in terms of the availability of the goods and Section 31 prohibits negative option marketing (South Africa, Department of Trade and Industry 2008: 70). Bait marketing is aimed at persuading consumers to go to a specific place or store to purchase something other than the goods that were advertised (Jacobs *et al*. 2010: 336-337). Bait marketing ensures availability of advertised goods; therefore, the supplier must have sufficient quantity of the advertised goods so they will be able to satisfy the demand. Negative option marketing also falls under the right to fair and responsible marketing. Negative option marketing is defined as the promotion of goods or services to a consumer on the basis that an agreement will automatically come into existence unless the consumer declines the offer, the Act prohibits such marketing and agreements entered into as a result of negative option marketing will become void (Jacobs *et al.* 2010: 337-339).

Jacobs *et al*. (2010: 339), define catalogue marketing as an agreement for the supply of goods that is not entered into in person but conclusions could happen over the telephone, post, fax or in any similar manner, the consumer does not get to inspect the goods before the conclusion is reached (Jacobs *et al*. 2010: 339). Customer loyalty programs are defined as any arrangement in the ordinary course of business, in terms of which the supplier of goods offers to grant a customer any loyalty credit or reward in connection to a transaction (Campbell and Logan 2011: 59- 61). A customer loyalty program allows a customer to exchange their loyalty credits for goods. There are also trade coupons and similar promotions, which are defined as an offer through a prize, gift, free goods or price reduction of goods and promotional offers cannot ask the consumer to pay any additional transactions in order to accept the promotional

offer. Section 36(3)(a) prohibits promoters of promotional competitions from charging consumer's reasonable costs of posting or of partaking in promotional competitions.

2.6.3.8 Unconscionable conduct

Unconscionable conduct is defined as conduct having character contemplated in Section 40 (Jacobs *et al.* 2010: 346). Section 40(2) of the Act explains that it is unconscionable for the supplier to take advantage of the consumer that is unable to protect their interests due to the inability to understand the language used in the agreement, mental or physical disability, illiteracy, ignorance or any other similar factor (South Africa, Department of Trade and Industry 2008: 84). It is highlighted in a research study by Mills (2016: 230) that children under the age of eight are incapable of differentiating between television programmes and advertisements.

Failure to disclose that a product has risks may be seen as being misleading. The purpose of the Act is to protect and advance social welfare of the consumers by creating a market that is fair and accessible as well as promote fair business practices by protecting consumers from these unfair business practices. In the case of *Irwin Toy Ltd v Quebec (Attorney General)* (1989), the Canadian Supreme Court held that television advertising targeting children is manipulative and deceiving. The Supreme Court of Canada then upheld a ban on children's advertising where, in 1980, Irwin Toy broadcasted advertisements that violated the CPA's ban on children's advertising and Toy argued that the ban violated his right to freedom of expression and commercial speech (Irwin Toy Ltd v Quebec 1989).

The vulnerable consumers, such as children, are then protected (South Africa, Department of Trade and Industry 2008: 3). Jacobs *et al*. (2010: 347), state that Section 40 does not only deal with consensus obtained by an improper manner but it also deals with other improper or unethical conduct in marketing. In effect, Section 40 reinforces the idea that parties in a contract should act in good faith and their conduct should not be improper, unconscionable and against the *boni mores.* The Act further expands the extent of unconscionable conduct provision by stating that it is also unconscionable for suppliers to take advantage of consumers due to the fact that they are unable to protect their own interests due to the ability to physical ability, illiteracy, ignorance, and inability to understand the language of agreement. This provision then places an obligation on a supplier to ensure that consumers understand the

agreements (Jacobs *et al.* 2010: 347). Mills (2016: 230) believes that Section 40 of the CPA, which prohibits unconscionable conduct, could be used to address marketing practices that target children because such practices are unfair and deceptive.

2.6.3.8 The right to disclosure of risks in food and beverage products

According to section 58(1) of the Act the supplier has a duty to inform the consumers of risks of unusual character, risks of which a consumer could not reasonably be expected to be aware and risks that could result in serious injury or death (South Africa, Department of Trade and Industry 2008: 110). Section 58(2) states that a person who packages any hazardous or unsafe goods for supply to consumers must display on the packaging a notice that meets the requirements of Section 22 and any other applicable standards providing the consumer with adequate instructions for safe handling and use of those goods. Section 58(4) states that any person installing any hazardous goods contemplated in subsection (2) for a consumer or supplying any such goods to a consumer in conjunction with the performance of any service must give the consumer an original copy of the document required in terms of subsection (2) or any other similar document applied to the goods in terms of another public regulation (South Africa, Department of Trade and Industry 2008: 110).

However, numerous studies confirmed the link between unhealthy food products and health challenges faced by children, strong arguments are in favour of the risk of an unusual nature, it may also amount to risks that children may not reasonably be expected to be aware of (Reddy 2020: 47). In addition, with NCDs the risk of death exists. Section 49 mentions that the risks must be in plain and understandable language and this must be mentioned before the consumer concludes a transaction (Fouche 2015: 349).

2.6.3.9 Prohibited transactions, agreements, terms or conditions

Section 51(1)(a)(i) of the Act states that a supplier must not conduct transactions subject to any term if the purpose is to defeat the purpose of the Act and Section 51(1)(a)(ii) continues to mention that consumers must not be misled (South Africa, Department of Trade and Industry 2008: 100).

Therefore, it can be concluded that the provisions of the CPA protect children as they are seen as vulnerable. The following section will discuss the self-regulatory measures.

2.7 Self-regulatory measures

Self-regulation aims to reduce the amount of exploitative, misleading, and deceptive marketing directed at children, but it has no legal authority to do it (Jolly 2011: 35). Self-regulation is a process where an industry-level organisation, sets and enforces rules and standards pertaining to the code of conduct of firms in an industry. Businesses use self-regulation to decrease risks to consumers as well as gain the public's trust by fighting the negative public perceptions (Castro 2011:3). A study by Scheltema (2016: 16) defines self-regulation as a set of private norms that are established in collaboration with others bound by these rules; their representatives are norms are being enforced. Self-regulatory systems may be supported by social consensus within a society and obtain their power from formal legal institutions like contract laws (Van Heesen-Lacle and Meuwese 2007: 117- 120). The authors go on to say that while there is no mention of self-regulation in the written constitution, it does contain rules and principles that either support or restrict self-regulatory actions.

Self-regulation is regularly used to control advertising. Self-regulation is implemented through a "Code of Practice". The Code refers to the protection of children from harmful material, children's credulity and their innocence shall not be exploited, no misleading of children and the safety of children is not to be compromised in any manner (Cassim and Bexiga 2007: 150). The author explains that self-regulation is a result of soft law, which consists of guidelines, directives and communications issued by the government. The binding force of self-regulation varies. This means that the provisions of an industry code might be binding only on members of a voluntary industry that has adopted the code. However, legislation could make an industry code binding on all members of that particular relevant industry (Strachan 2016: 4).

The Advertising Standards Authority of South Africa (ASA), an organization independent of government, is responsible for ensuring that no deceptive advertisements are published in South Africa. The ASA serves as the advertising industry's code of ethics watchdog. Then, a Code of Advertising Practice was created, outlining what could and could not be published. The Code is yearly reviewed and

updated to include standards for advertisers' ethical behaviour (University of South Africa 2018: 203).

Advertising is further regulated in South Africa through self-regulatory codes. The ASA is a self-regulatory body and its code of advertising practice plays a significant role in the regulation of advertising in the country. Section 82(8) of the CPA mentions that industry codes may be regulated according to a particular industry such as the Advertising Code of the Advertising Standards Authority (Mills 2016: 232). Accredited codes are binding on all suppliers in the relevant industry, who must adhere to the provisions of the code. Failure to comply with the provisions of a code can prohibited conduct (Strachan 2016: 5-6). The ASA Code covers a wide range of advertising; however, the food packaging and media is not covered in the code (Gorton 2011: 7). The Advertising Standards Authority's Code of Practice (ASASA) highlights advertising and children under Section 16(4) and contains seven clauses associated with targeting children (Cassim 2005: 54).

However, Da Fonseca's (2010: 42) study revealed that, in spite of the ASA Code, children were still not yet protected from advertisements of unhealthy food products. Parents believed that the ASA Food and Beverage Code (Section 2, clause 4.1) disagreed with unhealthy food product advertising aimed at children who were below the age of 12 years old (Mchiza *et al.* 2013: 2213). Therefore, self-regulation serves to ensure that there is responsible and principled advertising of food by the food suppliers. In the judgement of Herbex (Proprietary) Limited v The Advertising Standards Authority of South Africa (2016: 9), self-regulatory measures codes such as the ASA, could be used whenever the rights of a child consumer are infringed by the marketing conduct of food companies but there should be remedies put in place and if these remedies fail to address the issue adequately then the avenues of redress by the CPA could be called upon.

The draft Regulations Relating to the Labelling and Advertising of Foodstuffs (No. R429 of May 2014), published that under Section 15 of the Foodstuffs Cosmetics and Disinfectants Act 54 of 1972 provided in regulation 16(1)(a)(ii) that the prohibition of certain information was to be reflected on a label or advertisement of the food product so it can be seen that it was manufactured in accordance with recommendations of the Department of Health (Republic of South Africa 2014: 26). Clause 52(2)(e) of the South African Government Gazette number 30075 prohibits advertising of food

products not regarded as part of a healthy diet and healthy lifestyle to children below the age of 16 (Cassim 2010: 184).

South Africa met the WHO's amendments for the Foodstuff Cosmetics and Disinfectants Act 54 of 1972, as Wicks Department of Health proposed R429 regulations aimed at prohibiting the advertisement of unhealthy food products to children. This was intended to prohibit celebrity endorsement and the promotion of unhealthy food products to children under the age of eighteen. However, the regulations have not become law but delayed the legislation around fast-food advertising aimed at children needs from being enacted (Lewis *et al*. 2020: 9).

The regulations in the Foodstuffs Cosmetics and Disinfectants Act 54 of 1972, prohibits any food products that are advertised to children from being unhealthy. It continues to prohibit cartoon-type characters, puppets, animations or any other promotions used on children's food products (Igumbor *et al.* 2012: 5).

To protect children in the age group of twelve years and under from advertisements, additional limits on commercials are required ethically (Delport 2015: 27). Therefore, more organized strategies and regulated norms are required to protect children from the consequences of advertising. When compared to other developed countries such as the United States and Australia, the South African system is far older, more established, and more mature (Cassim and Bexiga 2007: 153).

In 2014, the National Department of Health proposed the regulation R429. Guideline 14 of Regulation R429 proposed a nutrient profiling model to allow manufactures to check appropriate labels of food products (Wright 2014: para 5 line 1). The guidelines stated that marketing of unhealthy food products directed at children on television from 6 am to 9 pm was prohibited and prohibited the use of celebrities and cartoons in unhealthy food products that are advertised to children (Republic of South Africa 2014: 90). Draft regulation of R429 states that no food or beverage shall be advertised to children unless it complies with all the requirements in guideline 14 of the regulation (Mills 2016: 240).

The Advertising Code of Practice was amended to prohibit advertising unhealthy food products to children under the age of twelve, and it also included provisions regarding commercial advertising of unhealthy food products to children. Proposed regulations also prohibited the use of celebrity endorsements, animation, cartoon characters, and

other forms of advertising that targeted children, such as television advertisements (Reddy 2020: 458).

The Code is divided into two sections, according to the University of South Africa (2018: 204): the first section covers advertising principles, which state that advertisements must be decent, honest, and truthful and should never intentionally mislead consumers. Additionally, they must protect consumers' privacy, avoid references to dangerous practices, and not disregard safety. The second section examines principles relating to particular industries, products, and categories of advertisements. The article goes on to say that there is also a section on the protection of young children, mail-order advertising, and health claims (University of South Africa 2018: 204).

The Code of Advertising Practice, issue 3 November 1996, lays out the standards for professional conduct and informs the public of self-imposed restrictions that are acceptable for those working in the advertising industry. Its goals are to protect consumers and ensure fair competition among advertisers. The sections of the Code contain special restrictions that apply to audiences like children and young people. Among certain products and services, they provide guidelines for arbitration where there is a conflict of interest between the company or between advertisers and the public (University of South Africa 2018: 204).

The Consumer Goods Council of South Africa guidelines restricted advertising of unhealthy food products to children under ages of twelve years old (South Africa Food Marketing Pledge 2008: 4). New legislation and international labelling regulations will protect consumers from being misled. However, a stricter implementation of labelling needs to be introduced as inaccurate labels are considered a breach in terms of the CPA (Bursey, Wiles and Biggs 2019: 7).

De Stadler (2013: 16) notes that the CPA encourages self-regulatory activities. She states that it appears that the intention of the Act was not that the National Consumer Council would “usurp” the functions of other regulatory authorities, but rather that they would liaise in order to promote a coordinated and consistent application of the CPA. Self-regulation can be weakened if there is inconsistency in their enforcement, therefore the industries’ self-regulation depends on compliance of industry members with the spirit and letter of the relevant industry codes (Strachan 2016: 5). Independent

evaluations of both government-led and industry-led self-regulation indicate the impact of reducing the exposure of children to unhealthy food products (Sing *et al.* 2020: 2).

2.7.1 Industry self–voluntary regulations in form of pledges on marketing to children

A number of protectors of unhealthy food product advertising maintain current regulations are sufficient to ensure that the food advertised in children's television time and the way it is advertised does not contribute to obesity (Jolly 2011: 20). Food industries responded to the unhealthy food products advertised to children by proposing a number of company-led voluntary and self-regulatory codes and pledges to implement a more responsible approach to their advertising of unhealthy food to children (Galbraith-Emami and Lobstein 2013: 961). Different food companies have their different pledges and these companies are using different criteria in different parts of the world (Brinsden and Lobstein 2013: 326).

Many governments have made pledges to ending the rise in childhood obesity and overweight by 2025 (UNICEF 2018: 7). Food and beverage companies reacted by suggesting pledges to amend their advertising aimed at children and to advertise much healthier food products to children from then onwards (Galbraith-Emami and Lobstein 2013: 961). The United Kingdom placed restrictions on advertising of indicated foods and beverages in 2008 and in 2006. In the United States, such efforts were coordinated by the Children's Food and Beverage Advertising Initiative, which stated that it would restrict its advertising by 50% and not advertise unhealthy food products to children (Galbraith-Emami and Lobstein 2013: 961).

The United Kingdom government continued to seek other means of seeking help by asking the Ofcom to consider proposals to reinforce rules on television advertisements aimed at children by using the Food Standards Agency's nutrient profiling model to classify HFFS foods (Razavi, Adams and White 2019: 2). In Europe, in 2006/2007, the European Charter on counteracting obesity, included regulations to assist in reducing the effects of foods and drinks that are high in energy aimed at children (Hawkes and Lobstein 2010: 83). According to Sainsbury, Colagiuri and Magnusson (2017: 3), in Australia, there are two voluntary pledges relating to food advertising in children, viz. the Responsible Children's Marketing Initiative and the Quick Service Restaurant Initiative for Responsible Advertising and Marketing to Children. The Philippines also

has their own self-regulated pledge called the Responsible Advertising to Children Initiative (Reeve *et al*. 2017: 2).

The South African Marketing to Children Pledge was adopted by the Advertising Standards Authority (ASA) on 1 August 2008 (South African Food Marketing Pledge 2008: 3). Companies that participated in the pledge showed commitment by promoting healthy dietary choices to children who were aged twelve years old and pledged that no advertising will be conducted to children under the age of 12 years and only healthy food products will be advertised (South African Food Marketing Pledge 2008: 4). Participating companies were required to develop a company plan that defined how they will meet the core principals of advertising and there has not been any specific nutrition criteria has been executed by pledge members (South African Food Marketing Pledge 2008: 5).

The South African government compiled a draft based on the Foodstuffs, Cosmetics and Disinfectants Act 54 if 1972 that restricted advertising of food products to children who were younger than the age of sixteen years old. The regulations envisioned that certain foods were grouped as non-essential food to the lifestyle that was going to be prohibited from being advertised to children. These food products included soft drinks, chips and use of cartoon characters (Igumbor *et al.* 2012: 1). A systematic review by Galbraith-Emami and Lobstein (2013: 961) inspected the facts available on levels of exposure of children to HFSS food advertising since the statutory pledges were introduced. They found that these pledges were inconsistent and suggested that they should be strengthened.

Even though food companies have put in the effort to limit the exposure of HFSS foods to children, the lack of enforcement by food industries suggests that self-regulatory pledges are failing to limit the HFSS food advertising to children (Huizinga and Kruse 2016: 24). However, an assessment of industry-led pledges has proven to be insufficient in limiting the exposure of HFSS food advertising to children (Roberto *et al*. 2015: 20 and Huizinga and Kruse 2016: 25). Numerous statutory regulations attempted to limit the advertising of HFSS food to children but all were mostly ineffective.

Not all companies have signed these self-regulatory pledges, and this causes a huge obstacle in the protection of children against advertisements (Igumbor *et al*. 2012: 6).

Furthermore, pledges remain to be voluntary and it is up to a company to sign and pledges can be abandoned at any time (WHO 2013: 21).

Advertisements should not be directed at children as they still need protection from advertising techniques (WHO 2013: 9). South Africa has limited information on the health challenges of children and unhealthy food product advertising. Therefore, problems may still occur due to the inadequacy of these voluntary pledges and more regulated regulations need to be implemented effectively to protect children from the effects of these advertisements. As such, this study investigates the crucial health challenges facing children in South Africa as a consequence of the advertising of unhealthy food products to them.

2.9 The prevention and control of obesity in South Africa

A high priority policy of the WHO Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2020 goal was to reduce non-communicable diseases so populations can have a better quality of life (WHO 2013: 12). The governments of member states were to ensure that these policies are implemented so HFSS food advertising can decrease health challenges experienced by children (Kelly *et al.* 2013: 63).

In April 2005, the Strategy for the Prevention and Control of Obesity in South Africa 2015-2020, was released as a result of the mounting increase in children being overweight and obese in South Africa. This strategy's aim was to improve chances for increased physical activity and healthy food choices. This strategy will allow for healthier food choices and responsible and ethical advertising of the food industries (South African Department of Health 2015: 51). The objectives of the Strategy for Prevention of Obesity in South Africa 2015- 2020 confirmed that there was going to be responsible and ethical marketing of food products by the food product industries (Reddy 2020: 458).

2.10 Conclusion

South Africa has limited research available on advertising directed at children who are seen as vulnerable consumers and at a higher risk of being exploited (Delport 2015: 16). In Africa, South Africa has the highest obesity rates. The aim of this study is to

investigate the food-related health challenges of children, the advertising of unhealthy food products and the role of the CPA in addressing these challenges through the regulation of such advertising. Research conducted by Da Fonseca (2010) investigated the perceptions of television food advertising directed at children and found that parents saw that food advertisements had an influence on the food preference of their children and parents were asking for advertisements to be limited during times when kids are watching. Therefore, there is a need for legislation regulating the advertisement of unhealthy food products.

In regulating the advertising practices, the child's best interests are always the highest priority. Advertising of unhealthy food products does have an impact on the health challenges in children. The Code of Conduct of the advertising standard's authority has placed limitations concerning the promotion of food items to children; the CPA of 2008 does not prohibit such marketing as it does not have obligations set for suppliers but mentions what is safe and what is not safe. Restricting advertising of unhealthy food can improve the health of children. Existing legislations need to be monitored so children can be protected from advertising of unhealthy food products as this would decrease the rate of children under 12 being overweight and obese. Da Fonseca (2010: 41- 42) notes that in spite of the ASA codes, protection for children is not enforced properly. The author noted that following an increase in childhood weight in 2007, the South African Government published regulations to the Foodstuffs, Cosmetics and Disinfectants Act 39 of 2007. The Children's Act states that it is necessary to effect changes to the existing law in order to be able to offer them protection.

Hence, there is a need for legislation to place restrictions on the exposure of advertising of unhealthy food products in children. Food products are allowed to be advertised to children however, they should promote healthy food products. The literature discussed the food advertising and health challenges experienced by children in South Africa, the different techniques were also examined. This chapter also explored the protection offered to customers who are children, the legal requirements, and how the CPA provisions are carried out.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 INTRODUCTION

The previous chapter presented the literature review in two broad sections. The first part dealt with the food-related health challenges of children as a result of consuming unhealthy food products as well as the advertising of unhealthy food products. The second part discussed the role of the CPA and other commensurate legislation in protecting children as consumers, especially with respect to the advertising of unhealthy food products. Accordingly, the literature review from the previous chapter answered the research questions and the objectives identified.

This chapter explains various methodologies that were used in gathering data and analysis which are relevant to the research. It discusses the research design, target population, sample, data analysis, validity and reliability, as well as the study's ethical implications.

3.2 RESEARCH DESIGN

According to Leedy and Ormrod (2015: 20), research entails a methodical process of gathering and evaluating data with the explicit goal of advancing understanding of a phenomenon that the researcher is interested in. Furthermore, the researcher has the option of selecting the best research methodologies, strategies, and processes for their particular project (Creswell 2009: 11).

A research design, according to Jonker and Pennink (2010: 39), is a set of presumptions and considerations that result in precise instructions connecting theory and components to a focused strategy of inquiry, supported by methodologies and techniques for acquiring empirical data. A descriptive study's goal is to provide a precise profile of the people, occasions, or circumstances it is studying (Saunders, Lewis and Thornhill 2009: 14 and Sekaran and Bougie 2016: 97). A research design is the general plan that outlines the approach to be taken in order to get answers to a research question since it outlines how data will be gathered and analyzed (Christensen, Johnson and Turner 2014: 218). A research design is the "blueprint for completing objectives and answering questions" by using various approaches, claim Cooper and Schindler (2014: 82). A research design is a plan that presents a

systematic approach to collecting data that will be used and analyzed for a study (Creswell and Clark 2018: 53). The goals and objectives of the study are taken into consideration when creating this research design. This study entails a descriptive analysis. A descriptive research design is used in terms of which quantitative data is collected to describe the health challenges faced by children, the unhealthy food products they consume and the food product advertising they are exposed to.

The study will adopt the quantitative research method. The study's questionnaire will consist mainly of closed-ended questions with a few open-ended ones. Zikmund *et al.* (2013: 336) define open-ended questions as questions that pose a problem as well as ask respondents to reply in their own words. The authors also define closed-ended questions as questions where respondents are given specific, limited-alternative replies and asked to select one answer closest to their views. The data obtained from this study will be used to examine the available legislations protecting children as consumers from the advertising of unhealthy food products and the role of the CPA in protecting children from these unhealthy food advertisements.

3.3 RESEARCH METHODS

There are three research approaches available, namely the quantitative, qualitative and mixed methods. The researcher needs to choose the one applicable to their study (Williams 2007: 65). Dawson (2009: 23) defines qualitative data as data that is used to explore attitudes, behaviours and experiences, while quantitative data is used to generate statistics through the use of large-scale survey research.

Leavy (2014: 35) claims that qualitative research explores and analyses a social phenomenon, unravels contexts and significances, and develops a thorough grasp of the social dimensions of an area of social life. Open-ended questions are a defining characteristic of qualitative research studies (Jonker and Pennink 2010: 78). The goal of qualitative research is to understand oral and written data and to record the respondents' varied points of view (Gliner, Morgan and Leech 2017: 9). However, in quantitative research, theories are either proven, refuted, or given credence through the research process. In order to identify patterns, this technique measures variables and examines the correlations between variables (Leavy 2017: 9 and Creswell 2013: 54).

Mixed techniques, on the other hand, combine both qualitative and quantitative design. Mixed methods research is the kind of study where a researcher combines components of qualitative and quantitative research procedures (Bazeley 2018: 6). The goal of mixed research methods is to provide answers to questions that are not amenable to qualitative and quantitative approaches. This approach enables the researcher to combine inductive and deductive thinking because it employs multiple approaches to the problem and uses various types of data to resolve it (Sekaran and Bougie 2016: 106).

In this study, a quantitative research design will be used.

3.3.1 Quantitative research design

In comparison to qualitative studies, in a quantitative study, the researcher has more control over how the data is gathered; it is less biased and more focused, and based on larger samples which are more representative of the population (Pannucci and Wilkins 2011: 1). This method has the benefit of allowing data to be gathered on a variety of inputs from a large number of respondents (Leavy 2017: 19). The quantitative research approach was chosen for this study because it is simple to carry out, places a focus on the quantities of the data collected, ensures respondent anonymity, and gives the researcher complete control thereby preventing the data from being corrupted (Daniel 2016: 94). The goal of research, according to Castellan (2010: 5), is to gather information about human behaviour that confirms and elaborates a theory and enables researchers to identify potential causes of, as well as forecast, human behaviour. According to Wanger, Kawulich, and Garner (2012: 100), the most common type of quantitative research strategy is survey research using questionnaires, which is the method chosen for this study. In addition, Bryman and Bell (2011: 33) note that measurement is essential in quantitative research because it enables the researcher to precisely estimate the link between variables using correlation analysis, and provides a reliable baseline for detecting changes in magnitude related to certain concepts.

According to Daniel (2016: 11), quantitative analysis is a set of helpful tools to make observations and explain specific events by helping to identify and solve real-world human problems. Creswell (2013: 59) notes that a quantitative study's goal is to test a theory rather than build it. To do this, data is obtained, which is then tested and

represented in the study's findings. Additionally, quantitative methods can be employed in explanatory research to look into causal linkages (Fallon 2016: 3). In this study, quantitative data will be collected to obtain valuable insight from parents with young children. Quantitative research has a precise methodology and focuses on numbers (Bryman and Bell 2011: 31). Quantitative information will examine the impact of the marketing of unhealthy food products on children. As a result, when deciding how to respond to research questions that call for numerical data quantitative data is used (Williams 2007: 65).

Kumar (2014: 17) states that a study may be purely quantitative or qualitative, but most disciplines recognise both approaches as being of importance in order to have a good research study. This research study will focus mainly on quantitative data obtained. The primary analysis of the consumer challenges experienced as well as the regulatory aspects in the study will be the literature review which will assist in identifying possible areas for parental responses on specific challenges and regulatory aspects. However, an analysis of open-ended questions will also be included. The study will rely on quantitative data regarding the food-related health challenges of children and the role of the CPA in addressing these challenges, especially through the regulation of the advertising of unhealthy food.

3.4 SURVEY METHOD

According to Sekaran and Bougie (2016: 97), the survey approach is commonly used in business research since it enables the researcher to obtain quantitative and qualitative data on a variety of research topics. In order to obtain data about individuals, events, and circumstances, surveys are often used in explanatory and descriptive research. By examining the sample of a specific population, a survey design provides a quantitative or numerical description of population patterns. The researcher then extrapolates conclusions about the population from the findings (Creswell 2009: 145). Generalisation of the results and the use of surveys to track trends, attitudes, and views of the target population makes random selection an essential component of survey research (Emonds and Kennedy 2017: 133). The survey instrument's questions are organized into self-administered questionnaires that a participant completes on their own schedule (Sekaran and Bougie 2016: 97). Structured questionnaires will be utilised to gather data which will be disseminated to

parents of children below the age of twelve years old because the advertisements are aimed primarily at these age groups. The purpose of the questionnaire to consumers is to gather information from the parents of the children on behalf of their children, as well as to be able to extract data from the respondents.

3.5 STUDY POPULATION AND SAMPLING DESIGN

This section sets out the study population and sampling design.

3.5.1 Target population

Population is defined in terms of factors, geographic limits, and time by Sekaran and Bougie (2016: 240). A population is a large collection of individuals that exhibit similar traits (Zikmund, Babin, Carr and Griffin 2013: 385). In addition, Sekaran and Bougie (2016: 236) posit that the entire set of individuals, occasions, or things that the researcher desires to examine or draw conclusions from constitutes the target population. A population, according to Christensen, Johnson, and Turner (2014: 142), is a large group of individuals from which a sample is taken. The target population for this study will be the parents of children (who are twelve years or under) in the Mpophomeni township area in KZN, South Africa. The target population for this study includes all the people residing in Mpophomeni Township. According to the statistics of Census 2011, the uMngeni Municipality, which Mpophomeni is part of in the province of KwaZulu-Natal, has approximately 25 732 people (Statistics South Africa 2011). Since there are no recent statistics available, the study refers to such statistics from 2011. There are also no statistics available with respect to the number of parents in the selected area.

3.5.2 Sampling design

Pitard (2019: 23) defines a sample as a portion of a whole and a sample as an extract chosen from the whole. A sample, according to Bordens and Abbott (2017: 163), is a smaller subset of a larger population. When doing a sampling process, a researcher will draw inferences from the sample they have collected before conducting a generalization for the entire population (Sekaran and Bougie 2013: 241). However, in this study a convenience sample is used, therefore the results cannot be generalized to the whole population. Additionally, choosing the demographic and sample helps in

formulating questions to ask and how to administer them (Bryman and Bell 2011: 170). According to Leavy (2017: 77), a quantitative study favours a larger sample size and this will increase accuracy with the samples chosen. Two aspects relating to sampling has to be determined, namely sample size and sample selection method. These are explained below.

3.5.2.1 Sample Size

The important component of any decision is about sample size should be how much sampling error one is prepared to tolerate, the less the sampling error the larger the sample will be (Bryman 2012: 184). According to Dawson (2016: 64), the sample size is the number of respondents necessary to provide the desired level of accuracy. The target population for this study will include the population from Mpophomeni township. The sample size will be guided by the sample size table for a given population size set out in Sekaran and Bougie (2016: 263) which suggests that if a population is between 20 000 and 30 000 (as in the case of the Mpophomeni Township area), a sample of 377 is sufficient to draw conclusions from. Hence, for this study, the sample size is 377 respondents from the Mpophomeni Township area.

3.5.2.2 Sample selection method

A research sample and an awareness of its features allow for the generalisation of population element characteristics (Sekaran and Bougie 2016: 239). Establishing the representativeness of the sample for generalisation requires consideration of both the sampling design and sample size (Sekaran and Bougie 2010: 252). Therefore, when making sampling decisions, sample size and design should be taken into account.

