ARTICLE IN PRESS

PUBLIC HEALTH XXX (2016) 1-7



Available online at www.sciencedirect.com

Public Health

journal homepage: www.elsevier.com/puhe



Original Research

The extent and nature of food advertising to children on Spanish television in 2012 using an international food-based coding system and the UK nutrient profiling model

M.Á. Royo-Bordonada ^{a,*}, K. León-Flández ^b, J. Damián ^c, M.J. Bosqued-Estefanía ^a, M.Á. Moya-Geromini ^a, L. López-Jurado ^a

ARTICLE INFO

Article history:
Received 14 July 2015
Received in revised form
1 March 2016
Accepted 1 March 2016
Available online xxx

Keywords:
Food advertising
Marketing
Childhood obesity
Nutrient profiling
Television

ABSTRACT

Objective: To examine the extent and nature of food television advertising directed at children in Spain using an international food-based system and the United Kingdom nutrient profile model (UKNPM).

Study design: Cross-sectional study of advertisements of food and drinks shown on five television channels over 7 days in 2012 (8am-midnight).

Methods: Showing time and duration of each advertisement was recorded. Advertisements were classified as core (nutrient-rich/calorie-low products), non-core, or miscellaneous based on the international system, and either healthy/less healthy, i.e., high in saturated fats, trans-fatty acids, salt, or free sugars (HFSS), according to UKNPM.

Results: The food industry accounted for 23.7% of the advertisements (4212 out of 17,722) with 7.5 advertisements per hour of broadcasting. The international food-based coding system classified 60.2% of adverts as non-core, and UKNPM classified 64.0% as HFSS. Up to 31.5% of core, 86.8% of non-core, and 8.3% of miscellaneous advertisements were for HFSS products. The percentage of advertisements for HFSS products was higher during reinforced protected viewing times (69.0%), on weekends (71.1%), on channels of particular appeal to children and teenagers (67.8%), and on broadcasts regulated by the Spanish Code of self-regulation of the advertising of food products directed at children (70.7%).

Conclusions: Both schemes identified that a majority of foods advertised were unhealthy, although some classification differences between the two systems are important to consider. The food advertising Code is not limiting Spanish children's exposure to advertisements for HFSS products, which were more frequent on Code-regulated broadcasts and during reinforced protected viewing time.

© 2016 The Royal Society for Public Health. Published by Elsevier Ltd. All rights reserved.

E-mail address: mroyo@isciii.es (M.Á. Royo-Bordonada). http://dx.doi.org/10.1016/j.puhe.2016.03.001

0033-3506/© 2016 The Royal Society for Public Health. Published by Elsevier Ltd. All rights reserved.

^a National School of Public Health, Institute of Health Carlos III, Madrid, Spain

^b Departament of Preventive Medicine and Public Health, Hospital Clínico San Carlos, Madrid, Spain

^c Departament of Applied Epidemiology, National Center of Epidemiology, Madrid, Spain

^{*} Corresponding author. Escuela Nacional de Sanidad, Instituto de Salud Carlos III, Sinesio Delgado, 8, Madrid, 28029, Spain. Tel.: +34 91822274.

Introduction

The prevalence of childhood obesity in Spain, where about one in every three children are overweight, ¹ is among the highest in Europe. ² A highly probable contributing to this statistic is the intensive advertisement campaigns for energy-dense food and drinks, and their influence on children's food preferences and caloric intake. ³ Although there are few studies linking directly food advertising and obesity in children, ^{4,5} there is strong evidence of the association of television (TV) viewing with greater consumption of energy-dense food and obesity. ^{6,7} One of the main potential mechanisms mediating this relationship is food advertising. ⁸ Despite new technologies, TV remains the main channel for marketing food and drinks to children. ⁹

In 2010, the World Health Organization endorsed the 'Set of recommendations on the marketing of foods and nonalcoholic beverages to children' encouraging Member States to: a) collect information on the extent, nature, and effects of food and drink marketing to children; and b) push through policies reducing the impact on children of marketing of foods high in saturated fats, trans-fatty acids, free sugars, or salt (HFSS). 10 Although the majority of the EU countries rely on self-regulatory mechanisms, in Sweden any advertising targeted at children under the age of 12 years is banned and in the UK statutory rules apply to advertisements for HFSS foods on TV channels dedicated to children. In Spain, marketing techniques of TV advertisements of food and drinks (AFD) directed at children under 12 years are regulated by the Publicity, Activity, Obesity, and Health Code (PAOS code for its acronym in Spanish).11 This is a non-statutory code of coregulation, supervised by the Spanish Food Safety and Nutrition Agency (AESAN for its Spanish acronym), that establishes the ethical principles and standards for the design and dissemination of advertising messages (e.g. avoid exploiting children's credulity or using famous persons popular with them). However, it doesn't regulate the nutritional quality of the advertised products or the broadcasting frequency. Though voluntary in nature, in 2009 the Federation of Radio and TV Organizations of the Spanish Autonomous Regions and the Associated Trade TV Union subscribed to the PAOS Code subjecting all TV food advertising targeted to children to regulation. Recently, the AESAN, PAOS Code sponsor agency, established a set of indicator measures for the longitudinal evaluation of the extent and nutritional value of AFD. 12

Research on AFD directed at children in Spain is scarce and presents important limitations. ^{13–18} Some studies are merely informative in nature with a limited description of methodology and results. ^{13,16} Others record a small number of days and hours of broadcasting ¹⁸ or channels. ¹⁵ Finally, of two international studies with Spanish participation, one is a qualitative study ¹⁴ and the other is based on a limited number of channels and days of broadcast. ¹⁷ Their results showed that most advertised products were highly processed and energy-dense food and drinks, but the majority of the studies didn't analyze the nutritional profile of the products.

The main aim of this study was to perform a comprehensive analysis of the extent and nature of AFD directed at children in Spain using an international food-based system

and the United Kingdom nutrient profiling model (UKNPM).¹⁹ This analysis will provide baseline data to compare follow-up data against and evaluate the impact of the PAOS code and other potential future interventions aimed at reducing children exposition to TV food advertising, in accordance with the recommendations of the AESAN and the international network for food and obesity/non-communicable diseases research, monitoring and action support.²⁰

Methods

Study design

This is a cross-sectional study of AFD directed at children (<12 years old, according to PAOS Code) in Spain. The sample consists of 7 days (Monday through Sunday) worth of public broadcasting by five popular Terrestrial Digital Television (TDT) channels. Boing, Disney Channel, and Neox channels target child and adolescent populations (appealing-to-youth) and Antena 3 and Telecinco are the two general interest channels with the highest child audience ratings. Broadcastings were recorded between January and April of 2012, except vacation periods, during a modified child viewing time (6:00–22:00), according to Spanish regulation. This modification excludes the slot between 6:00 and 8:00, with hardly any audience, for the 22:00–24:00 slot where the last daily peak in child audience is usually registered in Spain. ²²

Data collection and study variables

Three research assistants were trained to standardize data collection, and recorded the following information for each advertisement: channel, industry, program type during which the advertisement is broadcasted, day of the week, time of day, and duration of the advertisement. There were three types of advertisements: commercial (standard advertisement), sponsorship (a food company pays for a television program in return for advertising), or telepromotion (advertisements using the settings and characters of a television program). The audiovisual communication law has established the enhanced protection of the following time slots: 8:00–9:00 and 17:00–20:00 (weekdays) and 9:00–12:00 (weekends and national holidays), where programs classified as suitable only for children over the age of 13 years are not permitted.²³

International food-based coding system

Products in AFD were classified into three categories according to published criteria: core (nutrient-rich/calorie-low products), non-core (HFSS products and/or energy-dense), and miscellaneous. ^{17,24} If one AFD promoted several products, the most prominent or the first one shown was coded. In AFD of products with different varieties or flavors, the brand's most representative or the most easily identifiable was coded. When all or none of the varieties were shown, we chose the one with the known highest consumption in the population at large; e.g., the semi-skimmed variety for dairy products, the

most popular in Spain.²⁵ Finally, when only the brand's name or logo was shown, the company's most representative product was chosen.