According to Bryman and Bell (2011: 173), in order to create a questionnaire and choose how to deliver it, the researcher must determine what kind of population is appropriate for the study. Sapsford and Jupp (2008: 29) categorize sampling as either probability-based or non-probability-based. Leavy (2017: 78) states that the term "probability sampling methodology" refers to any method of selecting samples so that each sample has an equal chance of being chosen. In a quantitative study, probability sampling is utilized because the sample is helpful when the researcher wishes to develop a generalisation (Leavy 2017: 78).

Kumar (2014: 244) states that non-probability sampling means that some members of the target population have a chance of being chosen, but others do not, because they are not present when the sample is assembled. This type of sampling includes convenience sampling and purposive sampling. This study will use non-probability sampling methods, viz., convenience and purposive sampling. Convenience sampling has been selected as it offers certain advantages, such as the fact that collection of data is quick and individuals in the sample are easily accessible. Also, the restrictions imposed during the COVID-19 pandemic make it challenging to collect data from a non-probability sample of respondents. However, the findings of this study will be valid only for the population sampled and cannot be generalised for the whole population. Further, Heyvaert, Hannes and Onghena (2017: 80) state that convenience sampling saves time and money because the participants are readily available. Convenience sampling takes those most readily accessible members who get chosen as subjects in the study (Sekaran and Bougie 2016: 250). Purposive sampling is where the researcher selects certain individuals to participate in a research study for a specific need (Edmonds and Kennedy 2017: 21 and Christensen, Johnson and Turner 2014: 150). The purposive sampling method is selected because data will be gathered from individuals who are parents of young children, i.e., those who are knowledgeable about food choices made by their children, their health challenges and the effect that food advertising has had on them.

In this study, the researcher wants to explore the food-related health challenges of children and the role of the CPA in addressing these challenges. Hence, for the study, parents will be selected in terms of the purposive sampling method. The parents are selected because it is difficult to obtain views from young children. The age group 4 to 12 years (for children) is selected because the advertisements, attractive packaging and characters are aimed at these age groups. Parents of children under 12 years old are responsible for monitoring the TV programmes and advertising, and internet advertising that children are exposed to. Parents will also be able to answer questions on their children's food preferences and how influential advertising is on such preferences. They will be able to answer questions to some extent on behalf of their children, especially relating to their use of television and the internet, their exposure to unhealthy food product advertising and the health challenges they face.

3.6 DATA COLLECTION

Data collection, according to Bryman (2012: 12), is the process of acquiring information from the sample so that the researcher can respond to the study questions. Through the use of questionnaires or interviews, surveys are used to quickly acquire data from a large number of people (Wagner, Kawulich and Garner 2012: 22). In order to collect data for this study, questionnaires will be used. Utilizing questionnaires has the benefit of being less expensive and providing greater anonymity because it enables respondents to answer delicate questions (Kumar 2014: 145). Another benefit of employing questionnaires, according to Christensen, Johnson, and Turner (2014: 72), is that well-designed and validated questions have a moderate to high assessment of validity. They also allow for ease of data analysis for closed-ended questions and with open-ended questions, they offer thorough details in the respondent's own words.

3.6.1 Research tools/instruments

In conducting this study, both primary sources and secondary sources were used. Primary data for the empirical investigation is gathered using a questionnaire-based survey. According to Frey (2018: 3773), surveys are a systematic collection of self-report data from a sample of a larger population. The survey method entails the collection of data using different instruments, such as questionnaires and interviews. Bryman and Bell (2011: 231) explain that, with self-administered questionnaires, the respondents answer questions by completing the questionnaire themselves and, after completion, the respondents return them. For this study, the survey instrument will be administered electronically via online channels such as email. Hence, the questionnaire will be the primary instrument for data collection in this study. It was planned for the questionnaires to be handed to accessible parents in the selected area. However, due to the current COVID-19 lockdown restrictions in place, online questionnaires will be used. Online surveys may be distributed quickly and easily, as one can email a survey through a website, social media or through a link (Sekaran and Bougie 2016: 143).

A questionnaire is a self-report instrument that will collect participants' opinions and perceptions (Christensen, Johnson and Turner 2014: 51). Self-completed

questionnaires will generally include a few open-ended questions and closed-ended questions as this will make it easier for the respondents to reply (Bryman 2012: 233). Zikmund *et al*. (2013: 335) note that a questionnaire gathers information that addresses research questions which will assist decision makers to address current problems encountered. In addition, they can be used to get precise data from the respondents, but the researcher needs to make sure the questions are designed properly so that the respondents will participate.

The questions in the survey instrument will be designed to determine the health challenges of children, the unhealthy food products they consume, and the impact of advertising of unhealthy food products on them, as well as awareness of the relevant provisions of the CPA. The intention is to establish the relationship between the advertising of unhealthy food products and health challenges experienced by children.

According to Wagner, Kawulich, and Garner (2012: 100), among the benefits of questionnaires include their ability to be distributed to a large number of respondents and their ability to be completed at a time that is convenient for the respondent; that they provide anonymity; and they are cheap to administer. The questionnaire may contain both closed and open-ended questions. A questionnaire is a set of written questions that respondents participate in and record their answers (Sekaran and Bougie 2016: 142). Surveys are a form of data collection that replies on self-reported responses to a previously prepared set of questions (Frey 2018: 3782). In this study, the questionnaire consists mainly of closed-ended questions, with a few open-ended ones. The questionnaire was in English. However, translations in isiZulu were made available where required by the respondent. A questionnaire, information letter and consent letter in isiZulu was also made available to the parents of the children.

The participants remained anonymous at all times. Due to the pandemic, data was collected via online channels. In addition, crowds were avoided at all times. However, in terms of the IREC directive to researchers and supervisors, the researcher used an alternative data collection method, i.e., online questionnaires, due to the restrictions that made make face-to-face administration very risky.

As mentioned above, a questionnaire was the most suitable method of collecting data from the children's parents. In order to achieve the aims and objectives of this study, the questionnaire was designed according to the specific themes of the study. It was

divided into five sections. Section A, looked at the demographic data; Section B dealt with the health challenges of children and unhealthy food product consumption. Section C looked at the impact of advertising of unhealthy food advertising on children. Section D examined the need for measures to protect children from the effects of unhealthy food product advertising by looking at the CPA of 2008 and other legislations.

3.7 DATA ANALYSIS

During survey research, drawing meaningful conclusions regarding the subject or issue under investigation is the main goal of data collection. Therefore, it is necessary to analyze and understand the data in order to extrapolate the most useful and relevant information from it (Wagner, Kawulich and Garner 2012: 176). Once the completed questionnaires are collected, the data is analysed and then interpreted so that the relevant information can be extracted (Wagner, Kawulich and Garner 2012: 176). Data analysis allows the researcher to determine the findings (Leavy 2017: 111). Bryman and Bell (2011: 312) state that quantitative data is usually analysed using computer software, such as SPSS, which refers to the Statistical Package for the Social Sciences. In this study, the SPSS computer software was be used to analyse data from the closed-ended questions. Data from the open-ended questions was be analysed by the researcher. This will be conducted by identifying common themes, using thematic analysis.

According to Sekaran and Bougie (2016: 24), in the data analysis step, the data gathered is statistically analysed to see if the hypothesis that were generated has been supported. Christensen, Johnson and Turner (2014: 374) mention that the field of statistics can be divided into two broad categories, viz. descriptive and inferential statistics.

3.7.1 Descriptive statistics

Descriptive statistics focus on description, summarising or explaining a set of data, whilst on the other hand inferential statistics focus is on making inferences about populations based on a given sample. According to Sekaran and Bougie (2016: 279),

frequencies are defined as the number of various times subcategories of certain phenomenon occur, from which the percentage and cumulative percentage of their occurrence can be easily calculated. The authors continue to mention that frequencies will be visually displayed as bar charts, histograms or pie charts in order to help us understand the data given. Descriptive research seeks to respond to particular research issues. As a result, in descriptive statistics, the researcher merely reports the results of the data they have gathered. In this analysis, the frequencies, proportions, means, medians, standard deviations, and other metrics are described (Hussain 2012: 741). The analysis of the data was presented using tables and graphs.

3.7.2 Inferential statistics

When presenting inferential statistics, Omair (2012: 1255) urge researchers to only provide positive and negative findings that are pertinent to the particular goals of the research project. To draw conclusions about the population from the sample, inferential analysis compares or correlates sets of variables. The researcher can draw conclusions for the study questions in this manner (Creswell 2014: 209). Cross-sectional study approaches do not establish causality between the variables; instead, connections and linkages are found using data. Therefore, in order to draw conclusions about causality from the data, the researcher must use common sense or turn to theoretical explanations (Bryman and Bell 2011: 107).

3.7.3 Cronbach’s alpha test

Internal reliability is frequently assessed using the Cronbach's alpha test which computes the average of all potential split-half reliability coefficients but is not a statistical test. The coefficient can range from 0 (which signifies perfect internal reliability) to 1 (denotes no internal reliability). The majority of research investigations use 0.70 as a general guideline for an acceptable level of internal dependability (Bryman 2012: 170).

3.7.4 Chi-square test

Welman, Kruger, and Mitchell (2005: 231) state that chi-square testing is used to assess whether the many classes that an interval or ratio variable is divided into are statistically or significantly related to another variable and that the relationship is not just a matter of chance. In order to ascertain whether two nominal 101 variables genuinely do have a link or association, the chi-square test is utilized. Cross-tabulations or contingency tables of the two relevant variables are the foundation for this estimation (Bryman and Bell 2011: 327).

3.8 PRE-TEST

A pre-test is generally conducted as it serves to test and improve the data collection instrument. It also identifies ambiguities in the questions and ensures the reliability of the instrument (Christensen, Johnson and Turner 2014: 192). In this study, a pre-test will be conducted using 10 parents to evaluate the instrument's reliability. The parents selected for the pre-test will not be used for the main study. Questionnaires need revising and testing until all concerned, including the researcher, are happy that they have the best questionnaire. Brace (2008: 174) notes that piloting a questionnaire is an integral part of the process as failure to do so results in serious risk to the success of the project. According to Kumar (2014: 158) a pre-test must be conducted on a group of persons that resembles the research population in a real-world setting. The author adds that the purpose of a pre-test, is to determine any issues that potential respondents may have comprehending or interpreting a question. The researcher will need to re-evaluate the phrasing to make it clear and unambiguous if there are any such issues.

The two most critical components of precision in a statistical study are reliability and validity. Pre-testing guarantees that the questionnaire is created to meet the study's objectives and tests the applicability and correctness of the data gathered. The pre-test was conducted with 17 individuals using a convenience sample. The pre-test was to make sure that all of the statements and questions were clear and pertinent to the study. Furthermore, it allowed the researcher to verify any mistakes or discrepancies in an effort to determine the validity and dependability of the instrument. The main study did not include these 17 respondents.

For a newly developed constructs, a reliability coefficient of 0.7 or above is regarded as "acceptable" (Bryman 2012: 170). The statistician tabulated the Cronbach's alpha scores for each of the questionnaire's items. All sections' dependability scores were higher than the suggested Cronbach's alpha value. This demonstrated a level of respectable, consistent scoring for these study parts. As a result, reliability was acceptable.

3.9 VALIDITY AND RELIABILITY

3.9.1 Validity

Bryman (2012: 45) observes that reliability and validity are the standards adopted to assess the quality of the research. As explained by Edmonds and Kennedy (2017: 4), validity refers to the extent to which the outcome accurately answers the research questions, meaning that it measures what it was developed to measure. Babbie (2013: 153) further explains validity as a measure of whether an instrument is actually measuring what one thinks it is measuring. A confirmatory factor is a modelling structural equation that deals with measuring models and the relationship between the observed measures (Brown 2015: 1). According to Mulaik (2009: 433), factor analysis is used when the researcher formulates and tests a hypothesis about how a set of theoretical variables contain the causes of the observed variables. In this study, factor analysis will be used to assess validity. Gorsuch (2015: 4) iterates that factor analysis is useful when the sheer amount of data is excessive and research can be reduced, while the amount of information is maximised and the smaller set of variables can be used to represent the complete set of variables.

3.9.2 Reliability

According to Leavy (2017: 114), reliability refers to an instrument giving consistent results. Christensen, Johnson and Turner (2014: 134) concur by stating that reliability refers to an instrument giving consistency of results. Reliability is also a measure that helps in judging the "quality" of the measure (Sekaran and Bougie 2016: 223). In this study, reliability will be ensured by conducting a pre-test of the questionnaire amongst ten individuals to check if the questions are clear and participants are able to respond.

Furthermore, the Cronbach's Alpha test will also be used to measure the internal consistency, as suggested by Bryman (2012: 120).

3.10 ETHICAL CONSIDERATIONS

According to Walliman (2005: 245), ethics are defined as the rules that an individual sets for themselves. Ethical considerations have to be taken into account with each step of the research study where people must reference their work. Ethics are a set of principles that assist in deciding how to conduct ethical research (Christensen, Johnson and Turner 2014: 89). In conducting this study, a number of ethical considerations had to be taken into account. Gibbs (2013: 8) states that a participant is to be made aware of such ethical considerations before research on them starts and they should be given the option to withdraw from the study at any moment and, usually, data that have been collected from them will be returned or destroyed. Edmonds and Kennedy (2017: 171) suggest that participants must voluntarily agree to take part in the research study. Christensen, Johnson and Turner (2014: 114) describe anonymity as keeping the identity of participant unknown and confidentiality as not revealing information obtained from the participant to any outsider.

Ethical considerations for this study include the following: Firstly, bearing in mind that it will benefit children, parents and the society, any findings are accurately reported. Further, participation was voluntary and information shared will be kept confidential. In addition, participants were allowed to retract from the study when they wished to. Participants were also protected from any personal harm.

3.11 CONCLUSION

This chapter presented a theoretical background on the research design and methods implemented for this study. The methodology is formulated according to the study's objectives as well as the aim of the study. The study mainly adopts a quantitative approach. The survey design was adopted to collect data from a large number of parents through the use of a questionnaire. The questionnaire designed contained mostly closed-ended questions, with a few open-ended questions. Convenience sampling and purposive sampling was used and the questionnaire was administered to the parents of children in the research area selected. The quantitative data gathered was analysed using a computer software called SPSS. The data from open-ended

questions was also analysed by the researcher. The analysis of the results will be presented in the following chapter.

CHAPTER 4: ANALYSIS OF RESULTS AND DISCUSSION OF FINDINGS

4.1 INTRODUCTION

In the previous chapter literature review was discussed. This chapter aims to present, interpret and discuss the findings of the study. A questionnaire was the primary tool used to collect data and was distributed to parents of children in the Mpophomeni area. For the purpose of this study, questionnaires were chosen as the instrument for data collection. The questionnaire was designed to obtain information from respondent's parents regarding their perceptions regarding the food-related health challenges of children and the role of the Consumer Protection Act 68 of 2008 in regulating unhealthy food product advertising. The questionnaire was designed with due consideration given to the objectives of this study as highlighted in Chapter Three.

This study's analysis adopted mainly quantitative methods with a majority of the questions in the survey instrument being closed-ended and a few open-ended questions. A total of 377 questionnaires were administered to the respondents (namely parents) in Mpophomeni. SPSS version 27.0 was used for the analysis of the information gathered from the responses. For the quantitative data that was gathered, descriptive statistics are included in the results as graphs, tables, cross tabulations, and other visuals. Results of correlations and chi square tests are analyzed using p-values, and these are examples of inferential approaches. The conventional method of reporting a result involves a statistical significance statement. Inferred from the test statistic is a p-value. A finding that is significant is denoted by "$p < 0.05$".

The total sample size for this pre-test of the questionnaire was 15. The pre-test samples will be excluded from the total sample of the respondent's parents. As indicated above, a total of 377 questionnaires were administered to the respondents and all 377 questionnaires were returned. This implies a 100% response rate.

The questions posed were aligned with specific themes related to the objectives of the study. There were 62 items total in the research instrument, each of which had a nominal or ordinal degree of measurement. The questionnaire was divided up into 4 sections, each of which measured a different subject as depicted below:

A. Biographical data;

B. B. The health challenges of children and unhealthy food product consumption;

C. The impact of unhealthy food advertising on children; and

D. The role of the CPA and related legislation in protecting children as consumers.

4.2 PRESENTATION AND DISCUSSION OF RESULTS

The data from the empirical study was analyzed using SPSS V 27.0. The results and findings are presented below.

4.2.1 SECTION A: BIOGRAPHICAL DATA OF RESPONDENTS

This section provides a summary of the biographical data of the respondents.

4.2.1.1 Age of respondents' children

The respondents (parents) were asked to indicate the number of children that they have. Table 4.1 below shows the frequency, i.e., the number of children that the respondents have in the specified age groups. Table 4.1 below shows the results for the number of children that the respondents have in the specified age groups (3-5 years; 6-8 years and 9-12 years).

	Frequency	Percent
3 - 5 years old	271	47.2
6- 8 years old	135	23.5
9-12 years old	168	29.3

Table 4.1Results showing age of respondent's children

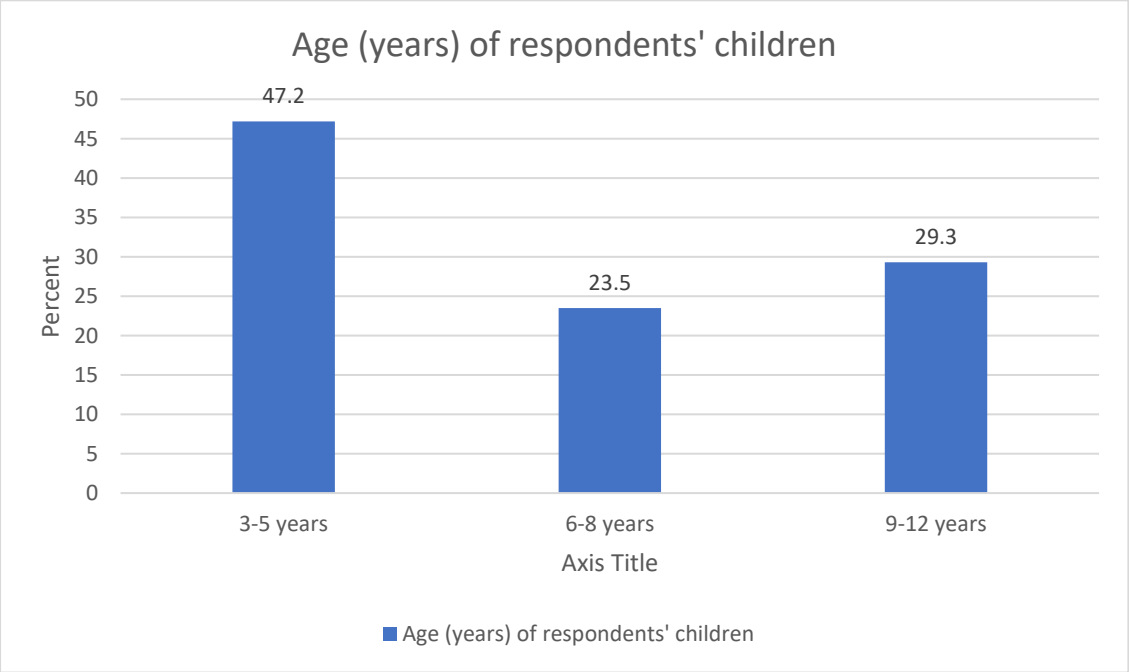

Figure 4.1 Age of respondent's children

The number of children (below twelve years) that the respondents have, are shown in Figure 4.1 above, which shows that 47,2% of the respondent's children were between 3 to 5 years old; 23,5% were in the 6 to 8 year category and 29,3% were in the 9 to 12 years category. The majority of children of the respondents were aged between 3 to 5 years old.

4.2.1.2 Number of children below the age of 12 years old

The respondents were asked to indicate the number of children they had in each of the specified age groups (3-5 years; 6-8 years and 9-12 years). Figure 4.2 below indicates the results.

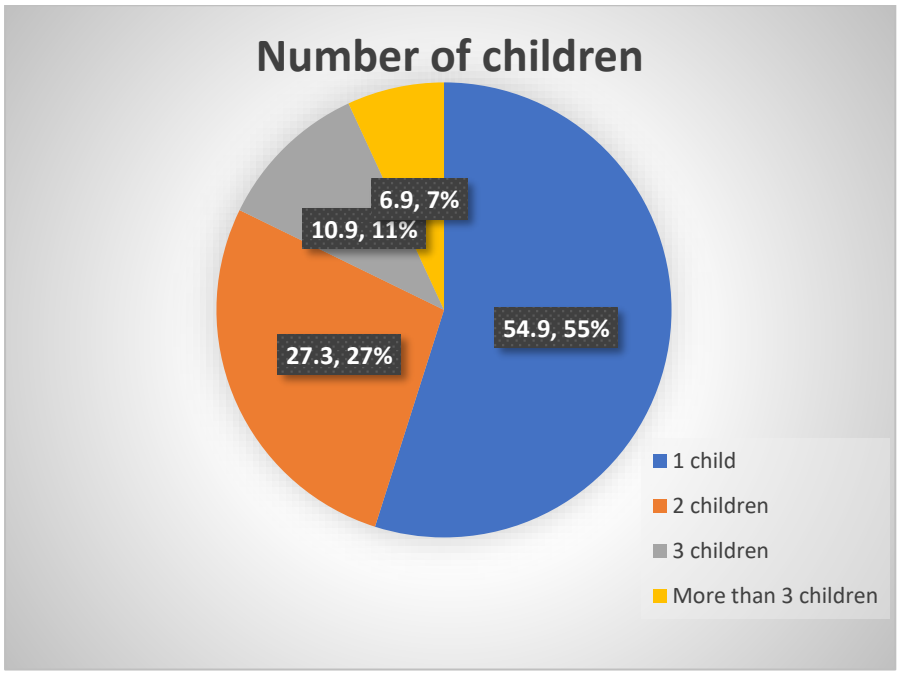

Figure 4.2 Number of children of respondents

Figure 4.2 indicates that more than half of the respondents (55%) had a single child that was below the age of 12, with a little more than a quarter (27%) having 2 children and the smallest grouping (7%) having more than 3 children; the remaining respondents indicated that they had 3 children (11%). Hence, the majority of the respondents had just one child that was under the age of twelve years.

Section Analysis

The section that follows examines how respondents scored for each variable and segment. The outcomes are initially displayed using total percentages for the factors that make up each part. The significance of the claims is then taken into account with further analysis of the results. The primary focus of this section is the response of the end user to questions evaluating the correlation between the questions. Levels of disagreement (negative statements) were condensed as needed to provide a single category of "Disagree" where necessary. The levels of agreement (positive assertions) into "Agree" were handled in a similar manner. The outcomes are initially displayed using total percentages for the factors that make up each part. The significance of the claims is then taken into account while further analyzing the results.

4.2.2 SECTION B: THE HEALTH CHALLENGES OF CHILDREN AND UNHEALTHY FOOD PRODUCT CONSUMPTION

This section explores the health challenges of children associated with the consumption of unhealthy food products. The food-related health challenges are also examined. The WHO (2010: 4) maintains that the high consumption of HSSF foods is categorised as an unhealthy diet and is linked to children being overweight and obese.

The tables and graphs that follow summarises the scoring patterns for each of the respective questions.

4.2.2.1 Health challenges among children that are linked to unhealthy food choices

The responses to this question intended to establish whether the respondents were aware that each of the non-communicable diseases indicated which were linked by studies to unhealthy food. Unhealthy diets are linked to the increasing rate of overweight and obesity in children worldwide.

The respondents were asked to indicate their level of agreement with each of the listed non-communicable diseases amongst children that were associated with unhealthy food choices. The categories listed were:

- heart disease;

- high blood pressure;
- asthma;
- sleeping disorder;
- overweight and obesity.

The results are shown in Figure 4.3 below.

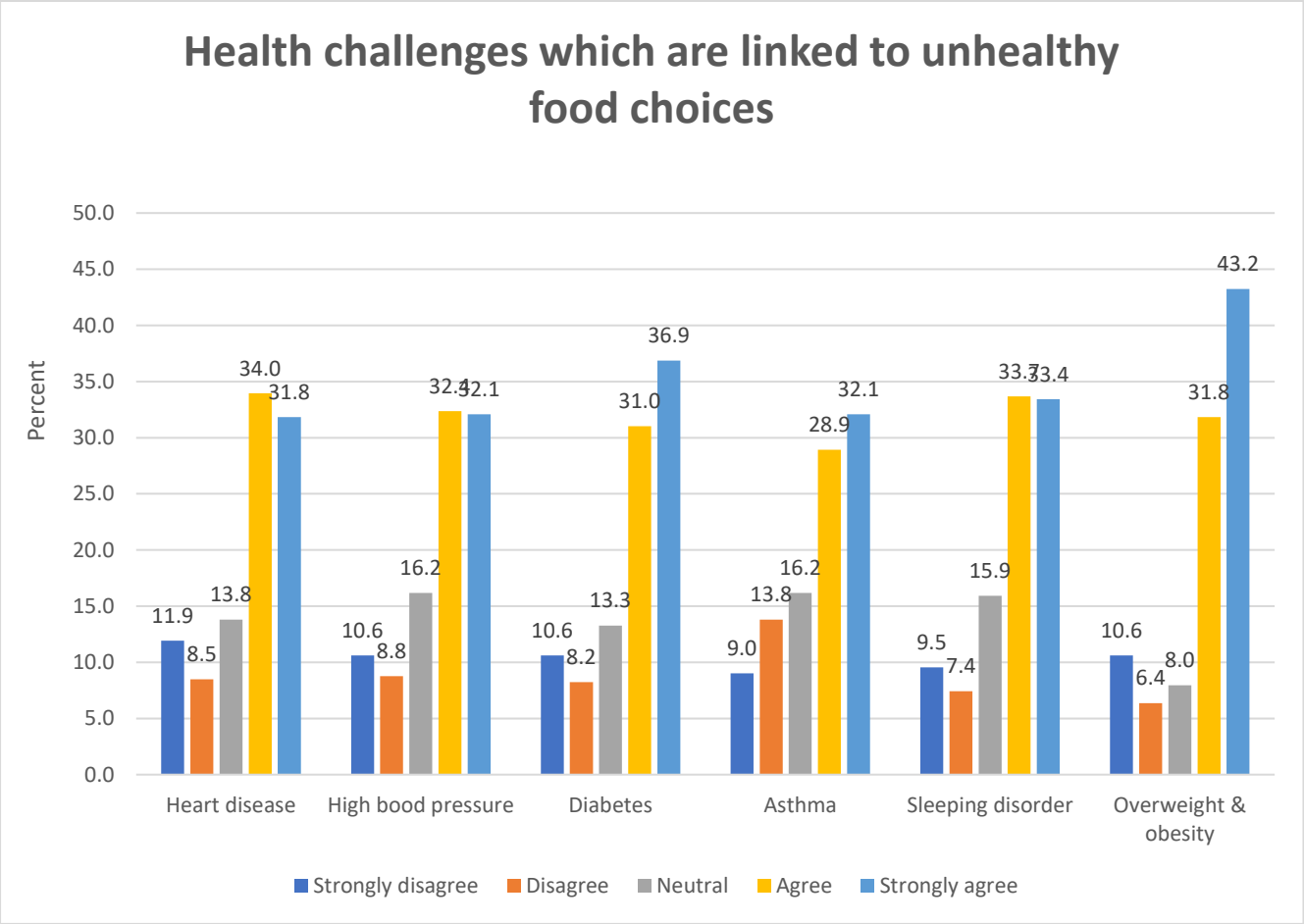

Figure 4.3 Health challenges which are linked to unhealthy food choices

The results shown in Figure 4.3 above show the following patterns:

- All statements show a high level of agreement;
- All statements show neutral responses although at low levels; and
- All statements show some level of disagreement (almost a fifth to a quarter of the respondents) – although these are at levels that are comparatively lower, they do indicate that a small proportion of respondents are not aware/do not

believe that the non-communicable diseases mentioned are not linked to the consumption of unhealthy food products.

Table 4.2 below summarises the scoring patterns.

		Strongly disagree		Disagree		Neutral		Agree		Strongly agree		Chi Square p-value
		Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %	
Overweight and obesity	B3.1	45	11.9 %	32	8.5%	52	13.8 %	128	34.0 %	120	31.8 %	< 0.001
Heart disease	B3.2	40	10.6 %	33	8.8%	61	16.2 %	122	32.4 %	121	32.1 %	< 0.001
High Blood pressure	B3.3	40	10.6 %	31	8.2%	50	13.3 %	117	31.0 %	139	36.9 %	< 0.001
Diabetes	B3.4	34	9.0%	52	13.8 %	61	16.2 %	109	28.9 %	121	32.1 %	< 0.001
Asthma	B3.5	36	9.5%	28	7.4%	60	15.9 %	127	33.7 %	126	33.4 %	< 0.001
Sleeping disorder	B3.6	40	10.6 %	24	6.4%	30	8.0%	120	31.8 %	163	43.2 %	< 0.001

Table 4-0-2 Scoring patterns per statement

To determine whether the scoring patterns per statement were significantly different per option, a chi square goodness-of-fit test was done. The null hypothesis claims that similar numbers of respondents scored across each option for each statement (one statement at a time). The alternate states that there is a significant difference between the levels of agreement and disagreement. The results are shown in the table. The highlighted sig. values (p-values) are less than 0.05 (the level of significance). This implies that the distributions were not similar, that is, the differences between the way respondents scored (agree, neutral, disagree) were significant.

The results shown in Figure 4.3 for the individual sub-themes in respect of the health challenges facing children, show that:

- **Heart disease -** Collectively, 65.8% of the respondents agreed (34.0 %) or strongly agreed (31.8%) that heart disease among children are linked to unhealthy food choices, while 20.4% strongly disagreed and 8.5 % or disagreed with the statement. Collectively, 28.9% disagreed or strongly disagreed. The rest of the respondents (13.8%) remained neutral;
- **High blood pressure –** Collectively, 64.5% agreed (32.4%) or strongly agreed (32.1%) that high blood pressure is linked to unhealthy food choices amongst children. Further, 16.2 % of the respondents were neutral, while 10.6% of them

strongly disagreed and 8.8% disagreed with the statement. Hence, collectively, 19.4% disagreed or strongly disagreed;

- **Diabetes –** Collectively, 67.9% agreed (31.0 %) or strongly agreed (36.9%) that diabetes was indeed a health challenge faced by children, while, collectively, 18.8% strongly disagreed (10.6 %) or disagreed (8.2 %) and 13.3% were neutral;
- **Asthma –** Collectively, 61.0% of the respondents agreed (28.9%) or strongly agreed (32.1%) that asthma was a health challenge that was linked to unhealthy food choices, while 16.2% were neutral, 13.8% disagreed and 9.0% strongly disagreed with the statement;
- **Sleeping disorders –** Collectively, 67.1% of the respondents agreed (33.7%) or strongly agreed (33.4%) that sleeping disorder was a non-communicable disease linked to unhealthy food choices, while 16.9% strongly disagreed (9.5%) or disagreed (7.4%) with this statement. The remaining 15.9% were neutral; and
- **Overweight and obesity –** Collectively, 75% of the respondents agreed (31.8%) or strongly agreed (43.2%) that overweight and obesity among children is linked to unhealthy food choices, while 8% were neutral. Collectively, 17% strongly disagreed (10.6%) or disagreed (6.4%) with the statement.

Hence, in respect of the theme “health challenges facing children which are linked to unhealthy food products”, the results show that the majority of parents agreed that all the health challenges indicated (viz. heart disease, high blood pressure, diabetes, asthma, sleeping disorder and overweight and obesity) were linked to unhealthy food choices. What is also significant is that a small proportion of the respondents in each case believed that the health challenges indicated were not linked to unhealthy food products.

4.3.2 Respondents’ ability to identify food products that have a high level of sugar, salt and fats (HSSF)

The respondents were asked if they knew which food products had high sugar, salt and fats. The results are shown in Figure 4.4 below.

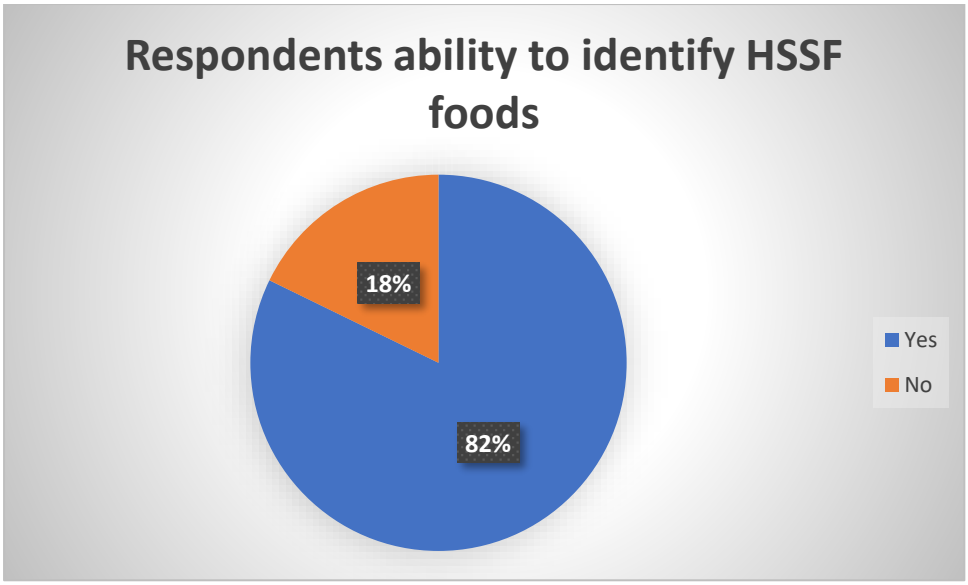

Figure 4.4 Respondents knowledge of HSSF (high sugar, salt and fat) foods

Figure 4.4 above shows that 82% of the respondents indicated that they are able to identify these unhealthy food products, i.e., those which are high in sugar, salt and fat; while 18 % of the respondents were not able to identify such food products. Hence, the findings indicate that the majority indicated that they were aware of the food products that are high in sugar, salt and fat (HSSF foods). A minority indicated that they were not aware, which confirmed that there are some parents who were not able to identify HSSF food products.

Significantly more respondents agreed that they knew which foods were HSSF ($p < 0.001$).

4.3.3 Non-communicable diseases that respondents' children suffer from

The respondents were asked to indicate the NCDs that their child/children suffer from. The following options were listed:

- overweight and obesity;
- heart disease;
- high blood pressure;
- asthma;
- sleeping disorder; and

- None of the above.

Figure 4.5 below shows the results.

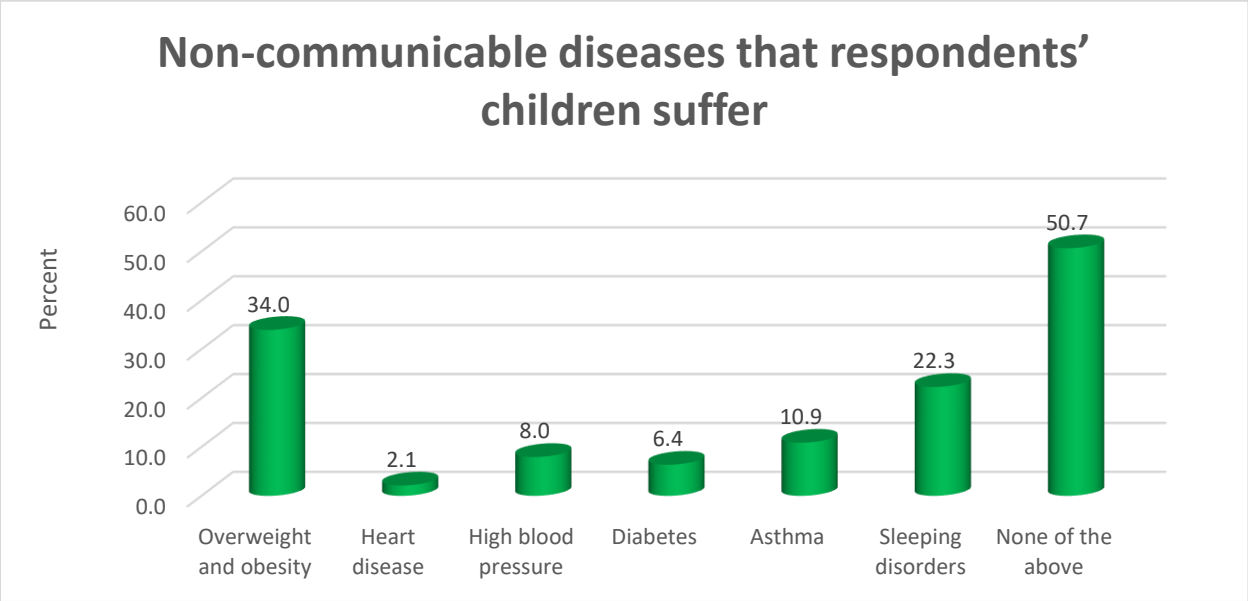

Figure 4.5 Non-communicable diseases that respondents' children suffer from

Figure 4.5 shows that 34.0 % of the respondents indicated that their children were overweight or obese, 2.1 % of the respondents mentioned their children suffered from heart disease, 8.0 % mentioned high blood pressure and 6.4 % indicated that their children had diabetes. A further 10.9% of the respondents indicated that their children suffered from asthma and 22.3% of them mentioned sleeping disorders among their children. The remaining (50.7%) respondents indicated that their children did not suffer from any of the non-communicable diseases mentioned.

Hence, the findings show that approximately half of the respondents indicated that their children did not suffer from any disease. The findings also indicate that almost half the respondents had children that had at least one or more of the non-communicable diseases mentioned. Increased consumption of HFSS foods in low- and middle-income countries is rapidly rising and it has been associated with the increasing incidence of NCD's (Stuckler *et al*. 2012: 1). The findings also show that a significant proportion of the respondents had children who were overweight or obese (one-third) or had sleeping disorders (one-fifth of the respondents). A study conducted by Smit *et al.* (2017: 129) explains that children being overweight and obese is a high-risk factor for non-communicable diseases (NCD's). This suggests that such children

have a greater chance of developing health problems (Ebbeling, Pawiak and Ludwig 2002: 473).

Delport (2015: 2) explains that South Africa is also currently struggling with a rapid increase in health challenges amongst children. The country is currently facing an increasing burden of children being overweight and obese (Shisana *et al.* 2013: 43).

4.3.4 The frequency of respondents' children having food from fast food outlets, take-aways and restaurants

The respondents were asked to indicate how often their children ate food from fast-food outlets, take-aways and restaurants. Figure 4.6 shows the results.

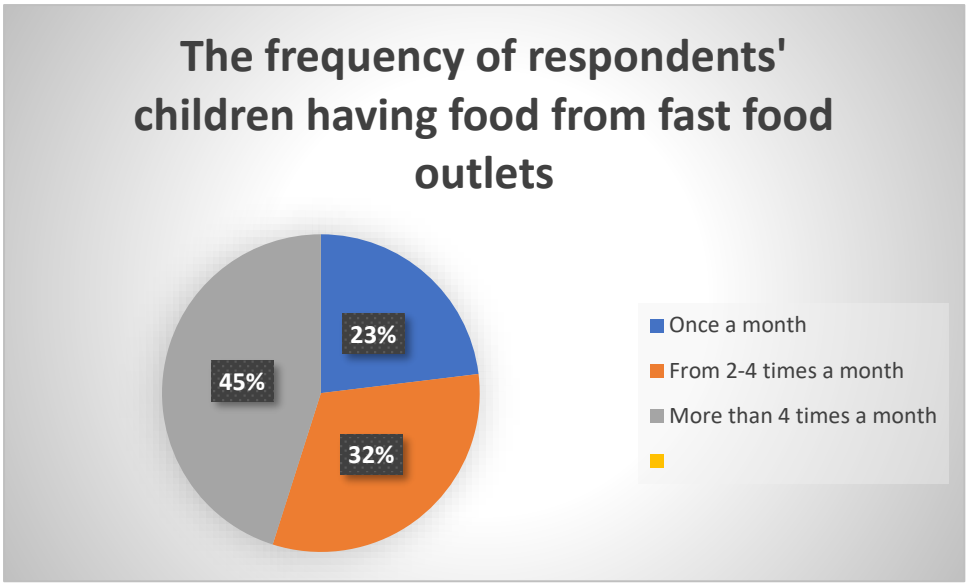

Figure 4.6 The frequency of respondents' children having food from fast food outlets

Figure 4.6. shows that 23 % of the respondent's admitted that their children ate once a month at fast food outlets, while 32 % agreed that their children ate two to four times a month at fast food outlets. The remaining 45 % of respondents noted that their children ate more than four times a month at fast-food outlets.

The findings show that the majority of the respondent's confirmed that their children consumed food from fast-food outlet more than four times a month. These findings also show that almost all of the respondent's children did in fact eat food from fast food outlets. In view of the fact that fast food restaurants are quick with their service, children tend to go there to get food after school (Fortuna 2012: 57).

Significantly more respondents (44.8%) indicated that their children ate more than 4 times a month ($p < 0.001$).

4.3.5 Awareness of food and beverage products that were unhealthy for children

Unhealthy food products are defined as nutritiously poor foods and beverages that are high in fats, sugar and salt (UNICEF 2018: 8). Unhealthy food products that are available include chocolates, sugar confectionary, cakes and savoury snacks (Elliott and Scime 2019: 10).

Six food and drink products were presented to respondents, and they were asked to indicate whether each of them was healthy/unhealthy for children. Six food options were listed, viz. chocolate bars/sweets, fruits, fried foods, pizza, fish, sugary drinks and milk. Figure 4.7 shows the results.

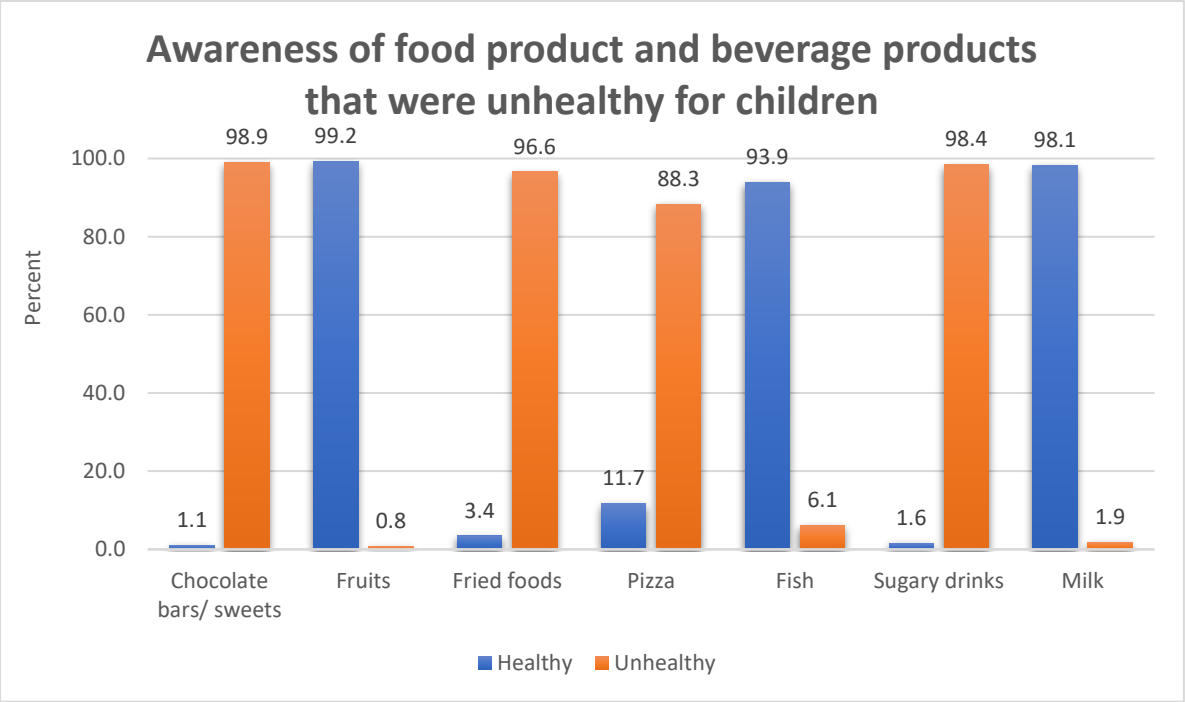

Figure 4.7 Awareness of food product and beverage products that were unhealthy for children

From the results shown in Figure 4.7, the following patterns are noted:

- Three options (fruits; fish and milk) have very high proportions of “healthy”; and

- Four options (chocolate bars/sweets; fried foods; pizza; and sugary drinks) have a very high proportion of “unhealthy”.

Figure 4.7 shows that 98.9 % indicated that **chocolate bars/sweets** were unhealthy and 1.1% indicated that they were healthy, while 96.6 % noted that **fried foods** were unhealthy and 3.4 % mentioned that they were healthy. Further, 88.3 % stated that **pizza** was unhealthy, while 11.7 % stated it was healthy; and 98.4 % indicated that **sugary drinks** were unhealthy and the remaining 1.6 % noted that it was healthy.

Figure 4.7 also shows that 99.2 % indicated that **fruits** were indeed healthy, while 0.8 % indicated fruits were unhealthy; 93.9 % of the respondents indicated that **fish** as a food option, was healthy, while 6.1 % stated that it was unhealthy. With **milk**, 98.1 % indicated that it was healthy and 1.9 % indicated that it was unhealthy.

The findings show that the vast majority of responders said they were aware that certain food products (viz. chocolate bars/sweets; fried foods; pizza and sugary drinks) were unhealthy. The findings also indicated that fruits, fish and milk were healthy food products. Also, some respondents surprisingly indicated that pizza was healthy and a small proportion indicated that fish was unhealthy.

4.3.6 The link between NCDs and unhealthy food product consumption

The respondents were asked to indicate their level of agreement to statements about the link between NCD’s and the consumption of unhealthy food products. Figure 4.8 below shows the results.

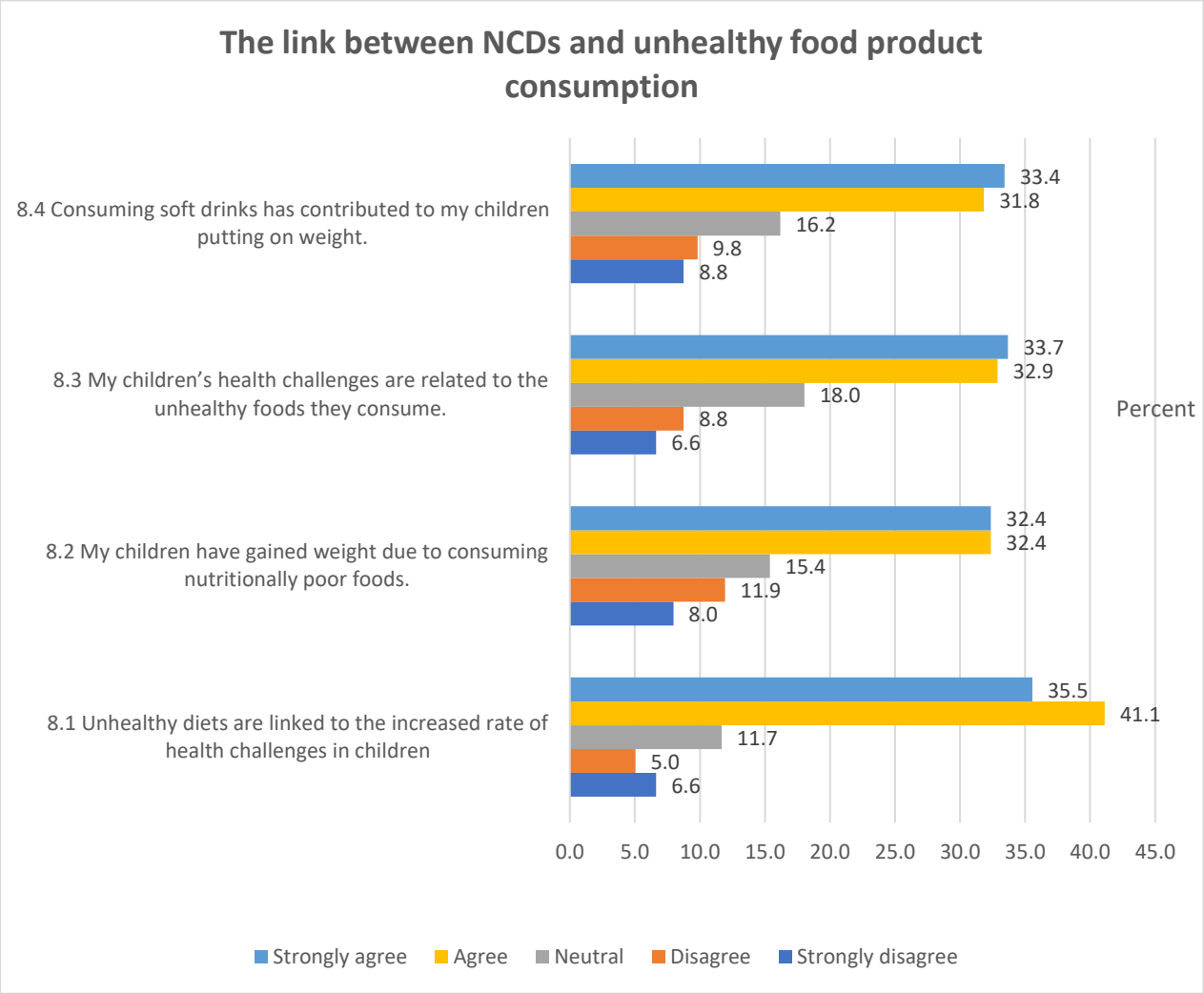

Figure 4.8 The link between NCD and unhealthy food product consumption

The results shown in Figure 4.8 above show the following patterns:

- All statements show a high level of agreement;
- All statements show some level of neutral response; and
- All statements show a level of disagreement, although at low levels.

The results shown in Figure 4.8 for the individual sub-themes in respect of the link between NCD's and unhealthy food product consumption, show that:

- **Unhealthy diets are linked to the increased rate of health challenges in children** - Collectively, 76.6% of the respondents agreed (41.1%) or strongly agreed (35.5%) that unhealthy diets were linked to the increased rate of health challenges amongst children. While, collectively, 11.6% strongly disagreed (6.6%) or disagreed (5.0%) and 11.7% were neutral;

- **My children have gained weight due to consuming nutritionally poor foods** - Collectively, 64.8% agreed (32.4%) or strongly agreed (32.4%) that children did in fact gain weight due to consuming nutritionally poor foods. Further, 15.4% of the respondents were neutral, while 8.0% strongly disagreed and 11.9% disagreed with the statement. Hence, collectively, 19.9% disagreed or strongly disagreed;
- **My children's health challenges are related to the unhealthy foods they consume** - Collectively, 66.6% of the respondents agreed (32.9%) or strongly agreed (33.7%) that their children's health challenges were related to unhealthy foods they consumed, while 15.4% strongly disagreed (6.6%) or disagreed (8.8%) with the statement. The remaining 18.0% were neutral; and
- **Consuming soft drinks has contributed to my children putting on weight** - Collectively, 65.2% of the respondents agreed (31.8%) or strongly agreed (33.4%) that consumption of soft drinks did contribute to their children putting weight, while 16.2% were neutral. Collectively, 18.6% strongly disagreed (8.8%) or disagreed (9.8%) with the statement.

The majority of respondent's agreed that there was a link between NCD's and the consumption of unhealthy food products. The results also showed that the majority of the parents agreed that their children have gained weight due to consuming nutritionally poor foods; that their children's health challenges are related to the unhealthy foods they consume; and that consuming soft drinks has contributed to their children putting on weight. It is also significant that a small proportion of the respondents in each case believed that there was no link between NCDs and unhealthy food product consumption. The WHO (2010: 4) maintains that the high consumption of HFSS foods is categorised as an unhealthy diet and is linked to children being overweight and obese, and this increases the chance of them developing NCD's. Kraak *et al*. (2016: 540) point out that poor nutrient diets have contributed to weight gain in children and this has had a negative impact on their health.

4.3.7 The influence of advertising on children's food choices

The respondents were asked to indicate their level of agreement in respect statements relating to the influence of advertising on children's food choices. The statements indicated were: As a result of unhealthy food product advertising, children consume -

- Excess calories;
- Added sugars (such as soft drinks, ice-cream and cakes);
- Foods that had higher than recommended intake of salt (such as salted meat, fish, bacon, butter, soup powders, sauces and savoury snacks such as chips, pretzels and popcorn); and
- Foods with saturated fats (such as butter, cheese).

The results are presented in Figure 4.9 below.

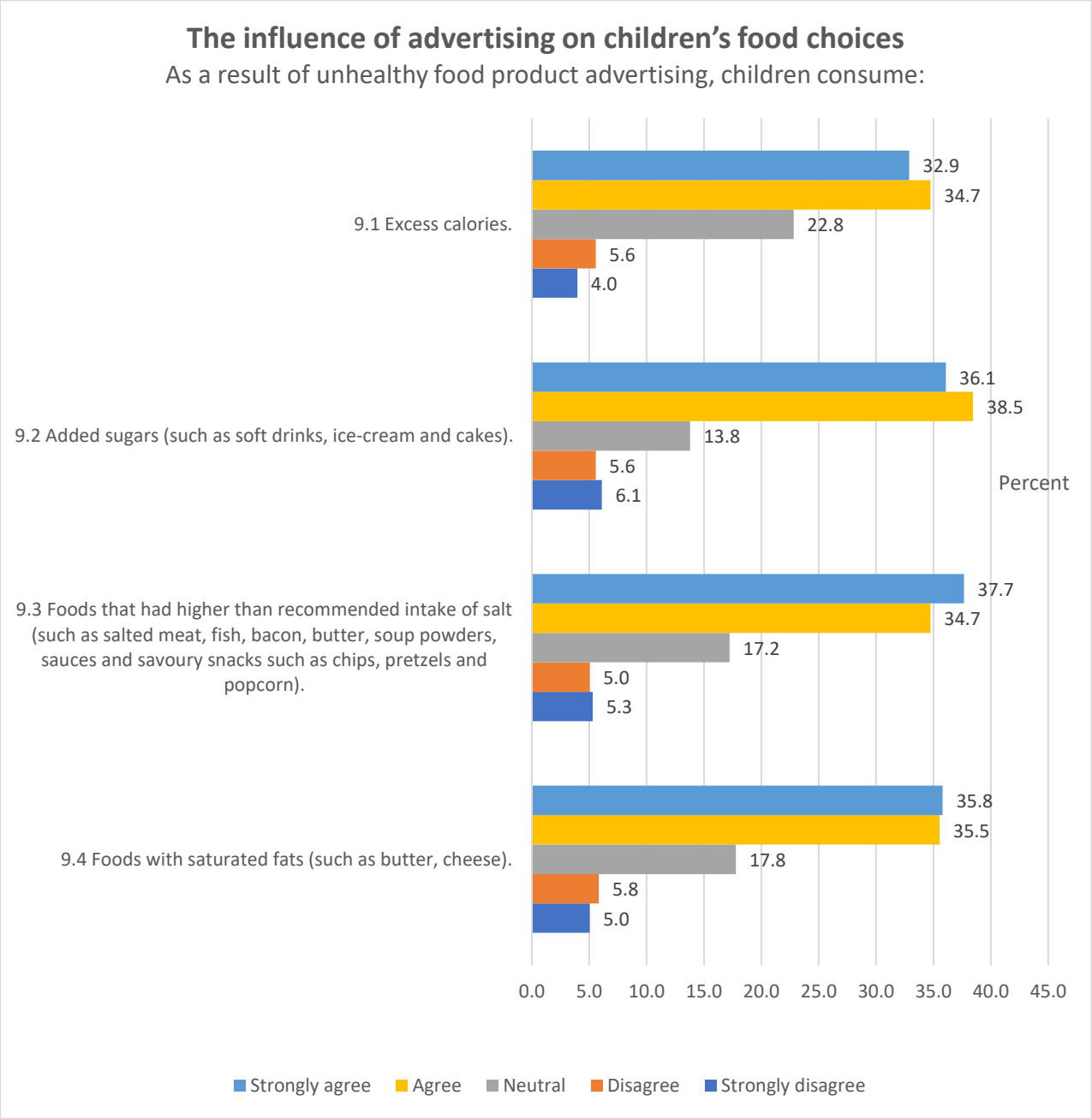

Figure 4.9 The influence of advertising on children's food choices

The results shown in Figure 4.9 above show the following patterns:

- All statements show a high level of agreement;
- All statements show neutral responses although at low levels; and
- All statements show some level of disagreement – although these are at levels that are comparatively lower, they do indicate that a small proportion of the respondents are influenced by advertising on children's food choices.

As depicted in Figure 4.9 above, the results for the individual sub-themes in respect of the influence of advertising on children's food choices, show that:

- **Excess calories** - Collectively, 67.6% of the respondents agreed (34.7%) or strongly agreed (32.9%) that excess calories do have an influence in advertising on children's food choices, while 22.8%. Collectively, 9.6% strongly disagreed (4.0%) or disagreed (5.6%) with the statement;
- **Added sugars** - Collectively, 74.6% of the respondents agreed (38.5%) or strongly agreed (36.1%) that added sugars did have an influence in advertising on children's food choices, while 11.7% strongly disagreed (6.1%) or disagreed (5.6%) with this statement. The remaining 13.8% were neutral; and
- **Foods that had higher than the recommended intake of salt** - Collectively, 72.4% agreed (34.7%) or strongly agreed (37.7%) that foods that had higher than the recommended intake of salt indeed influenced advertising on children's food choices. Further, 17.2% were neutral, while 5.3% of them strongly agreed and 5.0% disagreed with the statement. Hence, collectively, 10.3% disagreed or strongly disagreed; and
- **Foods with saturated fats** - Collectively, 71.3% agreed (35.5%) or strongly agreed (35.8) that foods with saturated fats influenced advertising on children's food choices, while, collectively, 10.8% strongly disagreed (5.0%) or disagreed (5.8%) and 17.8% were neutral.

Hence, in respect of the theme "The influence of advertising on children's food choices", the results show that the overwhelming majority of the parents agreed that, as a result of unhealthy food product advertising, children would end up consuming excess calories, added sugars, foods that had higher than the recommended intake of salt and foods with saturated fats. It is also significant that a small proportion of the respondents in each statement believed that advertising had no influence on the food choices made by children.

According to UNICEF (2018: 4), advertising of unhealthy food products does affect children's food preferences. Gorton (2011: 2) states that, not only does advertising influence the food preferences of children, but it also has an effect on the amounts of food eaten by them.

4.4 SECTION C: THE IMPACT OF UNHEALTHY FOOD PRODUCT ADVERTISING ON CHILDREN

A study by Chou *et al.* (2008: 600) found that there was a link between fast food television advertising and the steady rise in childhood obesity. Russell *et al*. (2019: 566) state that the advertising of food products on platforms such as television increases children's intake of unhealthy food products which results in long-term effects on their health. Hence, this section investigates the advertising of unhealthy food products and its impact on children.

4.4.1 Number of hours that children spent on television/internet

The respondents were asked to indicate the number of hours that their children spent watching television or were on the internet. Figure 4.10 below shows the results.