We identified PAOS-regulated AFD according to the type of product advertised, AFD's design, and broadcasting characteristics (channels mainly targeting children under 12 years, or general interest channels during viewing time slots, programming blocks, or programs with audiences mostly in that age range).

United Kingdom nutrient profiling model (UKNPM)

Each AFD was examined using the UKNPM, a model that evaluates the nutritional composition of the food/drink advertised by analyzing its healthy (fiber, protein, and vegetables, fruit, and nuts) and less healthy components (calories, sugars, saturated fats, and salt) per 100 g. If the model's algorithm assigns a score below four for food, or below one for drinks, the product is classified as healthy; otherwise, it is classified as less healthy (i.e., HFSS).¹⁹

We collected nutritional composition information from the actual product labels. When the product was not found we obtained the information from the company's webpage or by requesting it from the manufacturer. For 24 of the 196 products (12.2%) we referred to Spanish and International food composition databases to complete data for one or more of their components, usually grams of saturated fat, sugars, fiber, or salt, as well as in the case of already reconstituted products, such as pasta.^{26–28}

The model was not applicable to AFD for food chain menus (eg., McDonald's Happy Meal) because they included food and drinks, scored differently. In these cases, we chose to include the hamburger as the menu's most representative item. AFD for some food chains, such as KFC and Pan's & Company, were not examined for lack of sufficient nutritional product information available for analysis. However, whenever possible, we found products comparable to the ones advertised. For instance, for Telepizza AFD we used the information from a ham and cheese pizza made by Tarradellas brand.

Analysis

The following estimates assess the extent and nature of food advertising: percentage of AFD of total advertisements, number of AFD per hour of broadcasting (AFD rate), average AFD duration, proportion of non-core AFD (according to the international system), and proportion of AFD for HFSS products (HFSS AFD, according to UKNPM). The proportion of HFSS AFD was calculated within the subcategories of the variables of interest: type of product, subject to regulation by PAOS Code, and broadcasting characteristics (day of the week, time of day, and channel). We calculated AFD rate according to day of the week and time of day broadcasted. Our main hypothesis was that AFD rate and the proportion of HFSS AFD were lower during reinforced protected viewing times. Hypotheses were tested using the Student t-test for mean comparisons and Pearson Chi-square to compare proportions. Analyses were performed with Stata v.13²⁹ and Excel spreadsheet software.

Results

We recorded 17,722 advertisements, with an average of 32.1 advertisements or 9.5 min of advertising per hour. Behind the promotion of the channel's own programming, food industry was the most advertised product category, which accounted for 4212 (23.7%) advertisements with an average duration of 15.9 s per AFD, and an average of 7.5 AFD per hour of broadcasting. Contrary to our hypothesis, AFD rate was greater during reinforced protected viewing times (protected time) (8.5 vs 7.2), although the difference didn't reach statistical significance (P = 0.16). Other frequently advertised categories were personal care and pharmacy, and home and fashion, with 12% and 7.9% of advertisements respectively.

Telecinco broadcasted 29.1% of AFD versus Disney (12.8%) and Boeing (9.0%) lower percentages. The most common AFD format was the commercial (96.2%). Of all AFD, 61.3% was subject to PAOS regulation, 26.6% were broadcasted during protected time, and 67.6% were for foods (Table 1).

Fig. 1 shows that 60.2% of AFD promoted non-core products, 31.5% promoted core products, and 8.3% promoted miscellaneous products. The proportion of AFD for non-core products was 62.4% in appealing-to-youth channels vs 58.4% in general interest channels (P < 0.01; data not shown in the figure). The vast majority (86.8%) of non-core AFD, 22.6% of core AFD, and 25% of miscellaneous AFD were promoting HFSS products according to UKNPM (Fig. 1). Fig. 2 shows that

Table 1 — Television advertisements of food and drinks (AFD) directed at children. Spain, 2012.

	AFD		
	N	%	
TV Station			
General interest			
Telecinco	1225	29.1	
Antena 3	1024	24.3	
Children and Teenage interest			
Boing	378	9.0	
Disney Channel	540	12.8	
Neox	1045	24.8	
Days of the Week			
Weekday	2883	68.4	
Weekend	1329	31.6	
Type of Advertisement			
Commercial	4053	96.2	
Sponsorship	84	2.0	
Telepromotion	75	1.8	
Regulated by PAOS Code			
Yes	2582	61.3	
No	1630	38.7	
Protected Viewing Time			
Yes	1121	26.6	
No	3090	73.4	
Type of Food Product			
Food	2849	67.6	
Drink	1314	31.2	
Other ^a	49	1.2	
Total	4212	100.0	

^a Food supplements, and combination of foods and drinks.

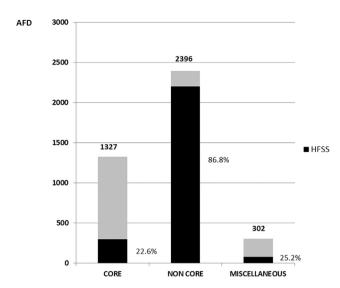


Fig. 1 – Number of advertisements of food and drinks (AFD) and percentage which are high in fat, salt or sugar (HFSS), according to the UK Nutrient Profile Model, by nutritional category.

dairy products were the most advertised both in their low-fat (18.3%) and whole version (10.2%), followed by bakery/pastry products (13%), chocolates/confectionery (8.5%) and fast food (7%). Breakfast cereals accounted for 156 AFD (3.7%), being 72.4% of them for high sugar/low fiber versions. In the core product section, AFD for all high-fiber breakfast cereals, 69% of children meals, and 28.1% of low-fat dairy products were HFSS according to UKNPM. Of the non-core products, 20.4% of the chocolate/confectionery AFD and 17.7% of the AFD promoting spreads, oils, sauces, and soups were scored as healthy. Overall, 64% of the 4025 AFD scored by UKNPM were classified as HFSS (data not showed in the figure).

Table 2 shows that the percentage of HFSS AFD was, in absolute terms, 6.8% greater during protected time vs other times, 10.4% on weekends vs weekdays, 7.2% on appealing-to-youth channels vs other, 31% for food vs drink products, and 18% in PAOS-regulated scenarios vs other; all the differences being statistically significant (P < 0.01).

Discussion

In Spain, almost one of every four TV advertisements are for food products, averaging 7.5 AFD per hour of broadcasting. Based on studies on audience ratings^{22,30} we estimated that Spanish children between the ages of four and 12 years are exposed to a daily average of 18.8 AFD and over 25 AFD for 7 to 12 year-olds. Close to two thirds are for HFSS products. However, we found a high level of disagreement between the two classification methods, as over one fifth of core AFD were HFSS according to UKNPM. The percentage of HFSS AFD was greater during protected time and weekends, exactly when the AFD rate is higher and children spend more time watching TV. The percentage of HFSS AFD was also higher in appealing-to-youth channels and in those regulated by the PAOS Code.