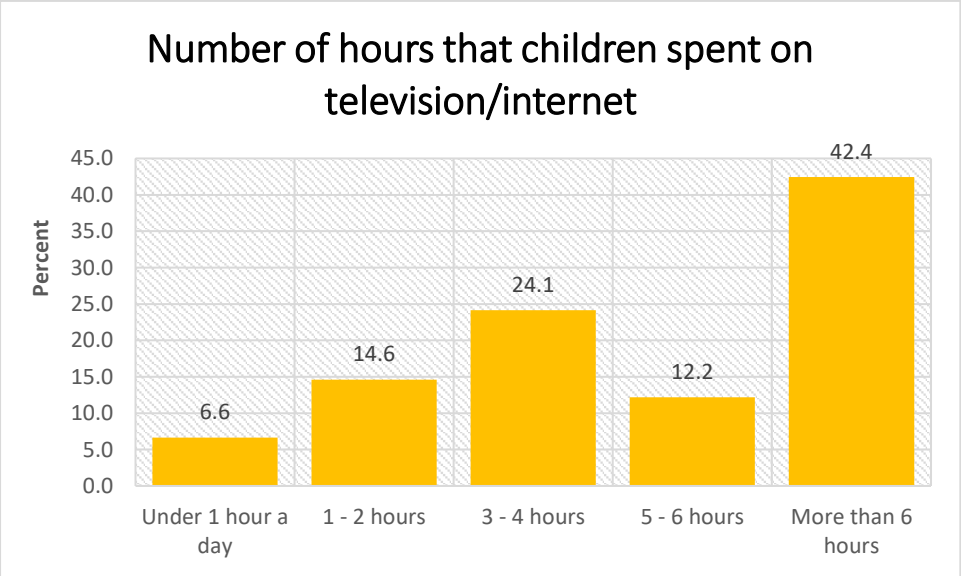

Figure 4.10 Number of hours that children spent on television/internet

As shown in Figure 4.10 above, 42.4 % of the respondents indicated that their children spent "more than 6 hours" either watching television or were on the internet, 12.2 % of them indicated 5 to 6 hours and 24.1 % chose 3 to 4 hours. In addition, 14.6 % indicated their children watched television for between 1 to 2 hours per day or were on internet, while the remaining 6.6 % selected "under 1 hour a day".

The findings show that a majority of the parents indicated that their children spent 5 or more hours watching the television or using the internet. Also, a significant number of

respondents indicated that their children spent more than 6 hours or more on television/internet.

Villegas-Navas *et al.* (2019: 2) highlight that children spend much time watching cartoons which are associated with specific product placements that influence their eating patterns.

Significantly more children spent longer hours watching television or being on the internet ($p < 0.001$).

4.4.2 Unhealthy food product advertising that the respondents' children are exposed to and their effects

The respondents were asked to indicate their level of agreement on statements about unhealthy food product advertising that their children are exposed to. Figure 4.11 below shows the results.

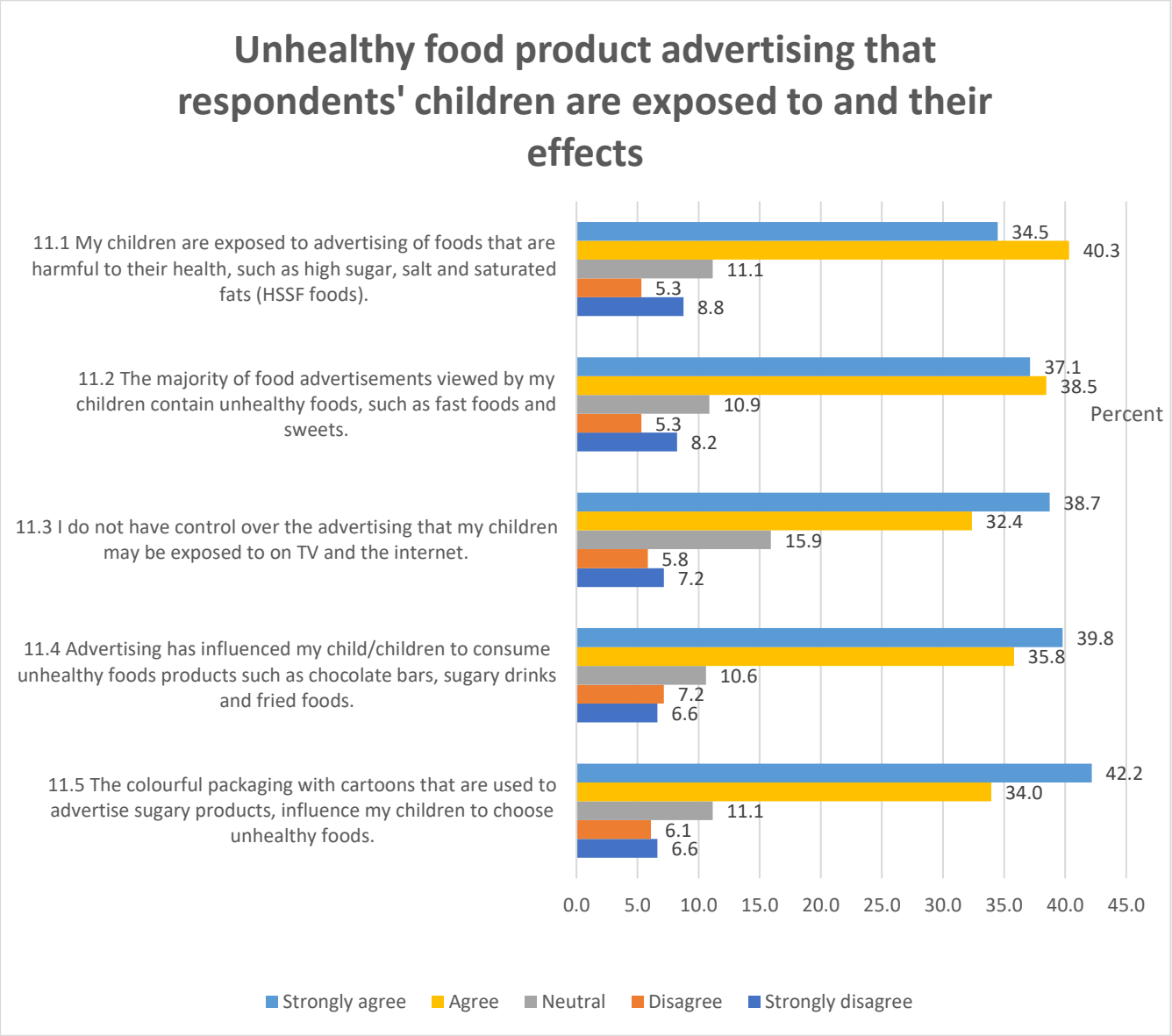

Figure 4.11 Unhealthy food product advertising that respondents' children are exposed to and their effects

The results shown in Figure 4.11 above show the following patterns:

- All statements show a high level of agreement;
- All statements show neutral responses although at low levels; and
- All statements show some level of disagreement – although these are at levels that are comparatively lower, they do indicate that a small proportion of the respondents' children are exposed to unhealthy food product advertising and this has an effect on them.

As shown in Figure 4.11 above, the individual sub-themes in respect of unhealthy food product advertising that respondents' children are exposed to their effects, show that:

- **My children are exposed to advertising of foods that are harmful to their health, such as high sugar, salt and saturated fats -** Collectively, 74.8% of the respondents agreed (40.3%) or strongly agreed (34.5%) that their children were exposed to advertising of foods that were harmful to their health, while 8.8% strongly disagreed and 5.3% disagreed with the statement. Collectively, 14.1% disagreed or strongly disagreed. The rest of the respondents (11.1%) remained neutral;
- **The majority of food advertisements viewed by my children contain unhealthy foods, such as fast foods and sweets -** Collectively, 75.6% agreed (38.5%) or strongly agreed (37.1%) that the majority of food advertisements viewed by their children indeed contained unhealthy foods, while, collectively, 13.5% strongly disagreed (8.2%) or disagreed (5.3%) and 10.9% were neutral;
- **I do not have control over the advertisement that my children may be exposed to on TV and the internet -** Collectively, 71.1% of the respondents agreed (32.4%) or strongly agreed (38.7%) that they had no control over the advertisement that their children were exposed to on TV and the internet, while 15.9% were neutral, 7.2% strongly disagreed and 5.8% disagreed with the statement;
- **Advertising has my child/children to consume unhealthy food products such as chocolate bars, sugary drinks and fried foods -** Collectively, 75.6% of the respondents agreed (35.8%) or strongly agreed (39.8%) that advertising had their children consuming unhealthy food products, while 10.6% were neutral. Collectively, 13.8% strongly disagreed (6.6%) or disagreed (7.2%) with the statement; and
- **The colourful packaging with cartoons that are used to advertise sugary products, influence my children to choose unhealthy foods -** Collectively, 76.2% agreed (34.0%) or strongly agreed (42.2%) that the colourful packaging with cartoons were used to advertise sugary products, influenced their children to choose unhealthy foods, while 6.6% strongly disagreed and 6.1% with the

statement. Collectively, 12.7% disagreed or strongly disagreed. The rest of the respondent (11.1%) remained neutral.

Hence, in respect of the theme “Unhealthy food product advertising that children are exposed to”, the results show that the overwhelming majority of the respondents agreed that their children are exposed to advertising of foods that are harmful to their health. the majority of respondents do not have control over the advertisement that their children were exposed to on TV and the internet; the majority of respondents stated that advertising made their children consume unhealthy food products such as chocolate bars, sugary drinks and fried foods; and the majority of respondents also agreed that the colourful packaging with cartoons were used to advertise sugary products influenced their children to choose unhealthy foods.

It is also alarming that a small proportion of the respondents in each case indicated that they did not believe that advertisement of unhealthy food products had an effect on their children.

A number of systematic reviews have established that food promotions do have an influence on children’s food choices, purchasing influences, as well as on consumption (Hastings *et al*. 2006: 32, McGinnis *et al*. 2006: 26 and Ofcom 2006: 1).

The advertisement of unhealthy food products has led to the increasing rate of overweight and obesity in children in South Africa, which, as it was noted, results in numerous health challenges and measures need to be put into place to address these risk factors (Spires *et al.* 2016: 39).

4.4.3 Advertising techniques used by food advertisers to influence children’s food choices

The respondents were asked to indicate the platforms of advertising that their children were exposed to. The following six options were listed for them to choose from:

- television;
- packaging;
- branding;
- freebies (free toys);
- cartoon characters; and
- radio.

The respondents were asked to indicate which technique/s were used by food advertising industries to influence their children to make unhealthy food choices. Figure 4.12 below shows the results. The respondents could choose multiple options.

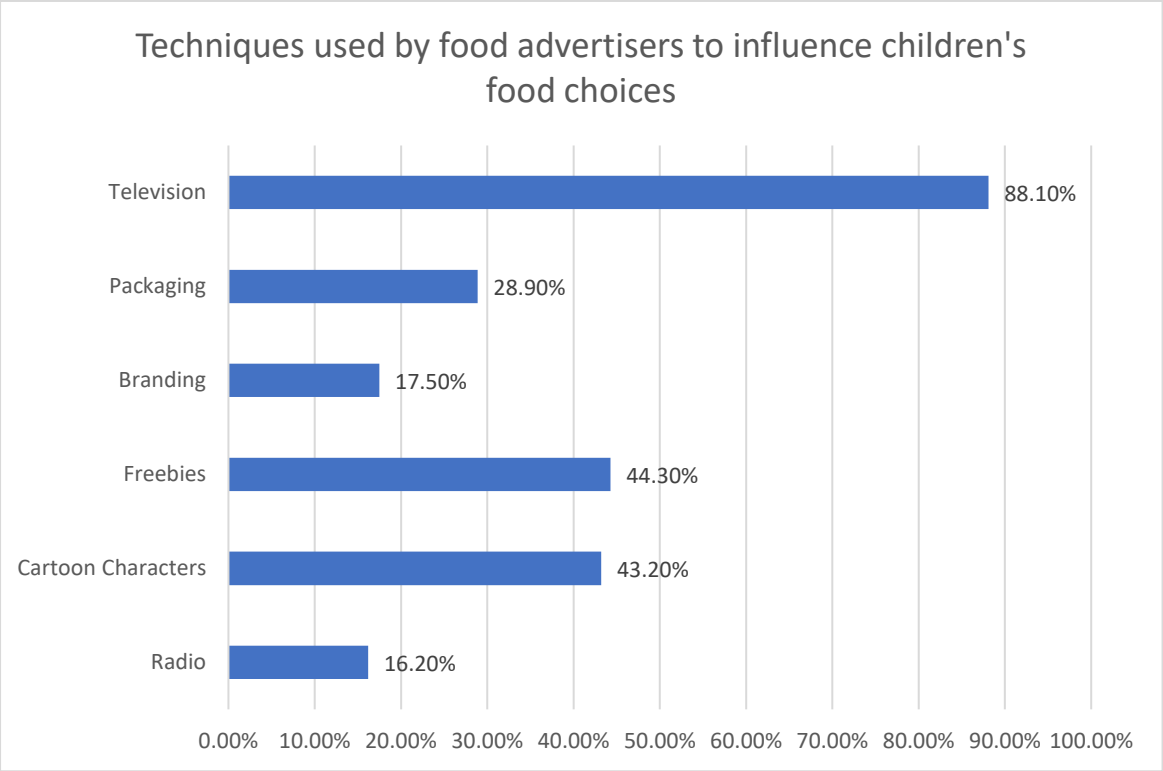

Figure 4.12 Techniques used by food advertisers to influence children's food choices

The results shown in Figure 4.12 above show that 88.1% of the respondents indicated that television was another technique used extremely by food advertisers, while 44.3% selected freebies as another technique used by food advertisers to attract children to pick unhealthy food products. Furthermore, 43.2% of the respondents mentioned cartoon characters, 28.9% indicated packaging; 17.5% of the respondents indicated branding; and 16.2% of the remaining respondents indicated that radio was a technique used by food advertisers to influence children's food choices.

Hence, the findings show that an overwhelming majority indicated that television, freebies and cartoon characters were techniques commonly used by food advertisers to influence children's food choices. The findings also indicated that some respondents believed that packaging, branding and radio were other techniques used

by these food advertisers. Hence, the findings show that television was the leading technique used by food advertisers to target children.

4.4.4 Measures to protect children from unhealthy food product advertising

The respondents were asked to indicate their level of agreement with statements relating to the necessity for measures to protect children from the effects of unhealthy food product advertising. The results are presented in Figure 4.13 below.

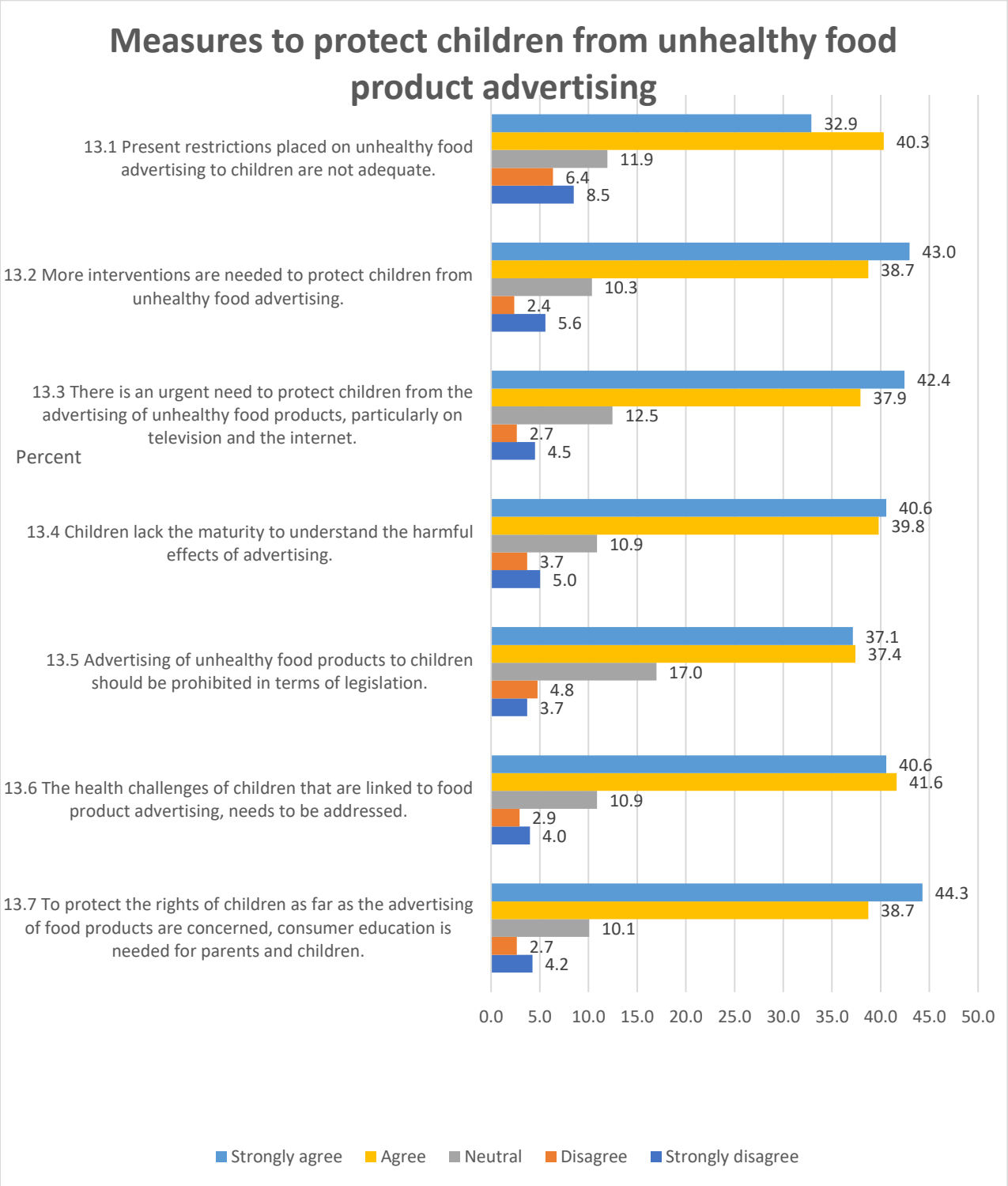

Figure 4.13 Respondents' response to measures protecting children from unhealthy food product advertising

The results shown in Figure 4.13 above show the following patterns:

- All statements show a high level of agreement;
- All statements show neutral responses although at low levels; and

- All statements show some level of disagreement – although these are at levels that are comparatively lower, they do indicate that a small proportion of the respondents are not aware of the measures needed to protect children from unhealthy food product advertising.

Figure 4.13 above, which presents the results for the individual sub-themes in respect of measures needed to protect children from unhealthy food product advertising, show that:

- **Present restrictions placed on unhealthy food advertising to children are not adequate -** Collectively, 73.2% of the respondents agreed (40.3%) or strongly agreed (32.9%) that the present restrictions placed on unhealthy food advertising to children were indeed not adequate, while 8.5% strongly disagreed and 6.4% disagreed with the statement. Collectively, 14.9% disagreed or strongly disagreed. The rest of the respondents (11.9%) remained neutral;
- **More interventions are needed to protect children from unhealthy food advertising -** Collectively, 81.7% agreed (38.7%) or strongly agreed (43.0%) that more interventions were needed to protect children from unhealthy food advertising. Further, 10.3% of the respondents were neutral, while 5.6% of them strongly disagreed and 2.4% disagreed with the statement. Hence, collectively, 8% disagreed or strongly disagreed;
- **There is an urgent need to protect children from the advertising of unhealthy food products, particularly on television and the internet -** Collectively, 80.3% of the respondents agreed (37.9%) or strongly agreed (42.4%) that there was an urgent need to protect children from the advertising of unhealthy food products, particularly on television and the internet, while, collectively, 7.2% strongly disagreed (4.5%) or disagreed (2.7%) and 12.5% were neutral;
- **Children lack the maturity to understand the harmful effects of advertising -** Collectively, 80.4% of the respondents agreed (39.8%) or strongly agreed (40.6) that children indeed lacked maturity to understand the harmful effects of advertising, while 10.9% were neutral, 3.7% disagreed and 5.0% strongly disagreed with the statement;

- **Advertising of unhealthy food products to children should be prohibited in terms of legislation -** Collectively, 74.5% of the respondents agreed (37.4%) or strongly agreed (37.1%) that advertising food products to children should be prohibited in terms of legislation, while 8.5% strongly disagreed (3.7%) or disagreed (4.8%) or strongly disagreed (3.7%) with this statement. The remaining 17.0% were neutral;
- **The health challenges of children that are linked to food product advertising, needs to be addressed -** Collectively, 82.2% agreed (41.6%) or strongly agreed (40.6%) that the health challenges of children that are linked to food product advertising needed to be addressed, while 10.9% were neutral, 2.9% disagreed and 4.0% strongly disagreed with the statement; and
- **To protect the rights of children as far the advertising of food products are concerned, consumer education is needed for parents and children -** Collectively, 83% of the respondents agreed (38.7%) or strongly agreed (44.3%) that protecting the rights of children as far the advertising of food products are concerned, consumer education is needed for parents and children, while 10.1% were neutral. Collectively, 6.9% strongly disagreed (4.2%) or disagreed (2.7%) with the statement.

Hence, in respect of the theme “measures to protect children from unhealthy food product advertising”, the results show that the majority of the respondents agreed that the present restrictions placed on unhealthy food advertising to children were not adequate; the majority of respondents stated that more interventions were needed to protect children from unhealthy food advertising; the majority of respondents stated that there was an urgent need to protect children from the advertising of unhealthy food products, particularly on television and the internet; the majority of respondents children lacked the maturity to understand the harmful effects of advertising; the majority of respondents stated that the health challenges of children that are linked to food product advertising, needs to be addressed; and the remaining respondents stated that to protect the rights of children as far the advertising of food products are concerned, consumer education was needed for parents and children.

It is also significant that a small proportion of the respondents in each case believed that measures were not needed to protect unhealthy food product advertising.

Children do not necessarily understand advertisements, but they are more vulnerable to the effects of such advertising (Cassim and Bexiga 2007: 139). The advertisement of unhealthy food products has led to the increasing rate of overweight and obesity in children in South Africa, which, as it was noted, results in numerous health challenges and therefore measures need to be put into place to address these risk factors (Spires *et al.* 2016: 39).

4.5 SECTION D: THE CONSUMER PROTECTION ACT 68 OF 2008 AND RELATED LEGISLATIONS

According to Mills (2016: 227), the CPA is the final attempt of any failed efforts to address the previous lack of consumer law, which regulates the interaction of consumers and commercial enterprises in South Africa. This section presents the results and findings relating to the awareness of the respondents (parents) of the legislation protecting children as consumers.

4.5.1 Respondents' awareness of legislation protecting children as consumers

The respondents were asked if as parents, they were aware of the legislation that protects children as consumers. The results are presented in Figure 4.14 below.

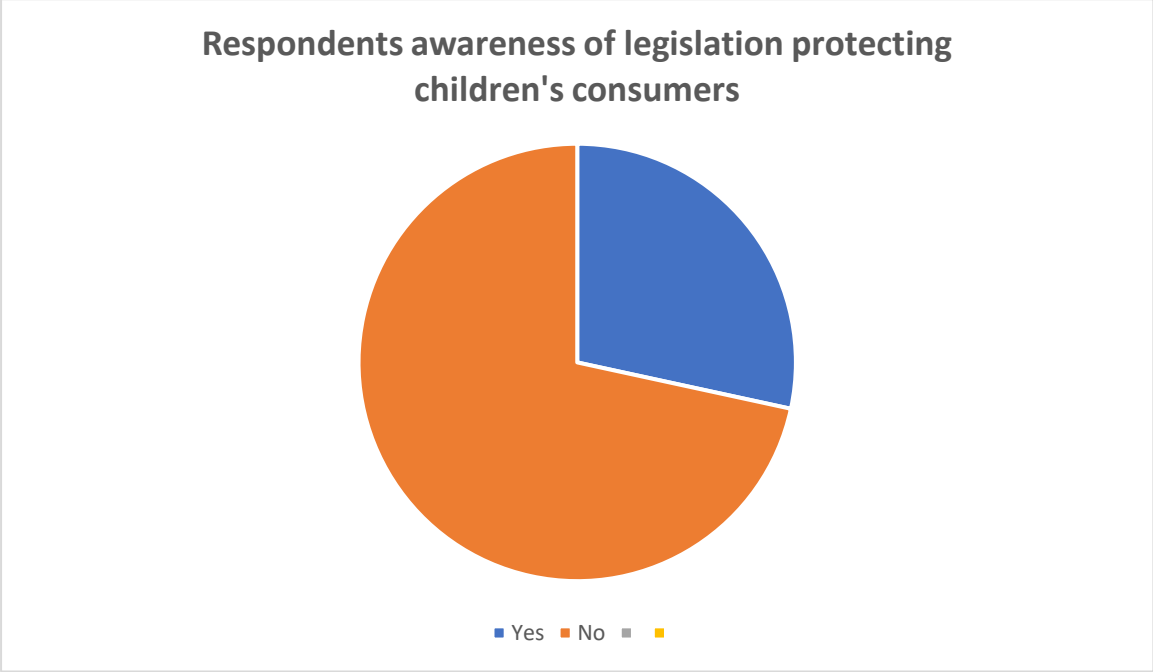

Figure 4.14 Respondents' awareness of legislation protecting children as consumers

Figure 4.14 shows that 71.6% of the respondents agreed that they were aware of the legislation protecting children as consumers and 28.4 % were not aware. Hence, the findings show that the majority of the respondents were aware of the legislation protecting children as consumers. However, there were some respondents who were not aware of such legislation.

Significantly more respondents indicated that they were not aware of the legislation ($p < 0.001$).

4.5.2 Respondents' awareness of consumer rights protecting children

The respondents were asked to indicate their awareness of specific consumer rights that protect children as consumers. The following consumer rights were listed:

- The right to privacy;
- The right to fair and responsible marketing;
- The right to fair value, good quality and safety;
- The right to disclosure of risks in food products; and
- The consumer right with respect to food product and labelling.

Figure 4.15 below shows the results.

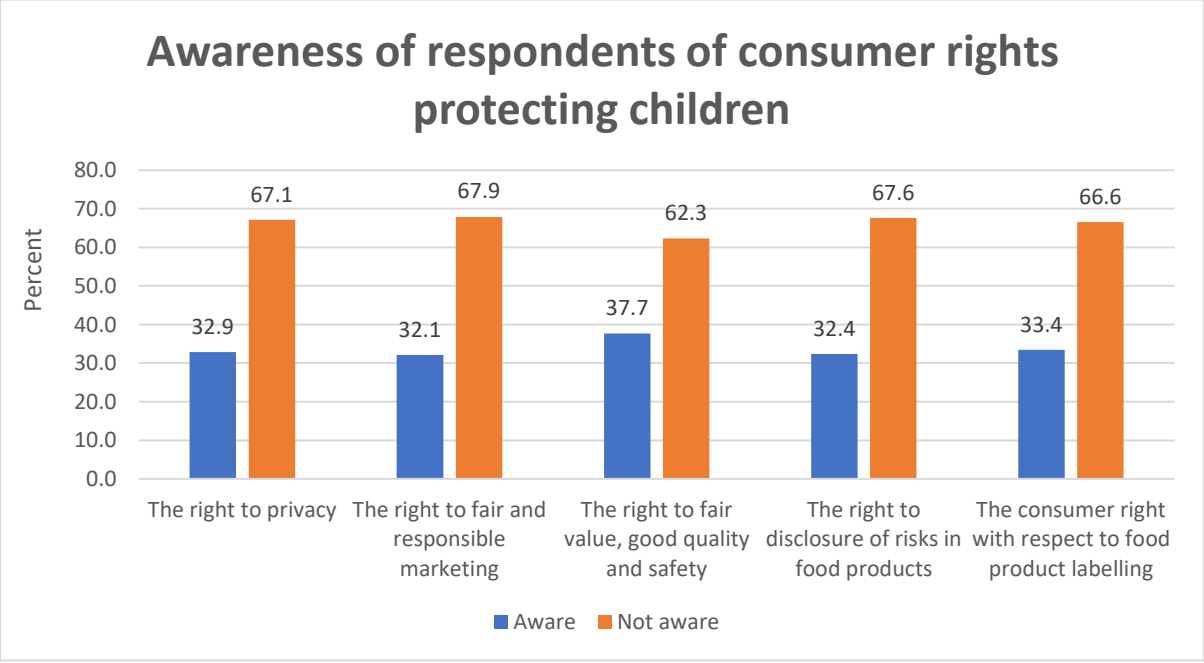

Figure 4-0-15 Awareness of respondents of consumer rights protecting children

The results shown in Figure 4.15 above show the following patterns:

- All statements show a high level of not being aware of the rights;
- All statements show a low level of awareness of the rights, although these levels are comparatively lower, they do indicate that a few respondents are aware of consumer rights protecting children's consumers.

The results shown in Figure 4.15 for the individual sub-themes in respect of the various consumer rights indicate the following:

- **Right to privacy:** As depicted in the above Figure 4.15, 32.9 % of the respondents stated that they were aware of the right to privacy and 67.1 % were not aware.
- **Right to fair and responsible marketing:** 32.1 % of the respondents were aware of the right to fair and responsible marketing (i.e. food product suppliers are not allowed to market their products in manner that is misleading/deceptive for children) and the remaining 67.9 % were not aware.
- **The right to fair value, good quality and safety:** Parents and children have a right to expect that their food products are safe for consumption. Only 37.7 % of the respondents were aware of such right, whereas the remaining 62.2 % were not aware.
- **The right to disclosure of risks in food products:** Suppliers have a duty to inform consumers in plain and understandable language of any risks associated with food products they supply. Just 32.4 % of the 377 respondents were aware of the right to disclosure of risks in food products and 67.6 % of the 377 were not aware.
- **The consumer right with respect to food product and labelling:** 33.4 % of the respondents indicated that they were aware of the consumer right with respect to food product labelling (i.e. suppliers are not allowed to mislead consumers by making them believe that products are healthy for them when in fact they are not) and 66.6 % were not aware.

The findings show that the overwhelming majority were not aware of certain consumer rights (viz. right to privacy; right to fair and responsible marketing; right to fair value, good quality and safety; the right to disclosure of risks in food products and the

consumer right with respect to food product and labelling). The findings also show that a minority of the respondents were aware of such consumer rights.

4.5.3 The need for consumer education

The respondents were asked if they wanted consumer education for parents and children. Figure 4.16 below shows the results.

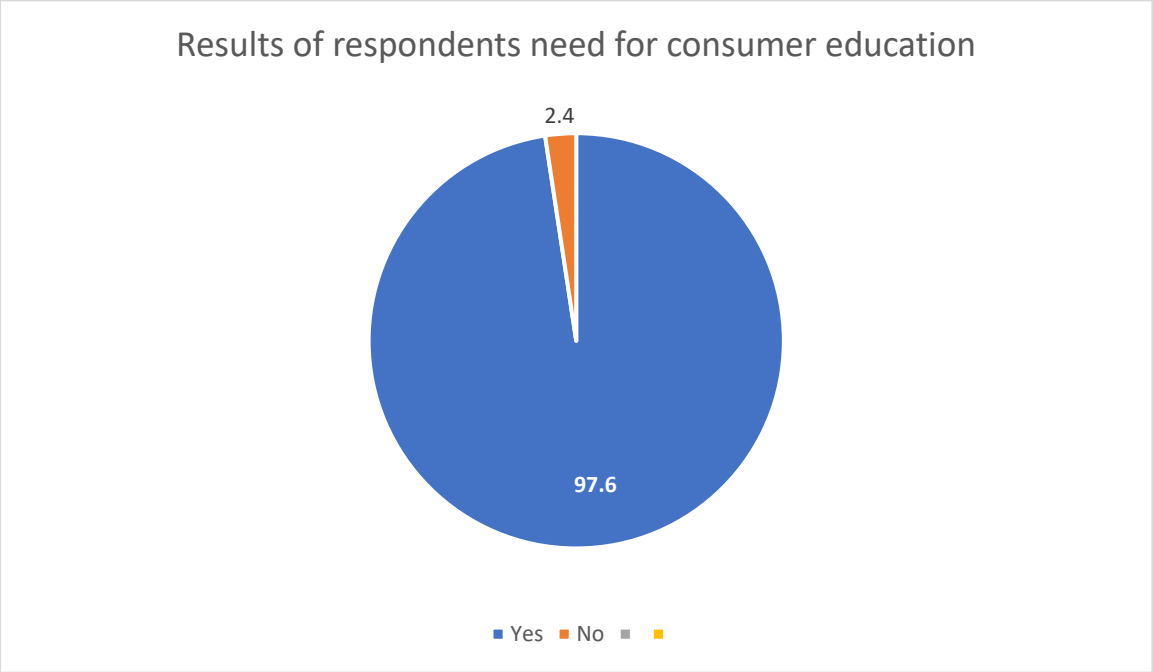

Figure 4-0-16 Results of respondents need for consumer education

An overwhelming majority of the respondents (97.6 %) indicated that there was a need for consumer education for parents and children and 2.4 % of them indicated that there was no need for it. Hence, the findings show that the majority of the respondents supported the idea for consumer education on the CPA rights for children and parents. However, a minority of the respondents did not see the need for consumer education.

Further, significantly more respondents indicated yes ($p < 0.001$).

4.5.4 Measures that should be adopted to protect children from unhealthy food product advertising

An independent study suggests that restrictions placed on unhealthy food advertising to children was not successful as the restrictions only applied to a small proportion of television and more interventions still need to be adopted to reduce the exposure of unhealthy food products advertising to children (Adams *et al.* 2012: 5). In an open-ended question, the respondents were asked what possible measures could be implemented to protect children from these unhealthy food product advertising. The following responses were received:

4.5.4.1 Advertising

With respect to measures pertaining to advertising, the following were suggested:

- Restrictions on unhealthy food advertising; minimize the tempting ads of unhealthy foods on television;
- Stop cartoon advertising and free toys because children are attracted to those unhealthy food because of packaging;
- When the food is being advertised, they should also add the risk factors of the food;
- Unhealthy foods should not be advertised during children shows; they need to advertise healthy food
- Advertising of food product needs to be clearer on what is on the product
- Advertising must be prohibited in children's television channels
- Advertisement of healthy food products.
- Advertising unhealthy food needs to be restricted for children and parents need to aware of the terms and conditions of giving a child food that is unhealthy.
- Advertisement must be checked before approved.
- Advertising of unhealthy food must be totally banned from being televised
- People who advertise unhealthy foods should stop misleading children, making them think that these foods make them have energy or make them feel like super heroes
- Advertisement of healthy food products

4.5.4.2 Educate children

An open-ended question asked respondents what measures relating to educating children, they would suggest. The following were suggested:

With respect to educating children about unhealthy foods:

- Children should be taught to be responsible of their health.
- School teachers to educate children about the effects of consuming unhealthy food products
- Educate children about the dangers of unhealthy food products and non-communicable diseases
- Children should be informed of the benefits of eating healthy and must practice this in school.
- The school syllabus to teach children about the tactics used by advertisers to target children.
- Schools to have posters, books and other ways to make children aware of what advertisers are doing and find ways to make them say no to unhealthy food.
- Researcher to visit schools and tell children about the dangers of consuming unhealthy food products and make children aware
- Children to know their rights under the CPA and there must be a committee that looks out for children.
- The CPA and other acts that protect children must be part of the school syllabus in primary schools
- Children to be taught about the different types of health challenges
- Short video clips to be made and shown to children so they can be aware of the dangers of unhealthy food products.
- Make awareness campaigns in schools that teach children and parents about healthy food choices and how unhealthy food choices lead to certain diseases.

With respect to measures relating to educating parents, the following were suggested:

- Parents must also teach their children about junk food
- Consumer education for parents and children.
- Parents to educate their children about their rights as consumers and also make them find ways to enjoy eating healthy food

- Educating both children and parents about the harmful effects of unhealthy food products and making them aware that adverts will show attractive packaging and attractive free gifts in some adverts to make unhealthy food attractive.
- Intensify education on consumer rights, especially in relation to understanding or reading fine print on products. Advertising is needed by corporate but the responsibility lies on the parent to protect their children against harmful consumables.

With respect to **limiting unhealthy foods,** the following suggestions were made:

- Parents should also take stand to control what their children eat.
- There should be a limit on the advertisement of unhealthy food products aimed at children
- Limiting one's child to the amount of unhealthy food they consume would be recommendable
- Setting a certain healthy diet plan
- Food manufacturers to stop producing large quantities of unhealthy food products
- School tuck shops to ban the sale of unhealthy food products
- The TV cartoon should try and advertise healthy food
- School tuck-shops to also encourage healthy food products to children by selling these healthy food products to children.
- Limit sugary drinks
- Limitations of consumption of sugary and oily, salty food
- Restrictions to also be implemented through school wellness policies.
- Encourage schools to find sponsors who will give children a healthy option and stop using these unhealthy food product companies

Advertisement restrictions suggested were as follows:

- TV, radio and internet must not advertise unhealthy food from 6am until 10pm
- Advertising must be prohibited in children's television channels
- A ban on advertisement of unhealthy food for children in cartoons or any animated movies

- Less advertising during peak times.
- Block advertisements during children shows on television and internet.
- Children should not have access to advertising platforms.
- From a television media perspective, advertising of unhealthy foods should not be aired during programs that do not have an age limit
- Advertisers to stop advertising unhealthy food products during children viewing hours
- Regulate advertising hours and the content
- Advertisers to stop guilt tripping children and making them seem as if they missing out if they do not eat certain unhealthy food products
- Advertisers to stop using freebies to lure children into buying their junk food.
- Companies should be fined for unhealthy food advertising.
- The BCCSA should regulate advertising of unhealthy food products
- The government must impose high tariffs on unhealthy food advertisement and promote green food.
- Restaurants to take sugar drinks off their children's menu
- Require store check-out areas to be free of candy sugar drink and other low nutrition food
- Prohibiting the sale of low-nutrition foods and beverages in children museums, and other venues children go to

On the sub-theme **Parents should not buy unhealthy food products/restrictions by parents,** the following comments were made:

- Use children lock parental control app to limit kid's screen time. Help children to recognize and question advertising messages and stereotypes.
- Parents to stop buying children chocolate and chips as part of their lunch boxes at school. Parents to substitute unhealthy food snacks with fruits.
- Do not use food as a reward instead of sugar drink with added sugar
- Promote healthy eating about 6 days a week
- Parents need to keep their fridge and pantry stocked with healthy foods and drinks food such as milk, vegetables

- Parents need to get used to reading food labels.
- Fast food restaurants to stop having on site playgrounds as this attracts children to these places
- Parents to avoid buying foods with MSG, added sugar or sodium-based ingredients.

Parental guidance, was another theme identified. The suggestions were as follows:

- Parents should be educated on how to control their children from eating unhealthy food, that way, children will not really care about products that are advertised
- Parents must make sure that they avoid giving their children junk food every day and give them nutritious food so they can be healthy and they will not get sick that easily.
- Parents should monitor what their children watch on TV on access on their cellphones
- Parents to reduce the amount of junk food they buy for their children; parents having control of what their children eat might also play a huge role on protecting children from suffering from health challenges
- Parents should consult the food specialist and know the use of the food pyramid if they want to keep their children's lives healthy
- Parents to not use unhealthy food as a reward but instead us healthy food.
- Parents to sign pledge that will allow them receive regular updates about campaign and opportunities to get involved.
- Parents to pick food items with a smaller number of ingredients.

A further theme that came up was that **parents must monitor what their children watch on television:**

- Parents should pay special attention to what children are watching on the television.
- Limit the amount of time they watch TV, and watch TV under supervision of an adult
- Parental control on technical devices and TVs.

In addition, **legislation should be implemented to protect children/prohibit unhealthy food advertisements**

- Food and beverage industries to adopt voluntary regulations

With respect to **awareness campaigns and workshops**, the follow comments were received:

- Workshops will encourage parents to be more aware of health challenges imposed by unhealthy foods
- Workshops on the importance of the CPA and how they protect children
- Both the parents and children are to be made aware of advertisers and how they lure children into buying their unhealthy food products
- Education about the dangers of food advertising on the children's health
- Awareness campaigns warning and educating children as well as their parents about the dangers of advertising.
- Parents in the townships area still need to be educated so they can be empowered and help their children fight and avoid getting health challenges

Labels on packaging should:

- Labels to clearly state the health risks on packaging as companies use words to mislead consumers
- Disclose all risks associated with consuming the product
- Information on food products to be in plain language so parents can fully understand what is in the food their children will be eating.

Other suggestions:

- Have more programmes and adverts that promote healthy eating.
- Pre-primary schools and primary schools to include healthy diets in their syllabus

- Improved information and awareness creation around healthy eating for children.
- Send complaints about unhealthy food to food manufacturers
- Advertisers to stop manipulating children
- Unhealthy food should not be sold to children because they come along with a lot of health-related diseases
- Libraries, schools and any place attended by children to have awareness posters of the dangers of consuming unhealthy food products.
- Conducting spontaneous inspections at fast food chains to ensure compliance with the CPA. Children targeted advertising by corporations should be discouraged.
- Influencers and celebrities posting photos and making advertisements of healthy food and meals can help to increase online followings and in turn be used to help users make the necessary small healthy changes in their food choices.
- Multi-disciplinary research for culturally sensitive, sustainable and effective strategies must be conducted.
- Research must be conducted to clearly indicate the harm that unhealthy food does to children

4.6 Reliability Statistics

Reliability and validity are the two components of accuracy that matter the most. A measure's reliability is its degree of consistency, and it is calculated by making multiple measurements of the same individuals under same circumstances (Wilson and Shuttleworth 2019). For a freshly developed construct, a reliability coefficient of 0.60 or above is regarded as "acceptable". Reliability was evaluated using the Cronbach alpha score, which is listed below. Table 4.3 below displays the Cronbach's alpha score for each of the questionnaire's items.

4.6.1 Cronbach’s Alpha Scoring

The table 4.3 below reflects the Cronbach’s alpha score for all the items that constituted the questionnaire.

	Section	Number of Items	Cronbach 's Alpha
B3	Disease/s among children are linked to unhealthy food choices	6	0.936
B8	The link between NCDs and unhealthy food product consumption	4	0.913
B9	As a result of unhealthy food product advertising children consume	4	0.941
C11	Advertising of unhealthy foods and health challenges of children	5	0.930
C13	The need for measures to protect children from the effects of unhealthy food product advertising	7	0.945

Table 4.3 Cronbach's alpha and research instrument reliability

The reliability scores for all sections exceed the recommended Cronbach's alpha value. This indicates a degree of acceptable, consistent scoring for these sections of the research.

4.7 INFERENTIAL STATISTICS

When presenting inferential statistics, the researcher must highlight any findings which are both favourable and unfavourable that are pertinent to the particular goals of the study (Omair 2012: 1255). Inferential analysis compares or correlates sets of variables in order to make conclusions about the population from the sample. The researcher can draw conclusions for the study questions in this manner (Creswell 2014: 209).

Cross-sectional study approaches do not establish causality between the variables; instead, connections and linkages are found using data. Therefore, in order to draw conclusions about causality from the data, the researcher must use common sense or turn to theoretical explanations (Bryman and Bell 2011: 107).

The following section used statistical tests to lend credibility to the study. The SPSS computer software, version 24 for Windows, was used to analyse the data using factor analysis, correlation analysis and Pearson's Chi-square statistical test. For this study, SPSS was used to determine the correlation between the independent and dependent variable, with tests conducted at a 95 percent level of confidence. Thus, p should be < 0.05 or $p < 0.001$, for statistically significant relationships.

4.7.1 Factor Analysis

Why is factor analysis important?

Factor analysis is process whereby values of data observed are expressed as functions of a number of a possible causes in order to find the important one. Factor analysis, also known as data reduction, is the primary objective of the statistical technique. When conducting survey research, factor analysis is frequently used to represent a large number of questions with a few fictitious factors. Participants in a nationwide poll on political attitudes, for instance, might be asked to respond to three different questions about environmental policy that take into account local, state, and federal concerns. Each question would be insufficient on its own to assess attitudes toward environmental policy, but used together, they could yield more accurate results. To determine whether the three measures actually measure the same thing, factor analysis might be utilized. In such cases, they can be merged to produce a new

variable, a factor score variable, which includes a score for each respondent on the factor. Factor approaches can be used in a variety of contexts. If a decathlete just needs a few fundamental talents to succeed in a decathlon, or if the skills needed are as diverse as the ten events themselves, a researcher may be interested in finding out. To do a factor analysis, you do not need to think that the factors are real; nonetheless, in practice, the factors are frequently described, given names, and spoken about as real things (Brown 2015: 1).

A summarized table that displays the KMO and Bartlett's Test results comes before the matrix table or tables. The **KMO and Bartlett's Test** table below shows two tests that indicate the suitability of data for structure detection. The **Kaiser-Meyer-Olkin Measure of Sampling Adequacy** is a statistic that indicates the proportion of variance in the variables that might be caused by underlying factors. High values (close to 1.0) generally indicate that a factor analysis may be useful with the data. If the value is less than 0.50, the results of the factor analysis probably will not be very useful.

Bartlett's test of sphericity tests the hypothesis that the correlation matrix is an identity matrix, which would indicate that the variables are unrelated and therefore unsuitable for structure detection. Small values (less than 0.05) of the significance level indicate that a factor analysis may be useful with the data (Aabay, Ravn, Kasch and Anderson 2021). Only the Likert scale items are subjected to factor analysis. Some components were further separated into finer components. The rotated component matrix is used to further clarify this.

4.7.2 KMO and Bartlett's Test

Table 4.4 shows the results for the KMO and the Bartlett's test.

		Kaiser-Meyer-Olkin Measure of Sampling Adequacy	Bartlett's Test of Sphericity		
	Section		Approx. Chi-Square	df	Sig.
B3	Disease/s among children are linked to unhealthy food choices	0.874	2002.394	15	0.000
B8	The link between NCDs and unhealthy food product consumption	0.849	1062.103	6	0.000
B9	As a result of unhealthy food product advertising children consume	0.864	1373.302	6	0.000
C11	Advertising of unhealthy foods and health challenges of children	0.890	1470.332	10	0.000
C13	The need for measures to protect children from the effects of unhealthy food product advertising	0.932	2686.417	21	0.000

Table 4.4 KMO and Bartlett's test

All of the conditions are satisfied for factor analysis. That is, the Kaiser-Meyer-Olkin Measure of Sampling Adequacy value should be greater than 0.500 and the Bartlett's Test of Sphericity sig. value should be less than 0.05. Factor analysis is undertaken only for the Likert scale items. Certain components divided into finer components. The Rotated Component Matrix is explained below.

4.7.2.1 Rotated Component Matrix

Table 4.5 below shows the rotated component matrix for the health challenges which are linked to unhealthy food choices.

B3	Component
	1
Overweight and obesity	0.896
Heart disease	0.904
High Blood pressure	0.876
Diabetes	0.828
Asthma	0.851
Sleeping disorder	0.870

Extraction Method: Principal Component Analysis.

a. 1 components extracted.

Table 4.5 Rotated Component Matrix: Health challenges which are linked to unhealthy food choices

B8	Component
	1
Unhealthy diets are linked with the increased rate of health challenges in children	0.836
My children have gained weight due to consuming nutritionally poor foods.	0.902
My children's health challenges are related to the unhealthy foods they consume.	0.917
Consuming soft drinks has contributed to my children putting on weight.	0.906

Extraction Method: Principal Component Analysis.

a. 1 components extracted.

Table 4.6 Rotated Component Matrix: The link between NCDs and unhealthy food product consumption

Table 4.7 below displays the rotated component matrix for the influence of advertising on children's food choices.

B9	Component
	1
Excess calories.	0.904
Added sugars (such as soft drinks, ice-cream and cakes).	0.933
Foods that had higher than recommended intake of salt (such as salted meat, fish, bacon, butter, soup powders, sauces and savoury snacks such as chips, pretzels and popcorn).	0.931
Foods with saturated fats (such as butter, cheese).	0.922

Extraction Method: Principal Component Analysis.

a. 1 components extracted.

Table 4-0-7 Rotated Component Matrix: The influence of advertising on children's food choices

Table 4.8 below shows the rotated component matrix for the unhealthy food product advertising that respondents' children are exposed to and their effects.

C11	Component
	1
My children are exposed to advertising of foods that are harmful to their health, such as high sugar, salt and saturated fats (HSSF foods).	0.886
The majority of food advertisements viewed by my children contain unhealthy foods, such as fast foods and sweets.	0.900
I do not have control over the advertising that my children may be exposed to on TV and the internet.	0.865
Advertising has influenced my child/children to consume unhealthy foods products such as chocolate bars, sugary drinks and fried foods.	0.871
The colourful packaging with cartoons that are used to advertise sugary products, influence my children to choose unhealthy foods.	0.896

Extraction Method: Principal Component Analysis.

a. 1 components extracted.

Table 4.8 Rotated Component Matrix: Unhealthy food product advertising that respondents' children are exposed to and their effects

Table 4.9 below shows the rotated component matrix: Measures to protect children from unhealthy food product advertising.

C13	Component
	1
Present restrictions placed on unhealthy food advertising to children are not adequate.	0.836
More interventions are needed to protect children from unhealthy food advertising.	0.916
There is an urgent need to protect children from the advertising of unhealthy food products, particularly on television and the internet.	0.899
Children lack the maturity to understand the harmful effects of advertising.	0.896
Advertising of unhealthy food products to children should be prohibited in terms of legislation.	0.845
The health challenges of children that are linked to food product advertising, needs to be addressed.	0.905
To protect the rights of children as far as the advertising of food products are concerned, consumer education is needed for parents and children.	0.921

Extraction Method: Principal Component Analysis.

a. 1 components extracted.

Table 4.9 Rotated Component Matrix: Measures to protect children from unhealthy food product advertising

Data reduction is the primary objective of the statistical technique known as factor analysis. When conducting survey research, factor analysis is frequently used to represent a large number of questions with a few fictitious factors. As shown in Table 4.9 above:

Principal component analysis was used for the extraction process, and Varimax with Kaiser Normalization was used for the rotation process. This orthogonal rotation

technique reduces the number of variables that each factor is heavily loaded with. The factors' interpretation is made easier by this.

Factor loading and analysis reveal the correlations between the variables. Items of questions with comparable loading imply measurement along the same axis. In cases where items cross-loaded at greater than this value, an analysis of the content of those items loading at or above 0.5 (and using the higher or highest loading in those cases) effectively measured along the various components.

All of the sections' individual phrases loaded flawlessly along a single component. This suggests that the statements that made up these sections accurately measured the things they were intended to test.

4.7.3 Cross-tabulations

The conventional method of reporting a result requires a statistical significance statement inferred from a test statistic is a p-value. A finding that is significant is denoted by "p 0.05". To find out if the variables had a statistically significant relationship (rows vs columns), a Chi square test of independence was used. There is no correlation between the two, according to the null hypothesis. However, the alternative theory shows that there is a relationship. The chi square tests' findings are summarized in the table 4.10.

Table 4.10 below displays the cross tabulation results between excess calories and foods that have a high level of sugar, salt and fats, have been identified as unhealthy foods.

			Foods that have a high level of sugar, salt and fats (i.e. the HSSF foods) have been identified as unhealthy foods. Do you know which food products have high sugar, salt and fats?		Total
			Yes	No	
Excess calories.	Strongly disagree	Count	9	6	15
		% within Foods that have a high level of sugar, salt and fats (i.e. the HSSF foods) have been identified as unhealthy foods. Do you know which food products have high sugar, salt and fats?	2.9%	9.1%	4.0%
	Disagree	Count	14	7	21

		% within Foods that have a high level of sugar, salt and fats (i.e. the HSSF foods) have been identified as unhealthy foods. Do you know which food products have high sugar, salt and fats?	4.5%	10.6%	5.6%
	Neutral	Count	63	23	86
		% within Foods that have a high level of sugar, salt and fats (i.e. the HSSF foods) have been identified as unhealthy foods. Do you know which food products have high sugar, salt and fats?	20.3%	34.8%	22.8%
	Agree	Count	115	16	131
		% within Foods that have a high level of sugar, salt and fats (i.e. the HSSF foods) have been identified as unhealthy foods. Do you know which food products have high sugar, salt and fats?	37.0%	24.2%	34.7%
	Strongly agree	Count	110	14	124
		% within Foods that have a high level of sugar, salt and fats (i.e. the HSSF foods) have been identified as unhealthy foods. Do you know which food products have high sugar, salt and fats?	35.4%	21.2%	32.9%
Total		Count	311	66	377
		% within Foods that have a high level of sugar, salt and fats (i.e. the HSSF foods) have been identified as unhealthy foods. Do you know which food products have high sugar, salt and fats?	100.0%	100.0%	100.0%

Table 4.10 Cross tabulation between excess calories and foods that have a high level of sugar, salt and fats, have been identified as unhealthy foods

The p-value between “excess calories” and “foods that have a high level of sugar, salt and fats, have been identified as unhealthy foods” is 0.001. This means that there is a significant relationship between the variables highlighted in yellow, that is, the excess calories led to the high level of sugar, salt and fats in foods that were identified as being unhealthy.

Table 4.11 below shows the results of cross tabulation between I do not have control over the advertising that my children may be exposed to on TV and the internet and how often have your children eaten food from fast food outlets/take-aways or restaurants.

	How often have your children eaten food from fast food outlets/take-aways or restaurants?	Total

			Once a month	From 2-4 times a month	More than 4 times a month	
I do not have control over the advertising that my children may be exposed to on TV and the internet.	Strongly disagree	Count	8	12	7	27
		% within How often have your children eaten food from fast food outlets/take-aways or restaurants?	9.2%	9.9%	4.1%	7.2%
	Disagree	Count	7	13	2	22
		% within How often have your children eaten food from fast food outlets/take-aways or restaurants?	8.0%	10.7%	1.2%	5.8%
	Neutral	Count	18	18	24	60
		% within How often have your children eaten food from fast food outlets/take-aways or restaurants?	20.7%	14.9%	14.2%	15.9%
	Agree	Count	29	34	59	122
		% within How often have your children eaten food from fast food outlets/take-aways or restaurants?	33.3%	28.1%	34.9%	32.4%
	Strongly agree	Count	25	44	77	146
		% within How often have your children eaten food from fast food outlets/take-aways or restaurants?	28.7%	36.4%	45.6%	38.7%
Total		Count	87	121	169	377
		% within How often have your children eaten food from fast food outlets/take-aways or restaurants?	100.0%	100.0%	100.0%	100.0%

Table 4.11 Cross tabulation between I do not have control over the advertising that my children may be exposed to on TV and the internet and how often have your children eaten food from fast food outlets/take-aways or restaurants

The p-value between “I do not have control over the advertising that my children may be exposed to on TV and the internet” and “how often have your children eaten food from fast food outlets/take-aways or restaurants” is 0.003. This means that there is a significant relationship between the variables highlighted in yellow, that is, that respondents do not have control over the advertising that their children are exposed to on the TV and the internet, and that the respondent’s children end up eating unhealthy food products more than 4 times a month.

Table 4.11 below shows the cross tabulation between the colourful packaging with cartoons that are used to advertise sugary products, influence my children to choose

unhealthy foods and foods that have a high level of sugar, salt and fats, identified as unhealthy foods.

			Foods that have a high level of sugar, salt and fats (i.e. the HSSF foods) have been identified as unhealthy foods. Do you know which food products have high sugar, salt and fats?		Total
			Yes	No	
The colourful packaging with cartoons that are used to advertise sugary products, influence my children to choose unhealthy foods.	Strongly disagree	Count	18	7	25
		% within Foods that have a high level of sugar, salt and fats (i.e. the HSSF foods) have been identified as unhealthy foods. Do you know which food products have high sugar, salt and fats?	5.8%	10.6%	6.6%
	Disagree	Count	18	5	23
		% within Foods that have a high level of sugar, salt and fats (i.e. the HSSF foods) have been identified as unhealthy foods. Do you know which food products have high sugar, salt and fats?	5.8%	7.6%	6.1%
	Neutral	Count	29	13	42
		% within Foods that have a high level of sugar, salt and fats (i.e. the HSSF foods) have been identified as unhealthy foods. Do you know which food products have high sugar, salt and fats?	9.3%	19.7%	11.1%
	Agree	Count	106	22	128
		% within Foods that have a high level of sugar, salt and fats (i.e. the HSSF foods) have been identified as unhealthy foods. Do you know which food products have high sugar, salt and fats?	34.1%	33.3%	34.0%
	Strongly agree	Count	140	19	159
		% within Foods that have a high level of sugar, salt and fats (i.e. the HSSF foods) have been identified as unhealthy foods. Do you know which food products have high sugar, salt and fats?	45.0%	28.8%	42.2%
Total		Count	311	66	377
		% within Foods that have a high level of sugar, salt and fats (i.e. the HSSF foods) have been identified as unhealthy foods. Do you know which food products have high sugar, salt and fats?	100.0%	100.0%	100.0%

Table 4.11 Cross tabulation between the colourful packaging with cartoons that are sued to advertise sugary products, influence my children to choose

unhealthy foods that have a high level of sugar, salt and fats, identified as unhealthy foods

The p-value between “the colourful packaging with cartoons that are used to advertise sugary products, influence my children to choose unhealthy foods” and “foods that have a high level of sugar, salt and fats, identified as unhealthy foods” is 0.028. This means that there is a significant relationship between the variables highlighted in yellow, that is, that the colourful packaging with cartoons that were used to advertise sugary products influenced the respondent’s children to prefer unhealthy foods and these foods had a high level of sugar, salt and fats identified as being unhealthy.

Table 4.12 below shows the cross tabulation between children lack the maturity to understand the harmful effects of advertising and in your view to protect the rights of children with respect to unhealthy food product advertising, there is a need for consumer education for parents and children.

			In your view, to protect the rights of children with respect to unhealthy food product advertising, is there a need for consumer education for parents and children		Total
			Yes	No	
Children lack the maturity to understand the harmful effects of advertising.	Strongly disagreed	Count	18	1	19
		% within In your view, to protect the rights of children with respect to unhealthy food product advertising, is there a need for consumer education for parents and children	4.8%	100.0%	5.0%
	Disagree	Count	14	0	14
		% within In your view, to protect the rights of children with respect to unhealthy food product advertising, is there a need for consumer education for parents and children	3.7%	0.0%	3.7%
	Neutral	Count	41	0	41
		% within In your view, to protect the rights of children with respect to unhealthy food product advertising, is there a need for consumer education for parents and children	10.9%	0.0%	10.9%
	Agree	Count	150	0	150
		% within In your view, to protect the rights of children with respect to unhealthy food product	39.9%	0.0%	39.8%

		advertising, is there a need for consumer education for parents and children			
	Strongly agree	Count	153	0	153
		% within In your view, to protect the rights of children with respect to unhealthy food product advertising, is there a need for consumer education for parents and children	40.7%	0.0%	40.6%
Total		Count	376	1	377
		% within In your view, to protect the rights of children with respect to unhealthy food product advertising, is there a need for consumer education for parents and children	100.0%	100.0%	100.0%

Table 4.12 Cross tabulation between children lack the maturity to understand the harmful effects of advertising and in your view to protect the rights of children with respect to unhealthy food product advertising, there is a need for consumer education for parents and children

The p-value between “children lack the maturity to understand the harmful effects of advertising” and “in your view to protect the rights of children with respect to unhealthy food product advertising, there is a need for consumer education for parents and children” is 0.001. There is a significant relationship between the variables highlighted in yellow, that is, children lacked the maturity to understand the harmful effects of advertising and the respondents indicated that there was a need to protect the rights of children with respect to unhealthy food product advertising and the need for consumer education for parents and children.

Table 4.13 below shows the cross tabulation between the health challenges of children are linked to food product advertising, needs to be addressed and foods that have a high level of sugar, salt and fats, identified as unhealthy foods.

			Foods that have a high level of sugar, salt and fats (i.e. the HSSF foods) have been identified as unhealthy foods. Do you know which food products have high sugar, salt and fats?		Total
			Yes	No	
The health challenges of children that are linked to food product advertising, needs to be addressed.	Strongly disagree	Count	11	4	15
		% within Foods that have a high level of sugar, salt and fats (i.e. the HSSF foods) have been identified as unhealthy foods. Do you know which food products have high sugar, salt and fats?	3.5%	6.1%	4.0%
	Disagree	Count	7	4	11
		% within Foods that have a high level of sugar, salt and fats (i.e. the HSSF foods)	2.3%	6.1%	2.9%

		have been identified as unhealthy foods. Do you know which food products have high sugar, salt and fats?			
	Neutral	Count	28	13	41
		% within Foods that have a high level of sugar, salt and fats (i.e. the HSSF foods) have been identified as unhealthy foods. Do you know which food products have high sugar, salt and fats?	9.0%	19.7%	10.9%
	Agree	Count	133	24	157
		% within Foods that have a high level of sugar, salt and fats (i.e. the HSSF foods) have been identified as unhealthy foods. Do you know which food products have high sugar, salt and fats?	42.8%	36.4%	41.6%
	Strongly agree	Count	132	21	153
		% within Foods that have a high level of sugar, salt and fats (i.e. the HSSF foods) have been identified as unhealthy foods. Do you know which food products have high sugar, salt and fats?	42.4%	31.8%	40.6%
Total		Count	311	66	377
		% within Foods that have a high level of sugar, salt and fats (i.e. the HSSF foods) have been identified as unhealthy foods. Do you know which food products have high sugar, salt and fats?	100.0%	100.0%	100.0%

Table 4-13 Cross tabulation between the heath challenges of children are linked to food product advertising, needs to be addressed and foods that have a high level of sugar, salt and fats, identified as unhealthy foods

The p-value between ”the health challenges of children are linked to food product advertising, needs to be addressed” and “foods that have a high level of sugar, salt and fats, identified as unhealthy foods” is 0.023. There is a significant relationship between the variables highlighted in yellow, that is, health challenges were linked to food product advertising that needed to be addressed as unhealthy food products had high levels of sugar, salt and fats.

All p-values more than 0.05 do not have a significant relationship.

4.7.4 Correlations

This correlation (ordinal) data were also subjected to bivariate correlation. The results are in the appendix (Excel table: Correlation; the table is too large to be included here, see the link in the appendix F and G).

Results show the following patterns: Positive values indicate a positive relationship between variables, and negative values indicate an inverse relationship. All the

important relationships are marked with * or **. For example, the correlation between "overweight and obesity" and "excess calories" is 0.592.

This is a directly related proportional. Respondents show that children with high calorie counts are more likely to be overweight or obese and vice versa. The analysis is performed on statements that are considered important to the study for correlation purposes and are reported sub-topically as follows:

All significant correlations are indicated as follows:

Analysis 1: The correlation value between "**heart disease**" and "**overweight and obesity**" is **0.911**. There is a significant relationship between these variables. The greater the possibility that the respondent's children are overweight or obese, the more likely it is that they have heart disease.

Analysis 2: The correlation value between "**sleeping disorder**" and "**high blood pressure**" is **0.738**. There is a significant relationship between these variables. The greater the possibility that the respondent's children have high blood pressure, the more likely it is that they have sleeping disorders.

Analysis 3: The correlation value between "**unhealthy diets are linked with the increased rate of health challenges in children**" and "**diabetes**" is **0.597**. There is a significant relationship between these variables. The unhealthier the children's diets were, the more likely it is that the children are diabetic.

Analysis 4: The correlation value between "my children's health challenges are related to the unhealthy foods they consume" and "my children have gained weight due to consuming nutritionally poor foods" is **0.820**. There is a significant relationship between these variables. The more children have health challenges related to unhealthy foods they consume, the more likely it is that the children have gained weight due the consumption of nutritionally poor foods.

Analysis 5: The correlation value between "foods that had higher than recommended intake of salt" and "added sugars" is **0.833**. There is a significant relationship between these variables. The greater the possibility that foods that had higher than the recommended intake of salt, the more likely it is that there was added sugars.

Analysis 6: The correlation value between "foods with saturated fats" and "foods that had a higher than recommended intake of salt" is **0.863**. There is a significant

relationship between these variables. The greater the possibility that the foods contain saturated fats, the more likely it is that the foods had higher than the recommended intake of salt.

Analysis 7: The correlation value between “my children are exposed to advertising of foods that are harmful” and “my children’s health challenges are related to the unhealthy foods they consume” is **0.717**. There is a significant relationship between these variables. The greater the possibility that the respondent’s children were exposed to advertising of foods that were harmful, the more likely it is that their children experienced health challenges related to the unhealthy foods that they consumed.

Analysis 8: The correlation value between “the majority of food advertisements viewed by my children contain unhealthy foods” and “excess calories” is **0.651**. There is a significant relationship between these variables. The greater the possibility that the majority of food advertisements viewed by children contained unhealthy foods, the more likely it is that their children gained excess calories.

Analysis 9: The correlation between “advertising has influenced my children to consume unhealthy foods products” and “overweight and obesity” is **0.446**. There is a significant relationship between these variables. The greater the possibility that advertising has influenced children to consume unhealthy food products, the more likely it is that their children are overweight and obese.

Analysis 10: The correlation between “present restrictions placed on unhealthy food advertising to children are not adequate” and “unhealthy diets are linked with the increased rate of health challenges in children” is **0.662**. There is a significant relationship between these variables. The greater the possibility that present restrictions placed on unhealthy food advertising to children are not adequate, the more likely it is that their children’s unhealthy diets are linked with the increased rate of health challenges.

Analysis 11: The correlation between “advertising of unhealthy food products to children should be prohibited in terms of legislation” and “my children lack the maturity to understand the harmful effects of advertising” is **0.675**. There is a significant relationship between these variables. The greater the possibility that advertising of unhealthy food products to children should be prohibited in terms of legislation, the

more likely it is that their children lack the maturity to understand the harmful effects of advertising.

4.7.5 Hypothesis testing

To determine whether the counting patterns per statement were significantly different per selection, a chi square test was conducted. The null hypothesis claims that similar numbers of respondents scored across each choice for each statement (one statement at a time). The alternate states that there is noteworthy difference between the levels of agreement and disagreement.

The results are shown in the tables that follow. For all values with an *, a significant result is indicated with "p < 0.05". For all values with an **, a significant result is indicated with "p < 0.01".

To ascertain whether there was a statistically significant association between the variables, a second Chi square test was conducted (rows vs columns).

According to the null hypothesis, there is no association between the two variables. The alternate hypothesis indicates that there is an association between the variable.

**. Correlation is significant at the 0.01 level (2-tailed).
*. Correlation is significant at the 0.05 level (2-tailed).

A Chi-square test was conducted on the following and the results are presented as follows:

4.7.5.1 My children's health challenges are related to the unhealthy foods they consume versus My children have gained weight due to consuming nutritionally poor foods

This section examines the relationship between "my children's health challenges are related to the unhealthy foods they consume" and "my children have gained weight due to consuming nutritionally poor foods". The p-values, as shown in Table 4.40 below, shows that there is a significant relationship between the variables. This means that the health challenges of the respondents' children which are related to the unhealthy foods they consume, plays a significant role in contributing to their children's weight-gain due to consuming nutritionally poor foods;

Table 4.40 Chi-square test: My children's health challenges are related to the unhealthy foods they consume versus My children have gained weight due to consuming nutritionally poor foods

	My children's health challenges are related to the unhealthy foods they consume	
	Pearson's Co-efficient	P-Value
My children have gained weight due to consuming nutritionally poor foods	.820**	0,000
**. Correlation is significant at the 0.01 level (2-tailed).		

4.7.5.2 My children are exposed to advertising of foods that are harmful versus my children's health challenges are related to the unhealthy foods they consume

This section examines the relationship between "my children are exposed to advertising of foods that are harmful" and "my children's health challenges are related to the unhealthy foods they consume". The p-values, as shown in Table 4.41 below, shows that there is a significant relationship between the variables. This means that the respondents' children being exposed to advertising of foods that are harmful plays a significant role in contributing to the children's health challenges which are related to the unhealthy foods;

Table 4.10 Chi-square test: My children are exposed to advertising of foods that are harmful versus My children's health challenges are related to the unhealthy foods they consume

	My children are exposed to advertising of foods that are harmful	
	Pearsons Co-efficient	P-Value
My children's health challenges are related to the unhealthy foods they consume	.717**	0,000

**. Correlation is significant at the 0.01 level (2-tailed).

4.7.5.3 Advertising has influenced my children to consume unhealthy food products versus Overweight and obesity

This section examines the relationship between “advertising has influenced my children to consume unhealthy foods products” and “overweight and obesity”. The p-values, as shown in Table 4.42 below, shows that there is a significant relationship between the variables. This means that advertising that has influenced the respondents’ children to consume unhealthy food products, plays a significant role in contributing to the children’s overweight and obesity.

Table 4.11 Chi-square test: My children are exposed to advertising of foods that are harmful versus My children’s health challenges are related to the unhealthy foods they consume

	Advertising has influenced my children to consume unhealthy foods products	
	Pearsons Co-efficient	P-Value
Overweight and obesity	.446**	0,000
**. Correlation is significant at the 0.01 level (2-tailed).		

4.7.5.4 The majority of food advertisements viewed by my children contain unhealthy foods versus Excess calories

This section examines the relationship between “the majority of food advertisements viewed by my children contain unhealthy foods” and “Excess calories”. The p-values, as shown in Table 4.43 below, shows that there is a significant relationship between the variables. This means that the fact that the majority of food advertisements viewed by the respondents’ children contain unhealthy food does play a significant role in contributing to excess calories being consumed by children.

Table 4.12 Chi-square test :The majority of food advertisements viewed by my children contain unhealthy foods versus Excess calories

	The majority of food advertisements viewed by my children contain unhealthy foods	
	Pearson's Co-efficient	P-Value
Excess calories	.651**	0,000
**. Correlation is significant at the 0.01 level (2-tailed).		

4.7.5.5 Present restrictions placed on unhealthy food advertising to children are not adequate versus Unhealthy diets are linked with the increased rate of health challenges in children

This section examines the relationship between "present restrictions placed on unhealthy food advertising to children are not adequate" and "unhealthy diets are linked with the increased rate of health challenges in children". The p-values as shown in Table 4.44 shows that there is a significant relationship between the variables. This means that the inadequacy of restrictions placed on unhealthy food advertising to children plays a significant role in contributing to the increased rate of health challenges in children that are linked with unhealthy diets.

Table 4.12 Chi-square test: Present restrictions placed on unhealthy food advertising to children are not adequate versus Unhealthy diets are linked with the increased rate of health challenges

	Present restrictions placed on unhealthy food advertising to children are not adequate	
	Pearson's Co-efficient	P-Value
Unhealthy diets are linked with the increased rate of health challenges in children	.662**	0,000
**. Correlation is significant at the 0.01 level (2-tailed).		

4.7.5.6 Advertising of unhealthy food products to children should be prohibited in terms of legislation versus My children lack the maturity to understand the harmful effects of advertising

This section examines the relationship between **"**advertising of unhealthy food products to children should be prohibited in terms of legislation" and "My children lack the maturity to understand the harmful effects of advertising". The p-values as shown in Table 4.45 below, shows that there is a significant relationship between the variables. This means that a prohibition on the advertising of unhealthy food products to children in terms of legislation, plays a significant role in addressing the harmful effects of advertising on them due to their lack the maturity.

Table 4.13 Chi-square test: Advertising of unhealthy food products to children should be prohibited in terms of legislation versus My children lack the maturity to understand the harmful effectss of advertising

	Advertising of unhealthy food products to children should be prohibited in terms of legislation	
	Pearsons Co-efficient	P-Value
My children lack the maturity to understand the harmful effects of advertising	.675**	0,000
**. Correlation is significant at the 0.01 level (2-tailed).		

4.8 CONCLUSION

The CPA introduced several fundamental consumer rights which are aimed at protecting children from unhealthy food product advertising. Therefore, the Act's objective is to prevent unfair and dishonest corporate practices in order to provide protection for consumers who are vulnerable, such as children. In general, consumers who are not aware of their legal rights cannot defend themselves. Consequently, the data obtained from the questionnaire's responses indicated some significant discoveries in this regard. The focus of this study was to better understand how

children's health issues with food relate to advertising for unhealthy foods and how the CPA regulates it.

An empirical study was conducted to collect data from consumers in the Mpophomeni area through a survey using questionnaires. The data was analyzed using the SPSS version 27.0. In this chapter, the results of the empirical study were presented using tables and graphs. Of the total sample of 377 respondents, the majority were parents with children in the age-group 3-5 years. Both descriptive and inferential statistical techniques were used in analyzing the data. Hypothesis testing, correlations, cross tabulations, KMO and Bartlett's Test were undertaken.

The next chapter will present a summary of the significant findings from the study. Based on these findings, conclusions will be drawn and recommendations will be made.

CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The results of this study were presented and analysed in the previous chapter. The data obtained from the sample of 377 respondents through the survey using questionnaires, was presented and analysed using descriptive and inferential statistics. This study investigates food-related health challenges of children and the role of the CPA in regulating unhealthy food product advertising. This chapter presents a summary of the findings from the study, thereafter conclusions are drawn based on the findings and recommendations are made. The limitations of the study and suggestions for further research are also set out.

5.2 Aim and objectives of the study

5.2.1 Aim

The aim of this study was to investigate the food-related health challenges of children and the role of the Consumer Protection Act 68 of 2008 in addressing these challenges through the regulation of unhealthy food product advertising.

5.2.2 Objectives

The objectives of this study were:

i. To outline the health challenges of children associated with the consumption of unhealthy food products;
ii. To explore how the advertising of food product influences the types of food products consumed by children;
iii. To examine the relevant provisions of the CPA and other commensurate legislation in protecting children as consumers as far as the advertising of unhealthy food products is concerned.

This study was conducted in order to achieve these objectives. The conclusions from the study are presented under the three themes described in the objectives, viz. health challenges associated with the consumption of unhealthy food products, advertising influence of unhealthy food products; and the relevant provisions of the CPA and other

relevant legislation protecting children. Hence, this chapter explains the key enablers which will assist the regulation of advertising of unhealthy food products aimed at children. These enablers have been identified from the research conducted. Thereafter, the recommendations from the study are set out. Hopefully such recommendations will have an impact on future regulation pertaining to the marketing of unhealthy food products aimed at children.

5.3 Summary of findings

The summary of the findings from the empirical study is set out below in terms of specific themes.

5.3.1 The health challenges of children and unhealthy food product consumption

The findings in respect of the health challenges of children and unhealthy food product consumption are as follows:

- The majority of the respondents agreed that the health challenges of children that were mentioned in the questionnaire (viz. heart disease, high blood pressure, diabetes, asthma, sleeping disorder and overweight and obesity) were all linked to unhealthy food choices;
- The majority of them also indicated that they were able to identify the unhealthy food products, i.e., those which are high in sugar, salt and fat, while a small minority were not able too;
- The majority of the respondents (i.e., parents) indicated that their children were overweight or obese;
- About half of the respondents indicated that their children had suffered from at least one or more of the non-communicable diseases mentioned above;
- With respect to the frequency of fast-food consumption, the majority confirmed that their children consumed fast food more than four times a month;
- With respect to the theme “awareness of unhealthy food products”, the majority also indicated that they were aware that certain food products (viz. chocolate bars/sweets; fried foods; pizza and sugary drinks) were unhealthy;

- The majority of the respondents identified fruits, fish and milk, as healthy food products, while some of them indicated that pizza was healthy and a small proportion indicated that fish was unhealthy;
- The majority of them agreed that there was a link between NCDs and the consumption of unhealthy food products. They indicated that their children have gained weight due to consuming nutritionally poor foods; that their health challenges are related to the unhealthy foods they consume; and that soft drinks have contributed to them putting on weight.

5.3.2 The impact of unhealthy food product advertising on children

The following findings relate to the impact of unhealthy food product advertising on the respondents' children:

- The majority of the respondents indicated that, as a result of unhealthy food product advertising, their children consumed excess calories; added sugars; foods that had higher than the recommended intake of salt; and foods with saturated fats;
- With respect to the time that their children were exposed to advertising on television or the internet, the majority indicated that their children spent 6 hours per day or more viewing television or were on the internet;
- In respect of the theme "unhealthy food product advertising that children are exposed to, the majority of the respondents agreed:
    - That their children are exposed to advertising of foods that are harmful to their health;
    - That food advertisements viewed by their children focussed on unhealthy foods;
    - That they do not have control over the advertisement that their children were exposed to on TV and the internet;
    - That advertising made their children consume unhealthy food products, such as chocolate bars, sugary drinks and fried foods; and
    - That the colourful packaging with cartoons that were used to advertise sugary products, influenced their children to choose unhealthy foods;
- The majority of the respondents also indicated that television, freebies and cartoon characters were techniques commonly used by food advertisers to

influence children's food choices. Some of the respondents believed that packaging, branding and radio were further techniques used by these food advertisers. Television was the leading technique used by food advertisers to target children.

5.3.3 The role of the Consumer Protection Act 68 of 2008 and related legislations in protecting children as consumers

With respect to the role of the CPA and related legislations in protecting children as consumers, the following findings were made:

- The majority of the respondents were aware of the legislation protecting children as consumers;
- The majority of them were not aware of certain consumer rights protecting, among others, children, that were set out in the Act, viz. the right to privacy; the right to fair and responsible marketing; the right to fair value, good quality and safety; the right to disclosure of risks in food products; and the consumer right with respect to food product labelling.
- In addition, the majority of the respondents also supported the idea of consumer education relating to the CPA rights for children and parents.

5.3.4. The need for measures to protect children from unhealthy food product advertising

With respect to the theme "measures to protect children from unhealthy food product advertising", the following findings were made. The majority of the respondents indicated:

- That the present restrictions placed on unhealthy food advertising to children were not adequate;
- That more interventions were needed to protect children from unhealthy food advertising;
- That there is an urgent need to protect children from the advertising of unhealthy food products on television and the internet;
- That their children lacked the maturity to understand the harmful effects of advertising;

- That the advertising of unhealthy food products to children should be prohibited in terms of legislation;
- That the health challenges of children that are linked to food product advertising needs to be addressed; and
- That consumer education was needed for parents and children.

5.3.5 Possible measures to protect children from unhealthy food product advertising

In an open-ended question, the respondents were asked what possible measures could be implemented to protect children from these unhealthy food product advertising. The measures suggested are set out below in terms of the various sub-themes identified:

- **Advertising**: Advertising of unhealthy foods to children should be restricted or banned, especially on television/during children's viewing hours; cartoon advertising and free toys should be prohibited; suppliers should indicate risk factors of products on the labels; advertisers should stop misleading children; and they should promote the advertising of healthy foods;
- **Educating children about unhealthy foods**: School teachers should educate children about unhealthy foods dangers and non-communicable diseases; school syllabi should inform children and create an awareness among them about the advertising tactics used by advertisers, as well as about the CPA and similar legislation; healthy eating should be promoted; researchers should create awareness through campaigns at schools; and awareness committees should be created to make children aware of their rights under the CPA.
- **Educating parents**: Parents should teach their children about "junk food", harmful effects and their rights as consumers; there should be consumer education for parents; and such information should be available on product labels.
- **Restricting unhealthy foods**: Parental control of what their children eat; limiting the availability of unhealthy food; setting healthy diet plans for children; food manufactures should produce lesser unhealthy foods; school tuck shops should ban the sale of unhealthy foods and encourage healthy food products and also find sponsors offering healthy options; the use of cartoons to advertise

healthy foods; limiting sugary drinks and consumption of sugary, oily and salty foods; and school wellness policies are needed to implement restrictions.

- **Advertising restrictions**: media should restrict unhealthy food advertisements from 6am until 10pm; prohibition on advertising to children's channels; advertising ban on cartoons or animated movies; less advertising during peak times; block advertisements in children's shows on TV and the internet; children should not have access to advertising platforms; advertisements of unhealthy food to be aired during times when children are not watching television; the regulation of advertising hours and content; advertisers need to stop guilt-tripping children into eating unhealthy foods; ban on freebies that lure children into buying junk food; fines to companies advertising unhealthy foods; the BCCCSA needs to regulate advertising of unhealthy foods; government should impose higher taxes on unhealthy foods and promote green foods; restaurants need to stop offering sugary drinks; store-checkouts need to be free of candy, sugary drinks and other low nutritive foods; and the sale of unhealthy foods and beverages in venues that children go to should be prohibited.
- **Parental food product choices and restrictions:** Parental control apps to limit screen time should be used; parents should help children recognize stereotypes messages; they should substitute unhealthy foods with fruits and avoid unhealthy food as rewards; they should promote healthy eating six days a week and stock their fridge and pantry with healthy food items; parents should read food labels; restaurants should stop on-site vending at playgrounds; and parents should avoid buying foods with MSG, added sugar or sodium based ingredients.
- **Parental guidance/monitoring of television viewing**: Educate parents on how to control children from eating unhealthy food; parents to avoid giving their children junk food; monitor what their children watch on TV and their cellphones; reduce buying junk food; consultations with food specialists and knowledge of food pyramid; sign a pledge to keep being updated about campaigns; preference of food items with small ingredients and limit time spent watching TV and to ensure supervision by an adult.
- **Legislation should be implemented** and voluntary regulations by food and beverage industries should be adopted.

- **Awareness campaigns**: Workshops encouraging healthy food and on the CPA; awareness of health challenges imposed by unhealthy foods; parents and children to be made aware of the techniques used by advertisers to lure children into buying unhealthy foods; empowerments to township parents to educate their children of health challenges.
- **Labels on packaging**: Labels should indicate the health risks on packaging in plain language.
- **Research**: Further research should be conducted on the harm caused to children by consuming unhealthy food items.
- **Other**: More programmes and advertisements promoting healthy eating; schools' syllabuses to include healthy diets; improved information and awareness on healthy eating; complaints to be sent to manufacturers about unhealthy food; advertisers to stop manipulating children; no sales of unhealthy foods to be made to children; venues that children go to must be used to create an awareness of the dangers of consumption of unhealthy foods; inspections to be conducted to ensure compliance with the CPA; the use of celebrities to create an awareness and get the message across to children and parents.

5.4 Conclusions from the literature review

As highlighted in the literature review, many food-related challenges experienced by children contributed to the regulation of unhealthy food product advertising. The following conclusions were drawn from the literature review:

With respect to the theme **health challenges of children**, the following conclusions were drawn:

- Globally, there was a significant increase in childhood obesity and children being overweight;
- South African children are faced with significant health challenges (NCDs);
- Childhood obesity was linked to a range of NCDs;
- NCDs in children include, cardiovascular diseases, diabetes, cancer; and
- Affordability and accessibility of unhealthy food products are contributing factors to children's health challenges.

Children generally, were exposed to unhealthy food products such as **HSSF foods**, i.e., nutritiously poor foods that were high in sugar, salt and fats, such as, cool drinks; chocolate bars/sweets; fried chips; cakes; and pizza.

With respect to the themes, **accessibility and affordability of unhealthy food products** and **the consumption of unhealthy food products by children**, the following conclusions were drawn:

- HFSS foods are more affordable as they have cheaper production costs, long shelf-life and high retail-value. High consumption of HFSS foods is linked to children developing NCDs;
- The South African food and beverage industry is producing and distributing highly processed food products that are easily accessible to consumers at low prices;
- Overweight and obesity challenges among children is caused by the increased levels of accessibility of foods high in sugar, salt and fats;
- Fast food restaurants offer unhealthy food products and manufacturing companies produce large quantities of such foods;
- Regular consumption of unhealthy food products is a major contributor to children being overweight or obese; and
- Food advertising is affecting the consumption of energy dense food products.

The following **types of non-communicable diseases** are associated with obesity and unhealthy food consumption: diabetes, cardiovascular, stroke, cancer and high blood pressure.

With respect to the **link between unhealthy food products and the health challenges of children**, the following conclusions can be drawn:

- The various strategies used by food manufacturers have contributed to the dietary changes in South Africa;
- The increase in children being overweight and obese is caused by the consumption of food products that are high in sugar, salt and fats (HSSF);
- The frequent exposure to food promotions has an impact on the children's dietary intake and leads to health challenges;
- Children make unhealthy food choices and end up consuming unhealthy food products;

- Soft drink consumption also increases the energy intake and leads to health challenges; and
- The consumption of sugar-sweetened beverages in children results in a high calorie intake.

The following **marketing and advertising techniques** were used to target children: television; billboards; online advertising; viral marketing; freebies; branded characters and premiums; celebrity endorsement; product placement and packaging; radio; internet; school promotions of unhealthy food products; pester power; and advergames.

With respect to **the impact of advertising of unhealthy food products** on children, the following conclusions were drawn:

- Food promotion directly influences consumers purchasing choices and makes them purchase unhealthy food products;
- Children are easily persuaded as they are seen as easy targets;
- The exposure of unhealthy food advertising increases the food consumption in children and children end up being obese;
- High exposure of advertisement of unhealthy food products in children leads to unhealthy eating habits;
- Unhealthy food products have a detrimental effect on health of the children;
- There is a positive relationship between food advertising and food preferences in children;
- Poor diets lead to an increase in NCDs;
- Children have become addicted to food products that are high in fats, sugar and salt; and
- Children are vulnerable to advertising and do not fully understand the persuasive intent and lack understanding of the purpose of the advertisement.

As far as the **influence of advertising on children's food preference** is concerned, the following conclusions can be drawn: food environments influence children's dietary and their food preferences; food preference also influences children consumption and leads to health challenges; children choose taste over their health; the buying power of children is influenced by such advertising; collectable toys (freebies) were

connected to the escalation of unhealthy food products consumed by children; and children become brand loyal with such exposure.

The types of **regulatory measures relating to advertising of food products** to children include: governmental regulations; industry self-regulation; and voluntary pledges made by food and beverage industries. International documents that have an impact include:

The legislation, regulations and pledges that impact on food marketing to children include:

- At an international level, the UN Convention on the Rights of the Child (CRC) and restrictions called for by the World Health Organisation and the World Health Assembly;
- Local legislation and measures that have an impact include the Constitution of South Africa, Children's Act 38 of 2005, and the CPA.
- The CPA includes specific consumer rights that protect children as consumers, such as the right to information in plain and understandable language; the right in respect of product labelling and trade descriptions; the right to fair value, good quality and safety; the right to safe, good quality goods; the right to restrict unwanted direct marketing; the right to fair and responsible marketing and promotion; and the right to disclosure of risks in food and beverage products.

These regulatory measures relating to marketing to children do have an impact when addressing the food-related health challenges experienced by children.

5.5 Conclusions from the empirical study

The empirical study entailed a survey using questionnaire administered to parents in the Mpophomeni township area. As far as the research hypotheses in Chapter One are concerned, the following conclusions can be drawn:

5.5.1 The health challenges of children and unhealthy food product consumption

With respect to the health challenges of children and unhealthy food product consumption, the following conclusions are drawn: NCDs, such as heart disease, high blood pressure, diabetes, asthma, sleeping disorder and overweight and obesity, were

all linked to unhealthy food choices; the children suffered from at least one or more of the non-communicable diseases mentioned; the respondents (parents in Mpophomeni) were able to identify unhealthy food products; their children consumed fast food more than four times a month; and children have gained weight due to consuming nutritionally poor foods. Furthermore, soft drinks have contributed to the children putting on weight. This is in accordance with Emond *et al.* (2016: 158) who maintain that, in many cases, food industries target children under the age of twelve.

5.5.2 The impact of unhealthy food product advertising on children

The following conclusions were drawn on the impact of unhealthy food product advertising on children:

- **The influence of advertising on children's food choices:** Unhealthy food product advertising caused the respondents' children to consume excess calories; added sugars; foods that had higher than the recommended intake of salt and foods with saturated fats are advertised. This is similar to the view of the WHO (2010: 7) that an unhealthy diet also places children at greater risk of getting non-communicable diseases (NCDs) and such risks start in early childhood and continue to adulthood.
- **The amount of time that children were exposed to advertising on television or the internet:** children spent 6 hours per day and more on the television or the internet.

The unhealthy food product advertising that children were exposed to: children were exposed to advertising of foods that are harmful to their health; food advertisements viewed by children contained unhealthy foods; respondents do not have control over the advertisement that their children were exposed to on television and the internet; advertising made their children consume unhealthy food products such as chocolate bars, sugary drinks and fried foods; and colourful packaging with cartoons were used to advertise sugary products influenced their children to choose unhealthy foods. Such conclusions are supported by studies (Albers and Wright 2016: 23) which have shown that unhealthy food choices are being made by children, as the diets in South Africa consist of high calorie foods that include fast foods, snacks bars, chocolates, sweets and beverages and have less unrefined foods, fruits and vegetables

Techniques used to influence children's food choices: television, freebies and cartoon characters were techniques commonly used to influence children's food choices. Television was the leading technique. Packaging, branding and radio were other techniques used. These conclusions are similar to the views of Lusted (2009: 27) who asserts that advertisers make sure they keep up to date with trends and constantly upgrade their products so children can continue purchasing the latest products.

5.5.3 Protection of children as consumers in disadvantaged areas:

Children in the Mpophomeni township, which is a disadvantaged area, are faced with the health challenges linked to the consumption of unhealthy and they lacked understanding of the harmful effects of advertising, which points to social injustice against a vulnerable group that needs to be addressed.

5.5.4 The role of the Consumer Protection Act 68 of 2008 and related legislations in protecting children as consumers

With respect to the role of the CPA and related legislations in protecting children as consumers, the following conclusions can be drawn:

- **Awareness of CPA provisions and related legislation protecting children:** The respondents were aware of the available legislation protecting children.

Awareness of selected consumer rights: There was a lack of awareness of consumer rights listed in the CPA that were relevant to children as consumers, such as the right to privacy, the right to fair and responsible marketing, the right to fair value, good quality and safety and the rights to disclosure of risks and with respect to food product labelling. According to section 58(1) of the CPA, the supplier has a duty to inform the consumers of risks of unusual character, risks which a consumer could not reasonably be expected to be aware and risks that could result in serious injury or death (South Africa, Department of Trade and Industry 2008: 110).

- **Need for consumer education:** Consumer education is needed for parents and children to protect the rights of children as far as the advertising of food

products are concerned; and restrictions placed on unhealthy food advertising to children was not successful. The need for measures to protect children from the effects of unhealthy food product advertising was identified.

5.5.5 Adequacy of existing legislation and the need for measures to protect children from unhealthy food product advertising

The following conclusions were drawn from the survey with respect to adequacy of existing legislation and the need for measures to protect children from unhealthy food product advertising:

- The health challenges of children that are linked to food product advertising needs to be addressed;
- With respect to the harmful effects of advertising, the respondents confirmed that their children lacked the maturity to understand such harmful effects;
- There is a need for advertising of unhealthy food products to children to be prohibited in terms of legislation;
- The present restrictions in terms of legislation that are placed on unhealthy food advertising to children were not adequate and more interventions were needed to protect children from such advertising;
- There is an urgent need for measures to protect children from the advertising of unhealthy food products which were being shown on television and the internet; and
- Consumer education was needed for parents and children.

These conclusions are supported by reports that have stated that statutory regulation does have the potential of reducing children's exposure to marketing of unhealthy food products (Galbraithe-Emami and Lobstein 2013: 972).

5.5.6 Possible measures to protect children from unhealthy food product advertising

The following conclusions were drawn from the survey with respect to the possible measures that were needed to protect children from unhealthy food product advertising: children and parents should be educated about NCDs and the harmful effects of unhealthy food advertising. Further, parents should be proactive and restrict

the food products they purchase and monitor what their children consume. Also, labels on food products must be in plain language and disclose the risks associated with unhealthy food products. Further, the need for research on the harm caused to children who consumed unhealthy food items was identified.

This study, therefore, concludes that intervention measures in regulating unhealthy food product advertising plays an important role in addressing the food-related challenges experienced by children.

5.6 Recommendations

In addressing the health challenges of children, the following recommendations are made in terms of the various sub-themes identified on the possible measures to protect children from unhealthy food product advertising:

- **Advertising and restrictions**: Explicit legislation should be implemented to restrict or reduce unhealthy food advertising to children; more restrictions with respect to times of advertising of unhealthy food products on television aimed at children and ban on freebies;; prohibition on deceptive advertising techniques; decrease in advertising during peak times; BCCSA to regulate advertising of unhealthy food products aimed at children below 12 years old; government to introduce higher tax/fines to suppliers; store check-outs to be free of unhealthy food products; and an increase in advertising of healthy food products.
- **Educating children and parents about unhealthy foods**: Awareness campaigns on hazards of unhealthy eating and escalate workshops on healthy eating, especially in places children go to. Governmental organizations must host community events and workshops to inform the public about consumer protection laws, their consequences, and redress mechanisms, etc.
- **Labels on packaging**: There should be clear labels on unhealthy food products showing risks. Information on risks and information should be in plain language so that parents can understand the ingredients used in the food products, etc.
- **Explicit legislation should be implemented** and more voluntary pledges by food and beverage industries need to be adopted and implemented.

In addition, the following measures to reduce the consumption of unhealthy foods by children are recommended:

- **Parental engagement:** Parents can play a significant role, such as:
    - **Parents educating children**: Parents should play their part by educating children about unhealthy food products that are detrimental to children's health,
    - **Restricting unhealthy foods**: Parental control and limitation on what children consume; healthy diets to be put in place;
    - **Parental guidance/monitoring**: Parents to limit screen time in their children; parents to substitute unhealthy snacks with healthier snacks when rewarding their children; and ensure supervision when children are watching television.
- **Awareness campaigns**: Escalation in workshops encouraging healthy eating, and creating awareness of the different NCD's especially in township areas.
- **School/tuckshops:** School environments should create more awareness; and celebrity endorsement should be used to promote healthy food products; availability and affordability of healthy food products at school tuckshops, for instance, sugary drinks should be substituted with zero sugar drinks.
- **Protection of children in townships:** advertising of unhealthy food products to children especially in disadvantaged areas should include explicit protective measures and mechanisms; neighbourhood forums should be created to look out for children; the use of local artists, radio stations, newspapers and creative initiatives within the community to assist in creating awareness and to get the community to engage; reinforcement and promotion of explicit legislation particularly protecting such children as consumers.

5.7 Diagrammatic representation of the conclusions and recommendations from the study

This study investigated the food-related health challenges of children and the role of the CPA and other legislations in regulating unhealthy food product advertising.

Figure 5.1 below presents a graphical representation of the study based on the findings.

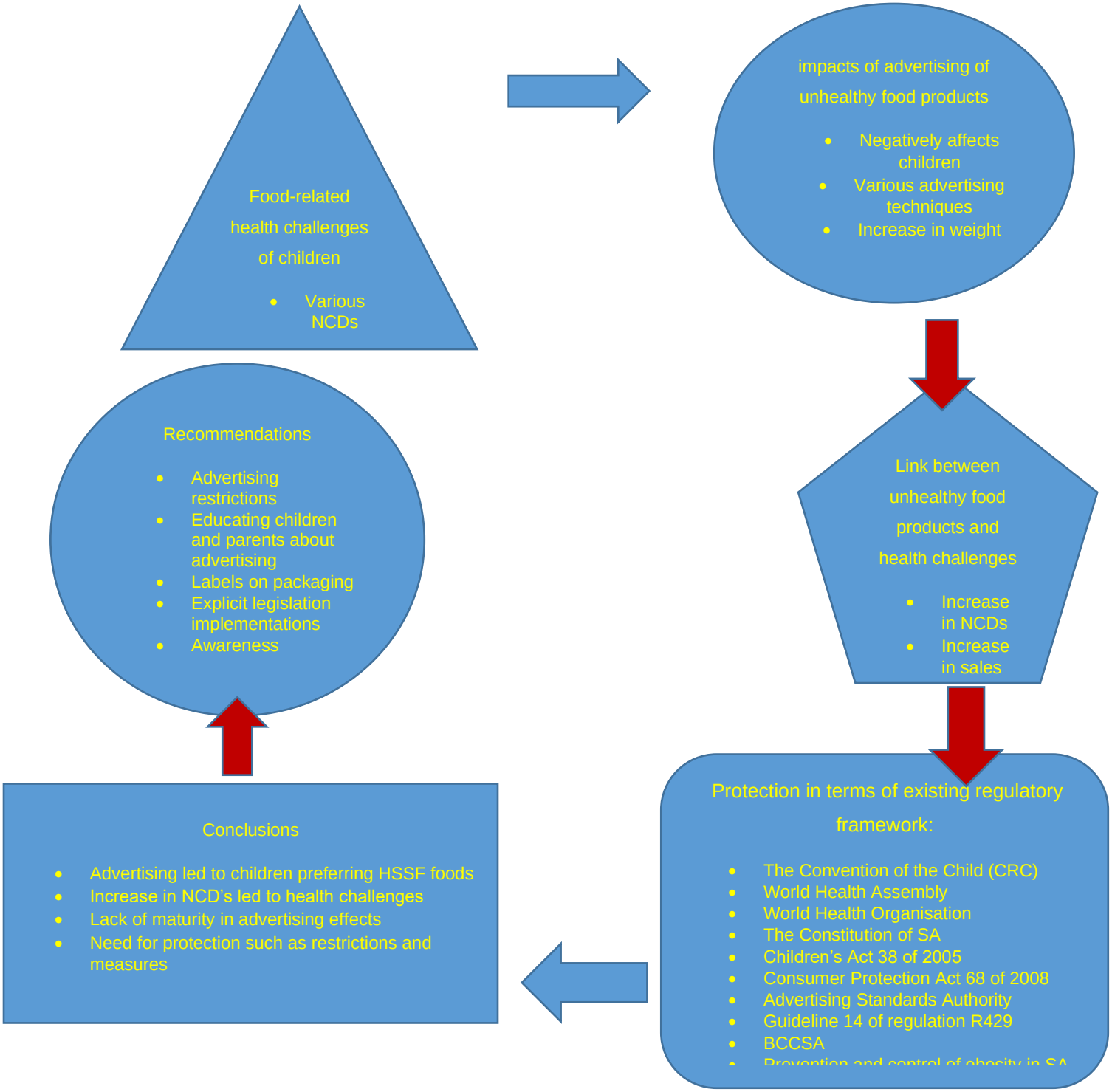

Figure 5.1 Diagrammatic representation of the study

5.8 Further research

Based on this study's findings and conclusions, it is suggested that a similar in-depth study of this kind be conducted on a wider scale for the province of KZN. Consumer protection rights, protection and awareness of the CPA regulating unhealthy food product advertising to children needs to be conducted in other areas in South Africa as well with a focus on children from other townships and other historically disadvantaged areas to provide more insight and guidelines to check if other similar areas are experiencing the same problem. There needs to be an extensive study on the food-related health challenges of children and the role of the CPA in regulating unhealthy food product advertising in such contexts.

Future research should aim to include both consumers who were educated and those who were not to educate them about the detrimental effect of unhealthy food advertising on their children. Studies could also be conducted to include the perspectives of advertisers, manufacturers and consumer groups.

Other research areas include:

- The consumer challenges and best practices with consumer protection and consumer law in South Africa;
- Whether the advertisers are punished;
- To investigate the enforcement of measures to protect children as consumers; and
- To investigate the success of the CPA and the awareness of consumers' rights and protection.

5.9 Limitations

As with empirical studies generally, this study has certain limitations. These are summarised as follows:

- All consumers in the Mpophomeni township region were the subjects for this study. Due to the convenience sampling approach that was used to get the data and the researcher's inability to contact customers in other areas, the study's

findings might not have been typical of the entire population. The convenience sampling technique ensured that only respondents who were accessible and willing to participate were included in the sample. As a result, the research could not have accurately represented consumers across all age groups; and

- There is limited literature on studies conducted on the implications of the CPA for regulating unhealthy food product advertising in South Africa, particularly in the context of children from disadvantaged areas as consumers.

5.10 Contributions of the study

This research study has provided an in-depth analysis of the implementation of the provisions of the CPA in regulating unhealthy food product advertising and the related health challenges caused by the consumption of these unhealthy food products. Further, it has provided information on the awareness of parents in the Mpophomeni township area, on specific consumer related aspects relating to the advertising of unhealthy food products and the health challenges of their children. According to the study's findings, most customers are unclear of what defines a consumer's rights and how to proceed legally if those rights have been violated by these advertisers. Considering the circumstances, it is obvious that more consumer education is needed and that it needs to be embedded at all societal levels. In addition, the CPA must be easily accessible to customers in order for it to serve its intended purpose.

5.11 Concluding note

This study has further highlighted children consumers health challenges and the role of advertising regulations were analysed together with the identified gaps. More importantly, this study investigated how the CPA may affect advertisers who do not consistently abide by all of the CPA's requirements, and children as customers, especially in townships and other underprivileged areas. Therefore, it is likely that there will be more health issues for children if the CPA provisions are not enforced or if other legislation is not introduced. A developing economy like South Africa must

prioritize consumer safety and consumer education. Therefore, achieving social justice depends on protecting consumer rights.

The study was particularly conducted in Mpophomeni township to see how advertising was affecting children in townships and how these children were affected by such advertising, it was also to see if disadvantaged areas are able to provide protection to their children or not. This study will contribute to the concept of social justice as it has been proven that there is social injustice in disadvantaged backgrounds and that some action needed to be done to bring about change and equality for all children. The study displayed the need for social justice to prevail in disadvantaged areas such as Mpophomeni township.

Businesses should be restricted or fined if they continue to create their sales from such practices because they want to increase their sales and do not put the interests of a child first but prioritize making a profit even if it results in harming the health of children consumers. Children are seen as vulnerable consumers who need protection at all times. Children are easy targets and therefore, such consumers need to be protected at all times. This would assist in decreasing NCDs amongst children.

This study revealed that children are suffering from food-related health challenges due to the different techniques used to advertise used unhealthy food products to children. This study showed that there are various reasons that makes children consumers prefer these unhealthy food products over healthy food products and that there are various forms of advertising techniques that children are exposed to on a daily basis. There are also various challenges, such as the exploitation of vulnerable groups by advertisers; the lack of maturity to understand the harmful effects of advertising; children's rights undermined by unhealthy food industries; lack of regulation of these rights; lack of understanding of consumer protection rights reserved for the children's consumers as well as the lack of punishment for the advertiser's infringing rights of the children's consumers. This study recommends that children consumers should be made aware of how advertisers operate; the consumer protection rights available for vulnerable consumers; the regulation of legislations and the punishment for infringing such laws. The government, schools, parents and other bodies are encouraged to inform the public of the dangers and risks associated with unhealthy food products. The literature review conducted shows that there is room for further research to be

done in the future. It shows that even a global study within South Africa needs to be conducted regarding the children consumer protection rights, unhealthy food products and advertising.

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6 August 2020

Appendix A- Gatekeepers letter

uMngeni Local Municipality

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Our Ref.: Your Ref.: Date: 01 July 2021

TO WHOM IT MAY CONCERN

Dear Sir / Madam

RE: PERMISSION TO CONDUCT RESEARCH

We, as uMngeni Municipality, hereby confirm that Ms. M. Hlongwane is granted permission to conduct her research study titled: Food – related health challenges of children and the role of the Consumer Protection Act 68 of 2008 in regulating unhealthy food product advertising.

Ms. M. Hlongwane has our permission to distribute her questionnaires to our residents in the Mpophomeni Township area.

If you require any further information, please do not hesitate to contact me on 033-239 9270 or e-mail address at Bongani.Mpanza@umngeni.gov.za.

Yours sincerely

B. MPANZA
GM COMMUNITY SERVICES

uMNGENI MUNICIPALITY
P.O. BOX 5, HOWICK 3290
TEL.: (033) 330 6124
FAX.: (033) 330 4183

People Centered Development Intuthuko Kubantu

6 August 2020

Appendix B- Letter of Information

LETTER OF INFORMATION

Title of the Research Study: Health challenges of children and unhealthy food product advertising and the implications of the Consumer Protection Act 68 of 2008.

Principal Investigator/s/researcher: Minenhle Hlongwane, Diploma in Business Law and Btech in Management

Co-Investigator/s/supervisor/s: Professor K Reddy, B. Com, LLB, LLM, LLD

Brief Introduction and Purpose of the Study: In fulfilment of the Master's Degree in Management Sciences (Business Law), an investigation on the implications of the Consumer Protection Act (CPA) for children consumer in advertising of unhealthy food products and health challenges will be conducted. This study will seek to find the health challenges in children as they too are seen as consumers. Secondly the study will seek to find the advertising of unhealthy food products. Lastly the study will also look at other relevant legislations protecting children as consumers. This study will collect valuable information relating to the health challenges in children imposed by unhealthy food choices so healthier choices can be made available.

This study focuses on the following:

- The provisions of Consumer Protection Act that protect children as consumers.
- Food advertising of unhealthy food product regulations.
- Health challenges experienced by children.

Greeting: Good morning/ Good afternoon, how are you, I am glad to hear you well. I am currently collecting data for my research would you be interested and taking part.

Introduce yourself to the participant: My name is Minenhle Hlongwane. I am a Master's student at DUT specializing in Business Law. I am interested in finding out the health challenges experienced by

children due to food advertisers misleading children. I want to also find out if children as consumers are protected under the Consumer Protection Act.

Invitation to the potential participant: I am kindly inviting you to participate in a Master's research study that I am conducting titled: The title of my study is Food-related health challenges of children and the role of the Consumer Protection Act 68 of 2008 in regulating unhealthy food products. The aim is finding health challenges that children suffer from due to unhealthy eating. As well as find ways to protect children. The participation is completely voluntary and if you would like to take part please read the information letter as well as the consent letter. Your participation in the research will assist in ensuring that children are well protected as consumers by the Consumer Protection Act against unhealthy food advertisers.

What is Research: Research is a way of looking for new information and new facts to add on what you already know. Research is conducted by a researcher. Research is the process of finding new knowledge.

Outline of the Procedures: You have been selected as a voluntary participant for this study. Your participation and co-operation in providing relevant information based on your knowledge and experiences as a child's parent/ guardian will allow the researcher and the available bodies to address the health challenges faced by children as consumers. You must provide your knowledge and opinions in the research study. The survey will take place in Mpophomeni township area. The survey will take approximately ten to fifteen minutes.

Risks or Discomforts to the Participant: There will be no expected risks or any discomforts that you will experience, you may withdraw from the study at any time they wish to do so, if they feel uncomfortable.

Explain to the participant the reasons he/she may be withdraw from the Study: You may be withdrawn from the study if you fall sick and cannot assist. Participation in the survey will be voluntary and there will be no penalties for participants that will withdraw. The questionnaire will allow you to remain anonymous and the information obtained will be confidential and will only be used for research purposes only.

Benefits: The information that will be obtained from the survey will assist in highlighting the dangers unhealthy food product cause to the health of children. The information will assist address these health challenges at early stages and also protect children as consumers. The results of this study will assist parents/guardians be aware of the negative effects of unhealthy food product to the health of the children and parents will be able to help their children take informed decisions when purchasing food products.
Remuneration: None.

Costs of the Study: None.

Confidentiality: Confidentiality for you will be maintained in the study. You will remain anonymous.

Voluntary participation: Participation in this study is voluntary.

Results: The results of the study will aim to find ways children can avoid choosing unhealthy food products and ways on limiting the advertisements pf unhealthy food products to children. The study will also find ways the Consumer Protection Act protects children. The results will be made available to you once the study is completed.

Research-related Injury: Not applicable to this study.

Storage of all electronic and hard copies including tape recordings: Hard copies will be stored in Supervisor's Office; the soft copies will be kept in flash drives. The supervisor and I have access to the data collected. The data will be stored for 5 years and after 5 years will be destroyed and the hard copies will be shredded.

Persons to contact in the Event of Any Problems or Queries:(Professor K. Reddy (Supervisor), supervisor email reddyk@dut.ac.za) Please contact the researcher - (074 625 4436 or 21620262@dut4life.ac.za), my supervisor (031 373 5367) or the Institutional Research Ethics Administrator on 031 373 2375. Complaints can be reported to the Director: Research and Postgraduate Support Dr L Linganiso on 031 373 2577 or researchdirector@dut.ac.za.

Appendix C- Consent letter

CONSENT

Full Title of the Study: Health challenges of children and unhealthy food product advertising and the implications of the Consumer Protection Act 68 of 2008.

Names of Researcher/s: Minenhle Hlongwane

Statement of Agreement to Participate in the Research Study:

My name is Minenhle Hlongwane, I am a Business Law Master's Degree student at the Durban University of Technology based at the Durban Campus ML Sultan. I am kindly requesting your participation on behalf of the school's parents in my Master's study that I am conducting titled: **Food-Related Health Challenges of Children and the role of the Consumer Protection Act 68 of 2008 in regulating unhealthy food product advertising**. The main objective of this research is to investigate the health challenges of children in the age groups 3 to 12 years old as a result of unhealthy food products, exploring how the advertising of food products impacts on children and examining the relevant provisions of the Consumer Protection Act and other relevant legislation in protecting children as consumers.

I have read and understood the above information regarding the study. I am aware that participation is completely voluntary and I can withdraw at any time. The study is completely anonymous; therefore, it does not require me to provide my name or any other identifying information.

Your participation in the research will be of great importance to assist in social change in ensuring that children are protected from unhealthy food product advertisers and parents are made aware of the rights of children consumers.

I do agree that the data collected during this study can be used by the researcher.

Full Name of Participant	**Date**	**Time**	**Signature / Right Thumbprint**

I, M. Hlongwane herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Minenhle Hlongwane	04/01/2022	M. Hlongwane
Full Name of Researcher	**Date**	**Signature**

Full Name of Witness (If applicable)	**Date**	**Signature**

Full Name of Legal Guardian (If applicable)	**Date**	**Signature**

Appendix D- Incwadi yolwazi

INCWADI YOLWAZI

Isihloko sesifundo socwaningo: Izinselele zezempilo ezihlobene nokudla Kanye nendima yoMthetho Wokuvikelwa Kwabathengi u-68 ka-2008 ekulawuleni ukukhangiswa kwemikhiqizo yokudla okungenampilo.

Umphenyi oyihloko: M.Hlongwane

Umphathi omukhulu: uProfesa K Reddy

Umphathi omuncance: uDokotela R. Von Staden

Isingeniso esifushane nehloso yocwaningo: Ukugcwalisa iziqu zeMasters kwi-Management Sciences (Business Law), kuzokwenziwa uphenyo ngemiphumela yoMthetho Wokuvikelwa Komthengi ezinganeni zabathengi ekukhangiseni imikhiqizo yokudla engenampilo neziselelo zezempilo. Lolu cwaningo luzofuna ukuthola izinselelo zezempilo ezinganeni njengoba nazo zibonakala njengabathengi. Okwesibili ucwaningo luzofuna ukuthola ukukhangiswa kewmikhiqizo yokudla engenampilo. Okokugcina isifundo sizobheka neminye imithetho efanele evikela izingane njengabathengi. Lolu cwaningo luzohlanganisa imininingwane ebalulekile ephathelene neziselelo zezempilo ezinganeni ezibekwe ukukhetha ukudla okungenampilo ukuze kutholakale ezinye izindlela ezinempilo.

Lolu cwaningo lugxile kokulandelayo:

- Izinhlizeko zoMthetho Wokuvikelwa Komthengi ezivikela izingane njengabathengi.
- Ukukhangiswa wokudla kwemithethonqubo yomkhiqizo wokudla okungenampilo.
- Izinselelo zezempilo ezitholwa yizingane.

Imikhonzo: Sawubona, unjani. Ngiyajabula ukukuzwa ukahle. Njengamanje ngihamba ngiqoqa idatha yocwaningo lwami ungathanda yini ukubamba iqhaza.

Zazise kumhlanganyeli: Igama lami nginguMinenhle Hlongwane. Ngingumfundi we-Master;s eDUT onguchwepheshe we-Business Law. Nginetshisekelo yokuthola izinselelo zezempilo ezitholwa yizingane ngenxa yabakhangisi bokudla abadukisa izingane. Ngifuna futhi ukuthola ukuthi izingane njengabathengi zivikelwe yini ngaphansi koMthetho Wokuvikelwa Kwabathengi.

Isimemo kulowo ongahlanganyela: Ngikumema ngomusa ukuthi ubambe iqhaza ocwaningweni lweMaster's engilwenzayo olunesihloko esithi: Izinselele zezempilo ezihlobene nokudla Kanye nendima yoMthetho Wokuvikelwa Kwabathengi u-68 ka-2008 ekulawuleni ukukhangiswa kwemikhiqizo yokudla okungenampilo. Inhloso ukuthola izinselelo zezempilo izingane ezihlupheka ngenxa yokudla okungenampilo. Kanye nokuthola izindlela zokuvikela izingane. Ukubamba iqhaza kwenziwa ngokuzithandela ngokuphelele futhi uma ungathanda ukubamba iqhaza sicela ufunde incwadi yolwazi Kanye necwadi yemvume. Ukubamba kwakho iqhaza ocwaningweni kuzosiza ekuginisekiseni ukuthi izizngane zivikeleke kahle njengabathengi kuMthetho Wokuvikela kwezimpahla kubathengisi bokudla abangenampilo.

Luyini ucwaningo: Ucwaningo luyindlela yokubheka amaqiniso amasha namasha ongangenza kulokhu osuke ukwazi. Ucwaningo lughutshwa ngumcwaningi. Ucwaningo luyinqubo yokuthola ulwazi olusha.

Uhlaka lwezinqubo: Ukhethiwe njengomuntu ohlanganyela ngokuzithandela kulolu cwaningo. Ukubamba kwakho iqhaza nokubambisana ekuhlinzekeni ulwazi olufanele olususelwa olwazini lwakho kanye nesipiliyoni sakho njengomzali/umqaphi wengane kuzokwenza umcwaningi nezinhlaka ezitholakalayo ukubhekene nazo njengabathengi. Umbambiqhaza kumele anikeze ulwazi nemibono yakhe esifundweni socwaningo. Ugcwaningo luzokwenzeka endaweni yaselokishini laseMpophomeni. Ucwaningo luzothatha cishe imizuzu engamashumi amabili kuya kwamashumi amathathu.

Izingozi noma ukungaphatheki kahle kumbambiqhaza: Ngeke kube khona ubungozi obulindelekile noma yikuphi ukungaphatheki kahle okuzobhekana

nommangalelwa/ ababambiqhaza, umbambiqhaza angahoxa ocwaningweni nganoma isiphi isikhathi afisa ukwenza kanjalo, uma ezizwa engakhululekile.

Izinzuzo: Imininingwane ezotholakala ocwaningweni izosiza ekuqhakambiseni ubungozi bomkhiqizo wokudla onganampilo empilweni yezingane. Lolu lwazi luzosiza ukubhekana nalezi zinselelo zezempilo zisencane futhi luvikele nezingane njengabathengi. Imiphumela yalolu cwaningo izosiza abazali/ ababheki ukuba bazi imiphumela emibi yomkhiqizo wokudla ongenampilo empilweni yezingane futhi abazali bazokwazi ukusiza izingane zabo ukuthi zithathe izinqumo ezinolwazi lapho zithenga imikhiqizo yokudla.

Isizathu/ Izizathu zokuthi kungani umbambiqhaza angahoxiswa ocwaningweni:

Ababamiqhaza bangahoxiswa ocwaningweni uma begula futhi bengakwazi ukusiza. Ukuhlanganyela ocwaningweni kuzoba ngokuzithandela futhi ngeke kube khona miphumela kubahlanganyeli ezohoxizwa. Uhlu lwemibuzo luzovumela ababambiqhaza ukuthi bahlale bengaziwa futhi imininingwane etholakele iyoba yimfihlo futhi izosetshenziselwa izinhloso zocwaningo kuphela.

Inkokhelo: Ayikho inkhokhelo umbambiqhaza azoyithola ngokudlala indima yakhe kuloluwaningo.

Izindleko zesifundo: Azikho izindleko ezizofundeka kumbambiqhaza ngokuzimbandakanyela kulolugcwaningo.

Imfihlo: Imfihlo yombambiqhaza izogcinwa ocwaningweni.

Ukubamba iqhaza ngokuzithandela: Ukubamba iqhaza ocwaningweni kwenziwa ngokuzithandela.

Imiphumela: Imiphumela yocwaningo izohlosa ukuthola izindlela izingane ezingagwema ngazo ukukhetha imikhiqizo yokudla engenampilo nezindlela zokunciphisa ukukhangiswa kwemikhiqizo yokudla engenampilo ezinganeni. Isifundo sizophinda sithole nezidlela uMthetho Wokuvikela Kwabathengi evikela ngayo izingane. Imiphumela izotholakala kuwe uma isifundo sesiqediwe.

Ukulimala okuhlobene nocwaningo: Akusebenzi lulolu cwaningo.

Abantu ongabathinta uma kwenzeka kuba nezinkinga noma imibuzo:

Umphathi omkhulu : uProfesa K. Reddy, inombolo yakhe yocingo ithi 031 373 5367, imeyili yakhe ithi reddyk@dut4life.ac.za

Umphenyi oyihloko : M. Hlongwane kwinombolo ethi 074 625 4436, imeyili yami ithi 21620262@dut4life.ac.za. noma umphathi wezimiso zokuziphatha zocwaningo-Inombolo yogcingo ithi 031 373 2375. Izikhalazo zingabikwa kumqondisi osabambile ukwesekwa kocwaningo nokufundela izinqu, uDokothela u-L Linganiso kwi nombolo ethi 031 373 2577 noma kwi-meyili yakhe ethi researchdirector@dut.ac.za

Appendix E- Imvume

IMVUME

Isihloko esigcwele sesifundo: Izinselel zezempilo ezihlobene nokudla kanye nendima yoMthetho Wokuvikelwa Kwabathengi u-68 ka-2008 ekulawuleni ukukhangiswa kwemikhiqizo yokudla okungenampilo.

Igama lomphenyi oyihloko: M. Hlongwane

Isitatimende sesivumelwano sokubamba iqhaza esifundweni sokucwaningo:

- Ngiyaqiniseka ukuthi ngazisiwe ngumcwaningi, __M.Hlongwane____, mayelana nohlobo, ukuziphatha, izinzuzo nezingozi zalolu cwaningo- Ukususwa kwendlela yokuziphatha inombolo: _____,
- Sengithole, ngafunda futhi ngaluqonda ulwazi olubhalwe ngenhla (Incwadi yombambiqhaza yolwazi) eqondene nesifundo.
- Ngiyazi ukuthi imiphumela yocwaningo, kufaka Phakathi imininingwane yomuntu mayelana nobulili bami, iminyaka, usuku lokuzalwa, iziqalo kanye nokuxilongwa kuzocutshungulwa kungaziwa kube wumbiko wocwaningo.
- Ngenxa yezidingo zocwaningo, ngiyavuma ukuthi idatha eqoqwe phakahtu nalolu cwaningo ingacutshungulwa ngahlelo lwekhompyutha ngumcwaningi.
- Ngingase, noma ngasiphi isigaba ngaphandle kokubandlulula, ngihoxise imvume yami futhi ngibambe iqhaza esifundweni.
- Ngibe nethuba elanele lokubuza imibuzo futhi (ngethando yami) ngizibonakalise ngikulungele ukubamba iqhaza ocwaningweni.
- Ngiyakuqonda ukthi okutholakele okusha okubalulekile kuthuthukiswe Phakathi nalolu cwaningo okungezeka maqondana nokubamba kwami iqhaza lizotholakala.

Igama eligcwele lombambiqhaza Usuku Isikhathi

Isiginesha/isithupha sesokudla

Mina , M.Hlongwane Ngiyaqinisekisa lapha ukuthi umbambiqhaza ongehla wayeziswe ngokuphelele ngohlobo, ukuziphatha Kanye nobungozi besifundo esingenhla.

Igama eligcwele lomphenyi omkhulu **Usuku** **Isignesha**

Igama eligcwele lofakazi (uma likhona) **Usuku** **Isignesha**

Igama eligcwele lomnakekeli osemthethweni (uma ekhona) **Usuku** **Isignesha**

Appendix F- Questionnaire

FOOD-RELATED HEALTH CHALLENGES OF CHILDREN AND THE ROLE OF THE CONSUMER PROTECTION ACT 68 OF 2008 IN REGULATING UNHEALTHY FOOD PRODUCT ADVERTISING.

QUESTIONNAIRE

KEYWORDS TABLE

Health Challenges	**Definitions**
Overweight	**Having too much body fat**
Non-communicable diseases	**Is a non-infectious condition that lasts for a long period of time (such as diabetes, heart disease, cancer and stroke)**
Obesity	**A disorder that involves too much body fat**
Heart Disease	**A disease affecting the heart not to function well**
High Blood Pressure	**A condition where the force of blood in the heart walls is too high**
Diabetes	**Too much sugar in the body**
Asthma	**Difficulty in breathing**
Sleeping disorder	**Lack of sleep**

Section A: Demographic data

Please indicate your response by a tick (✓) in the appropriate box.

1. Please indicate the age/s of your child/children.

3 - 5 years old	
6- 8 years old	
9-12 years old	

2. How many of your children are 12 years and younger?

1 child	

2 children	
3 children	
More than 3 children	

Section B: The Health challenges of children and unhealthy food product consumption

3. Indicate your level of agreement with which of the following non-communicable disease/s among children are linked to unhealthy food choices:

The following disease/s among children are linked to unhealthy food choices:	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
3.1 Heart disease					
3.2 High Blood pressure					
3.3 Diabetes					
3.4 Asthma					
3.5 Sleeping disorder					
3.6 Overweight and obesity					

4. Foods that have a high level of sugar, salt and saturated fats (i.e., the HSSF foods) have been identified as unhealthy foods. Do you know which food products have high sugar, salt or saturated fats?

Yes	
No	

5. Which of the following non-communicable disease/s does your child/children suffer from?

Overweight and obesity	
Heart disease	
High blood pressure	
Diabetes	
Asthma	
Sleeping disorders	
None of the above	

6. How often have your children eaten food from fast food outlets/take-aways or restaurants?

Once a month	
From 2-4 times a month	
More than 4 times a month	

7. In your opinion, which of the following food and beverage products are healthy/unhealthy for children?

Type of food product	**Healthy**	**Unhealthy**
Chocolate bars/ sweets		
Fruits		
Fried foods		
Pizza		
Fish		
Sugary drinks		
Milk		

8. Indicate your level of agreement with each of the following statements relating to the link between NCDs and unhealthy food product consumption.

The link between NCDs and unhealthy food product consumption	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
8.1 Unhealthy diets are linked with the increased rate of health challenges in children					
8.2 My children have gained weight due to consuming nutritionally poor foods.					
8.3 My children's health challenges are related to the unhealthy foods they consume.					
8.4 Consuming soft drinks has contributed to my children putting on weight.					

9. Indicate your level of agreement with each of the following statements relating to the influence of advertising on children's food choices.

As a result of unhealthy food product advertising children consume:	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
9.1 Excess calories.					
9.2 Added sugars (such as soft drinks, ice-cream and cakes).					
9.3 Foods that had higher than recommended intake of salt (such as salted meat, fish, bacon, butter, soup powders, sauces and savoury snacks such as chips, pretzels and popcorn).					
9.4 Foods with saturated fats (such as butter, cheese).					

Section C: The impact of unhealthy food advertising on children

10 Approximately how many hours does your child/children spend watching television and the internet?

Under 1 hour a day	
1-2 hours	
3-4 hours	
5-6 hours	
More than 6 hours	

11 Indicate your level of agreement with each of the following statements relating to advertising of unhealthy foods and health challenges of children:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
11.1 My children are exposed to advertising of foods that are harmful to their health, such as high sugar, salt and saturated fats (HSSF foods).					
11.2 The majority of food advertisements viewed by my					

children contain unhealthy foods, such as fast foods and sweets.					
11.3 I do not have control over the advertising that my children may be exposed to on TV and the internet.					
11.4 Advertising has influenced my child/children to consume unhealthy foods products such as chocolate bars, sugary drinks and fried foods.					
11.5 The colourful packaging with cartoons that are used to advertise sugary products, influence my children to choose unhealthy foods.					

12. Which of the following advertising techniques used by food advertising industries influences your children to make unhealthy food choices? You may choose than one option.

Television	
Packaging	
Branding	
Freebies (free toys)	
Cartoon characters	
Radio	

13. Indicate your level of agreement with each of the following statements relating to the need for measures to protect children from the effects of unhealthy food product advertising:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
13.1 Present restrictions placed on unhealthy food advertising to children are not adequate.					
13.2 More interventions are needed to protect children from unhealthy food advertising.					
13.3 There is an urgent need to protect children from the advertising of unhealthy food					

products, particularly on television and the internet.					
13.4 Children lack the maturity to understand the harmful effects of advertising.					
13.5 Advertising of unhealthy food products to children should be prohibited in terms of legislation.					
13.6 The health challenges of children that are linked to food product advertising, needs to be addressed.					
13.7 To protect the rights of children as far as the advertising of food products are concerned, consumer education is needed for parents and children.					

Section D: The Consumer Protection Act 68 of 2008 and related legislations

14. As a parent are you aware of legislation protecting children as consumers?

Yes	
No	

15. The Consumer Protection Act 68 of 2008 (CPA) sets out certain consumer rights, such as the ones indicated below. State whether you are aware or not of each of the following rights that you and your child have as consumers

	Aware	Not Aware
15.1 **The right to privacy**: The consumer has a right to block unwanted marketing from a food product supplier – such as emails/text messages.		
15.2 **The right to fair and responsible marketing**: Food product suppliers are not allowed to market the products in manner that is misleading for children or deceptive.		

15.3 **The right to fair value, good quality and safety**: You and your child have a right to expect that the food products are safe for consumption.		
15.4 **The right to disclosure of risks in food products**: Suppliers have a duty to inform consumers in plain and understandable language of any risks associated with food products they supply.		
15.5 **The consumer right with respect to food product labelling**: Suppliers are not allowed to mislead consumers by making them believe that products are healthy for them when in fact they are not.		

16. In your view, to protect the rights of children with respect to unhealthy food product advertising, is there a need for consumer education for parents and children

Yes	
No	

17. In your opinion, what are possible measures (steps) that should be adopted to protect children from unhealthy food product advertising?

_____

_____

_____

_____

THANK YOU FOR YOUR CO-OPERATION.

Appendix G- Uhlu lwembuzo

IZINSELELE ZEZEMPILO EZIHLOBENE NOKUDLA KANYE NENDIMA YOMTHETHO WOKUVIKELWA KWABATHENGI U-68 KA-2008 EKULAWULENI UKUKHANGISWA KWEMIKHIQIZO YOKUDLA OKUNGENAMPILO.

UHLU LWEMIBUZO

ITAFULA LAMAGAMA ASEMQOKA

Izinselele zezempilo	**Izincazelo**
Ukukhuluphala ngokweqile	**Unamafutha omzimba amaningi kakhulu**
Izifo ezingathathelani (NCD's)	**Isimo esingathathelani esihlala isikhathi eside (ngengesifo siashukela, isifo senhliziyo, umdlavuza kanye nohlangothi)**
Ukukhuluphala ngokweqile	**Isifo esifaka amafutha omzimba amaningi kakhulu**
Isifo senhliziyo	**Isifo esithinta inhliziyo ukuze singasebenzi kahle**
Umfutho wegazi ophakeme	**Isimo lapho Amandla egazi ezindongeni zenhliziyo ephezulu**
Isifo sashukela	**Ushukela omningi emzimbeni**
Isifo sesifuba somoya	**Ubunzima ekuphefumeleni**
Inkinga yokulala	**Ukungalali**

Isigaba A: Idatha yabantu

Sicela ukhombise impendulo yakho ngokufaka uphawu (✓) ebhokisini elifanele.

1. Sicela ukhombise iminyaka yengane/ yezingane zakho kanye nenani lezingane.

3-5 iminyaka yobudala	
6- 8 iminyaka yobudala	
9-12 iminyaka yobudala	

2. Zingaki izingane zakho ezineminyaka eyi-12 nangaphansi?

Ingane eyodwa (1)	
Ingane embili (2)	
Ingane ezithathu (3)	

Ingane ezingaphezulu kwezinthathu	

Isigaba B: Izinselelo zezempilo zezingane nokusetshenziswa komkhiqizo wokudla okungenampilo

3. Khombisa izinga lakho lesivumelwano lokuthi yiziphi kulezi zifo ezingathathelani ezilandelayo ezinganeni ezixhumene nokukhethwa kokudla okungenampilo:

Izifo ezilandelayo ezinganeni zixhunywe ekukhetheni okungenampilo kokudla:	Angivumelani neze	Angivumelani	Hlangothi	Ngiyavuma	Ngiyavuma kakhulu
3.1 Ukukhuluphala ngokweqile nokukhuluphala ngokweqile					
3.2 Isifo senhliziyo					
3.3 Ukuphakamisa umfutho wegazi					
3.4 Isifo sikashukela					
3.5 Isifo sesifuba somoya					
3.6 Inkinga yokulala					

4. Ukudla okunezinga eliphakeme likashukela, usawoti kanye namafutha(okungukuthi ukudla kwe-HSSF) kukhonjwe njengokudla okungenampilo. Uyayazi imikhiqizo yokudla enoshukela omningi, usawoti kanye namafutha?

Yebo	
Cha	

5. Ingane/ izingane zakho zihlushwa yisiphi kulezi zifo ezilandelayo?

Ukukhuluphala ngokweqile nokukhuluphala ngokweqile	
Isifo senhliziyo	
Umfutho wegazi ophakeme	
Isifo sakhukela	
Isifo sesifuba somoya	
Inkinga yokulala	
Akukho kulokhu okungenhla	

6. Kukangaki izingane zakho zidla ezitolo ezisheshayo noma ezindaweni zokudlela?

Kanye ngenyanga	
Kabili kuya Kanye ngenyanga	
Ngaphezu kwezikhathi ezine ngenyanga	

7. Ngokombono wakho, yikuphi kokudla nemikhiqizo yeziphuzo okulandelayo okunempilo/ okungenampilo ezinganeni?

Uhlobo lomkhiqizo wokudla	**Kunempilo**	**Akunampilo**
Ushokoledi/ amaswidi		
Izithelo		
Ukudla okuthosiwe		
I-pizza		
Inhlanzi		
Iziphuzo ezinoshukela		
Ubisi		

8. Khombisa izinga lakho lokhuvumelana nesitatimende ngasinye kulezi eziphathelene nokuxhumana Phakathi kweZifo ezingathelelani (NCD's) kanye nokusetshenziswa komkhiqizo wokudla okungenampilo.

Ukuxhumana Phakathi kwezifo ezingatheleani (NCD's) nokusetshenziswa komkhiqizo wokudla onkungenampilo	Angivumelani neze	Angivumelani	Hlangothi	Ngiyavuma	Ngiyavuma kakhulu
8.1 Ukudla okungenampilo					

kuxhunyaniswa nezinga lenyuka lezinselelo zezempilo ezinganeni.					
8.2 Izingane zami zikhuluphele ngenxa yokudla okungenamsco co.					
8.3 Izinselelo zezempilo zezingane zami zihlobene nokudla okungenampilo ezikudlayo.					
8.4 Ukuphuza iziphuzo ezibandayo kuno nomthelela ekutheni izingane zami zikhuluphale.					

9 Khombisa izinga lakho lokuvumelana nesitatimende ngasinye kulezi ezilandelayo ezihlobene nomthethela wokukhangisa ekukhetheni kokudla kwezingane.

Njengompumela womkhiqizo wokudla ongenampilo wokukhangisa izingane zisebenzisa:	Angivumelani neze	Angivumelani	Hlangothi	Ngiyavuma Agree	Ngiyavuma kakhulu
9.1 Ama-calories amaningi.					
9.2 Kungezwe ushukela (njengeziphuzo ezibandayo,					

u-ayisikhilimu namakhekhe).					
9.3 Ukudla obekuneziphu zo zikasawoti eziphakeme kunokudla okunconyiwe (njengenyama enosawoti, inhlanzi, ubhekeni, ibhotela, isobho lemuphu, amasoso nokudla okulula okunjengama-chips, ama-pretzels nama-popcorn).					
9.4 Ukudla okunamafutha agcwele (njengebhotela, ushizi).					

Isigaba C: Umthelela wokukhangiswa kokudla ongenampilo ezinganeni.

10. Cishe ingane yakho/ izingane zakho zichitha amahora amangaki ibhuka umabonakude kanye ne-inthanethi?

Ngaphansi kwehora elilodwa ngosuku	
Ihora elilodwa kuya kwamabili	
Amahora amathathu kuya kwamane	
Amahora amahlanu kuya kwayisithupha	

Ngaphezu kwamahora ayisithupha	

11. Khombisa izinga lakho lokuvumelana nesitatimende ngasinye kulezi ezilandelayo eziphathalene nokukhangiswa kokudla okungenampilo kanye nezinselelo zezempilo zezingane:

	Angivumelani neze	Angivumelani	Hlangothi	Ngiyavuma	Ngiyavuma kakhulu
11.1 Izingane zami zichayeka ekukhangisweni kokudla okuyingozi empilweni yazo, njengoshukela omningi, usawoti kanye namafutha agcwele (ukudla kwe-HSSF).					
11.2 Iningi lezikhangiso zokudla ezibukwa yizingane zami ziqukethe ukudla okungenampilo, njengokudla okusheshayo, namaswidi.					
11.3 Anginamandla okuphatha ukukhangisa okungenziwa yizingane zami ku-thelevishini nakwi-intanethi.					
11.4 Ukuthengisa kunomthelela ezinganeni zami ukuthi kudle imikhiqizo					

yokudla engenampilo njengoshokholedi, iziphuzo ezinoshukela, nokudla okuthosiwe.					
11.5 Ukupakisha okumibalabala okunamakhathuni asetshenziselwa ukukhangisa imikhiqizo enoshukela, kuthonya izingane zami ukuthi zikhethe ukudla okungenampilo.					

12. Yiziphi izindlela zokukhangisa ezisetshenziswa izimboni zokukhangisa ngokudla ezinomthelela ezinganeni zakho ukuthi zikhethe ukudla okungenampilo?

Umabonakude	
Ukuphakisha	
Ukufaka uphawu	
Amahhla (Amathoyizi amahhala)	
Abalingiswa bekhathuni	
Umsakhazo	

13. Khombisa izinga lakho lokuvumelana nesitatimende ngasinye kulezi eziphathelene nesidingo sezinyathelo zokuvikela izingane emiphumeleni yokukhangisa komkhiqizo wokudla okungenampilo:

	Angivumelani neze	Angivumelani	Hlangothi	Ngiyavuma	Ngiyavuma kakhulu
13.1 Imikhawulo yamanje ebekwe ekukhangisweni kokudla okungenampilo ezinganeni ayenele.					

13.2 Ukungenelela okuningi kuyadingeka ukuvikela izingane ekukhangisweni kokudla okungenampilo.					
13.3 Kunesidingo esiphutumayo sokuvikela izingane ekukhangisweni kwemikhiqizo yokudla engenampilo, ikakhuluazi kuthelevishini naku-intanethi.					
13.4 Izingane azinakho ukuvuthwa kokuqonda imiphumela eyingozi yokukhangisa.					
13.5 Ukukhangiswa kokudla okungenampilo ezinganeni kufanele kungavunyelwa ngokomthetho.					
13.6 Izinsele zezempilo zezingane ezixhumene nokukhangiswa komkhiqizo wokudla, zidinga ukubhekelwa.					
13.7 Ukuvikela amalungelo ezingane maqondana nokukhangiswa kwemikhiqizo yokudla, imfundo yabathengi iyadingeka					

kubazali nasezinganeni.					

Isigaba D: Umthetho Wokuvikelwa Kwabathengi 68 wango-2008 nemithetho ehlobene nayo

14. Njengomzali uyazi yini ngomthetho ovikela izingane njengabathengi?

Yebo	
Cha	

15. UMthetho Wokuvikelwa Komthengi (CPA) 68 KA-2008 ibeka amalungelo athile wabathengi, njengalawo akhonjiswe ngenzansi. Yisho ukuthi uyawazi noma cha la malungelo alandelayo wena nengane yakho njengabathengi

	Ngiyazi	Angazi
15.1 Ilungelo lobumfihlo: Umthengi unelungelo lokuvimba ukumaketha okungafuneki kumhlinzeki womkhiqizo wokudla- njengama-imeyili/ imiyayalezo ebhaliwe.		
15.2 Ilungelo lokumaketha okulungile futhi okunesibopho: Abahlinzeki bemikhiqizo yokudla abavunyelwe ukumaketha imikhiqizo ngendlela edukisa izingane noma ekhohlisayo.		
15.3 Ilungelo lenani elifanelekile, ikhwalithi enhle nokuphepha: Wena nengane yakho ninelungelo lokulindela ukuthi imikhiqizo yokudla iphephile ukusetshenziswa.		
15.4 Ilungelo lokudalulwa kwezingozi emikhiqizweni yokudla: Abahlinzeki banomsebenzi wokwazisa abathengi ngolimi olucacile noluqondakalayo nganoma iziphi izingozi ezihambisana nemikhiqizo yokudla abayinikezayo.		

15.5 Ilungelo lomthengi maqondana nokulebula komkhiqizo wokudla: Abahlinzeki abavunyelwe ukudukisa abathengi ngokubenza bakholelwe ukuthi imikhiqizo iphilile kubo kanti empeleni akunjalo.		

16. Ngokubona kwakho, ukuvikela amalungelo ezingane maqondana nokukhangiswa komkhiqizo wokudla okungenampilo, kunesidingo semfundo yabathengi yabazali nezingane?

Yebo	
Cha	

17. Ngokubona kwakho, yiziphi izinyathelo okungenzeka ukuthi kufanele zisetshenziswe ukuvikela izingane ekukhangisweni komkhiqizo wokudla okungenampilo?

_____

_____

_____

_____

NGIYABONGA NGOKUBAMBISANA KWETHU.

Appendix H- Editor's letter

EDITOR'S LETTER

Researchers Beyond-Borders (PTY)
Umhlanga, Durban
South Africa
1 November 2022

To whom it may concern

Editing of Masters Dissertation: Minenhle Hlongwane (Student number -21620262)

This letter serves as confirmation that the dissertation put together by Minenhle Hlongwane has been language edited. Any queries may be directed to the author of this letter.

Regards

Maleni Pillay
Researchers Beyond-Borders
consult@researchersbeyondborders.com
www.researchersbeyondborders.com

APPENDIX I- Statistician declaration letter

STATISTICIAN DECLARATION FOR CONSULTATION

This is to confirm that I have given appropriate recommendations relating to the student's research:

Student Name	Minenhle Hlongwane
Student number	21620262
Title	Food-related health challenges of children and the role of the Consumer Protection Act 68 of 2008 in regulating unhealthy food product advertising
Department	Applied Law
Faculty	Management Sciences

	3 May 2022
Deepak Singh DUT Panel of Statisticians	Date

APPENDIX J- Ethics certificate

Zertifikat

Certificado

Certificat

Certificate

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Minenhle Hlongwane

a complété avec succès - has successfully completed

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[RIEV : 20170310]

APPENDIX K- Ethics Clearance letter

Institutional Research Ethics Committee
Research and Postgraduate Support Directorate
2nd Floor, Berwyn Court
Gate 1, Steve Biko Campus
Durban University of Technology

P O Box 1334, Durban, South Africa, 4000

Tel: 031 373 2375
Email: IrecEmail@dut.ac.za
http://www.dut.ac.za/research/institutional_research_ethics

www.dut.ac.za

8 October 2021

Ms M Hlongwane
P.O Box 10249
Merrivale
3291

Dear Ms Hlongwane

Food-related health challenges of children and the role of the Consumer Protection Act 68 of 2008 in regulating unhealthy food product advertising
Ethics Clearance Number: 081/21

The Institutional Research Ethics Committee acknowledges receipt of your final data collection tool for review.

We are pleased to inform you that the data collection tool has been approved. Kindly ensure that participants used for the pilot study are not part of the main study.

In addition, the IREC acknowledges receipt of your gatekeeper permission letter.

Please note that FULL APPROVAL is granted to your research proposal. You may proceed with data collection.

Any adverse events [serious or minor] which occur in connection with this study and/or which may alter its ethical consideration must be reported to the IREC according to the IREC Standard Operating Procedures (SOP's).

Please note that any deviations from the approved proposal require the approval of the IREC as outlined in the IREC SOP's.

Yours Sincerely,

_____
Prof J K Adam
Chairperson: IREC

APPENDIX L- Turnitin report

V5 Final Chapters 1-5 submitted 18 10 2022 PM

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APPENDIX M- Correlations

Correlations

		Overweight and obesity	Heart disease	High Blood pressure	Diabetes	Asthma	Sleeping disorder	Unhealthy diets are linked with the increased rate of health challenges in children	My children have gained weight due to consuming nutritionally poor foods.	My children's health challenges are related to the unhealthy foods they consume.	Consuming soft drinks has contributed to my children putting on weight.	Excess calories.	Added sugars (such as soft drinks, ice-cream and cakes).	Foods that had higher than recommended intake of salt (such as salted meat, fish, bacon, butter, soup powders, sauces and savoury snacks such as chips, pretzels and popcorn).	Foods with saturated fats (such as butter, cheese).	My children are exposed to advertising of foods that are harmful to their health, such as high sugar, salt and saturated fats (HSSF foods).	The majority of food advertisements viewed by my children contain unhealthy foods, such as fast foods and sweets.	I do not have control over the advertising that my children may be exposed to on TV and the internet.	Advertising has influenced my child/children to consume unhealthy foods products such as chocolate bars, sugary drinks and fried foods.	The colourful packaging with cartoons that are used to advertise sugary products, influence my children to choose unhealthy foods.	Present restrictions placed on unhealthy food advertising to children are not adequate.	More intervention s are needed to protect children from unhealthy food advertising.	There is an urgent need to protect children from the advertising of unhealthy food products, particularly on television and the internet.	Children lack the maturity to understand the harmful effects of advertising.	Advertising of unhealthy food products to children should be prohibited in terms of legislation.	The health challenges of children that are linked to food product advertising, needs to be addressed.	To protect the rights of children as far as the advertising of food products are concerned, consumer education is needed for parents and children.
Overweight and obesity	Correlation Coefficient	1.000																									
	Sig. (2-tailed)																										
	N	377																									
Heart disease	Correlation Coefficient	.911**	1.000																								
	Sig. (2-tailed)	0.000																									
	N	377	377																								
High Blood pressure	Correlation Coefficient	.778**	.819**	1.000																							
	Sig. (2-tailed)	0.000	0.000																								
	N	377	377	377																							
Diabetes	Correlation Coefficient	.699**	.706**	.679**	1.000																						
	Sig. (2-tailed)	0.000	0.000	0.000																							
	N	377	377	377	377																						
Asthma	Correlation Coefficient	.682**	.670**	.672**	.792**	1.000																					
	Sig. (2-tailed)	0.000	0.000	0.000	0.000																						
	N	377	377	377	377	377																					
Sleeping disorder	Correlation Coefficient	.724**	.713**	.738**	.649**	.724**	1.000																				
	Sig. (2-tailed)	0.000	0.000	0.000	0.000	0.000																					
	N	377	377	377	377	377	377																				
Unhealthy diets are linked with the increased rate of health challenges in children	Correlation Coefficient	.547**	.573**	.572**	.597**	.635**	.628**	1.000																			
	Sig. (2-tailed)	0.000	0.000	0.000	0.000	0.000	0.000																				
	N	377	377	377	377	377	377	377																			
My children have gained weight due to consuming nutritionally poor foods.	Correlation Coefficient	.554**	.564**	.583**	.656**	.624**	.577**	.724**	1.000																		
	Sig. (2-tailed)	0.000	0.000	0.000	0.000	0.000	0.000	0.000																			
	N	377	377	377	377	377	377	377	377																		
My children's health challenges are related to the unhealthy foods they consume.	Correlation Coefficient	.548**	.568**	.576**	.643**	.649**	.590**	.747**	.820**	1.000																	
	Sig. (2-tailed)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000																		
	N	377	377	377	377	377	377	377	377	377																	
Consuming soft drinks has contributed to my children putting on weight.	Correlation Coefficient	.536**	.560**	.596**	.617**	.614**	.582**	.716**	.796**	.815**	1.000																
	Sig. (2-tailed)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000																	
	N	377	377	377	377	377	377	377	377	377	377																
Excess calories.	Correlation Coefficient	.592**	.610**	.591**	.636**	.603**	.622**	.705**	.706**	.667**	.693**	1.000															
	Sig. (2-tailed)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000																
	N	377	377	377	377	377	377	377	377	377	377	377															
Added sugars (such as soft drinks, ice-cream and cakes).	Correlation Coefficient	.545**	.586**	.588**	.554**	.543**	.617**	.679**	.671**	.645**	.675**	.835**	1.000														
	Sig. (2-tailed)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000															
	N	377	377	377	377	377	377	377	377	377	377	377	377														
Foods that had higher than recommended intake of salt (such as salted meat, fish, bacon, butter, soup powders, sauces and savoury snacks such as chips, pretzels and popcorn).	Correlation Coefficient	.539**	.580**	.613**	.572**	.570**	.623**	.652**	.661**	.644**	.667**	.784**	.833**	1.000													
	Sig. (2-tailed)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000														
	N	377	377	377	377	377	377	377	377	377	377	377	377	377													
Foods with saturated fats (such as butter, cheese).	Correlation Coefficient	.561**	.572**	.576**	.600**	.559**	.596**	.656**	.678**	.649**	.672**	.780**	.802**	.863**	1.000												
	Sig. (2-tailed)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000													
	N	377	377	377	377	377	377	377	377	377	377	377	377	377	377												
My children are exposed to advertising of foods that are harmful to their health, such as high sugar, salt and saturated fats (HSSF foods).	Correlation Coefficient	.552**	.580**	.588**	.559**	.568**	.621**	.696**	.633**	.717**	.686**	.684**	.696**	.717**	.689**	1.000											
	Sig. (2-tailed)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000												
	N	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377											
The majority of food advertisements viewed by my children contain unhealthy foods, such as fast foods and sweets.	Correlation Coefficient	.543**	.548**	.551**	.533**	.553**	.583**	.674**	.625**	.694**	.696**	.651**	.687**	.670**	.675**	.848**	1.000										
	Sig. (2-tailed)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000											
	N	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377										
I do not have control over the advertising that my children may be exposed to on TV and the internet.	Correlation Coefficient	.464**	.482**	.467**	.516**	.501**	.502**	.597**	.601**	.620**	.635**	.629**	.646**	.657**	.666**	.725**	.756**	1.000									
	Sig. (2-tailed)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000										
	N	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377									
Advertising has influenced my child/children to consume unhealthy foods products such as chocolate bars, sugary drinks and fried foods.	Correlation Coefficient	.446**	.463**	.478**	.485**	.515**	.496**	.586**	.611**	.645**	.650**	.640**	.663**	.661**	.642**	.726**	.751**	.754**	1.000								
	Sig. (2-tailed)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000									
	N	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377								
The colourful packaging with cartoons that are used to advertise sugary products, influence my children to choose unhealthy foods.	Correlation Coefficient	.483**	.498**	.527**	.493**	.528**	.566**	.611**	.646**	.632**	.618**	.646**	.676**	.691**	.648**	.772**	.750**	.741**	.812**	1.000							
	Sig. (2-tailed)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000								
	N	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377							
Present restrictions placed on unhealthy food advertising to children are not adequate.	Correlation Coefficient	.522**	.528**	.517**	.472**	.517**	.537**	.662**	.604**	.602**	.622**	.706**	.675**	.629**	.659**	.687**	.660**	.639**	.604**	.645**	1.000						
	Sig. (2-tailed)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000							
	N	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377						
More interventions are needed to protect children from unhealthy food advertising.	Correlation Coefficient	.466**	.450**	.468**	.391**	.455**	.508**	.592**	.519**	.566**	.494**	.562**	.617**	.592**	.581**	.643**	.627**	.634**	.582**	.617**	.759**	1.000					
	Sig. (2-tailed)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000						
	N	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377					
There is an urgent need to protect children from the advertising of unhealthy food products, particularly on television and the internet.	Correlation Coefficient	.455**	.450**	.475**	.419**	.467**	.521**	.570**	.542**	.575**	.520**	.577**	.613**	.589**	.564**	.665**	.645**	.631**	.584**	.665**	.711**	.800**	1.000				
	Sig. (2-tailed)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000					
	N	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377				
Children lack the maturity to understand the harmful effects of advertising.	Correlation Coefficient	.492**	.458**	.461**	.372**	.463**	.533**	.567**	.540**	.535**	.497**	.562**	.593**	.564**	.620**	.624**	.623**	.629**	.570**	.640**	.704**	.758**	.759**	1.000			
	Sig. (2-tailed)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000				
	N	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377			
Advertising of unhealthy food products to children should be prohibited in terms of legislation.	Correlation Coefficient	.465**	.459**	.508**	.437**	.479**	.477**	.527**	.592**	.564**	.540**	.495**	.555**	.572**	.554**	.543**	.578**	.586**	.583**	.561**	.634**	.676**	.675**	.679**	1.000		
	Sig. (2-tailed)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000			
	N	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377		
The health challenges of children that are linked to food product advertising, needs to be addressed.	Correlation Coefficient	.452**	.470**	.511**	.441**	.478**	.499**	.548**	.576**	.568**	.547**	.575**	.627**	.596**	.587**	.598**	.624**	.610**	.636**	.630**	.684**	.698**	.722**	.709**	.801**	1.000	
	Sig. (2-tailed)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000		
	N	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	
To protect the rights of children as far as the advertising of food products are concerned, consumer education is needed for parents and children.	Correlation Coefficient	.440**	.426**	.461**	.392**	.446**	.505**	.534**	.501**	.503**	.500**	.533**	.568**	.534**	.580**	.563**	.582**	.599**	.564**	.604**	.688**	.760**	.741**	.770**	.687**	.791**	1.000
	Sig. (2-tailed)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
Spearman's	N	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377	377

**. Correlation is significant at the 0.01 level (2-tailed).