Spain is among the countries with the highest AFD rates¹⁷ and comparable to Greece,³¹ the Mediterranean country with

the highest prevalence of overweight children.² In the US, with obesity rates similar to Spain's, AFD rates are somewhat lower (6 AFD/h).²⁴ However, since close to 90% of the AFD in the US were for HFSS products, 32 child exposures to HFSS AFD were comparable. In Australia, both the rates of overweight children and of AFD were lower than Spain's.³³ Previous studies have found an ecological association between AFD and child obesity in the US, Australia, and several European countries; and a longitudinal relationship between BMI in children under 13 years and time spent watching advertisements.⁵ This evidence linking indicators of exposure to food advertising and childhood obesity is scarce and limited by the design of the studies, but even short-term exposure to food advertising results in children increasing their energy intake.34 In addition, there is strong evidence of the association of TV viewing with children obesity independent of physical activity.^{7,35} Furthermore, a number of clinical trials with interventions limiting children's TV time have shown a significant reduction in obesity risk mediated by lower caloric consumption.³⁶⁻³⁸ Taking in consideration all the current evidence, the Commission of the World Health Organization on ending childhood obesity has concluded that there is unequivocal evidence that the marketing of unhealthy foods and sugar-sweetened beverages is related to childhood obesity.³⁹ Using mathematical simulation models, it has been estimated that AFD may explain up to one third of child obesity cases in certain countries. 40,41 A 2012 study 12 in six Asia-Pacific region countries showed that the exposure of children to HFSS AFD was greater than that estimated based on our data, which may contribute to a progressive upward convergence of obesity rates worldwide.2

In our study, the non-core AFD frequency was similar to that in Australia and the UK, 43,44 but lower than that in the US, Canada, and Germany. 17,45 However, the percentage of HFSS AFD (64%) in our study was higher than that reported for the UK (51.7%) and similar to that reported for Canada (65.7%). 46 These contradictions exist because the food-based system allows the classification of all low-fat dairy products as core products, a third of which are HFSS due to their high sugar content. In contrast, the only healthy breakfast cereal brand failed to achieve the fiber level necessary to be classified as a core product. Further, whereas in the US and Canada fast-food promotional messages make up as much as one third of AFD,¹⁷ in Spain ads for low-fat dairy products take the lead with an 18.3% of the total share. These and other minor (quantitatively speaking) inconsistencies hinder crosscountry comparisons using the international food-based coding system. These difficulties would be solved by using common nutrient profiling systems.⁴⁷

Over 70% of PAOS Code-regulated AFD promoted HFSS products, over 20 points above the rest of AFD. The percentage of HFSS AFD was higher during protected time and in appealing-to-youth channels, consistent with international reports. ^{17,31,44,45,48} The percentage of core AFD was also higher in appealing-to-youth channels, although the observed difference was lower than that in the UK study. ⁴⁴ Compared to data from two 2008 Spanish studies, ^{17,18} the AFD rate has increased from 6.0 to 7.5 and the percentage of HFSS AFD has grown from 60.0% to 64.0%. The 2009 adherence to the PAOS Code by television channels seems to have increased Spanish children's exposure

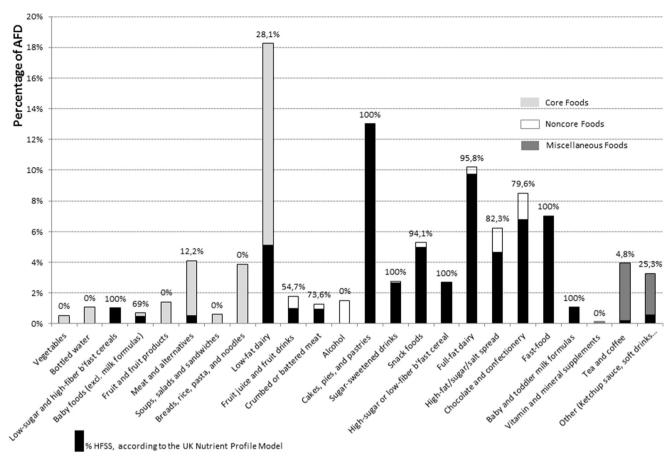


Fig. 2 — Percentage of advertisements of food and drinks (AFD) by food categories and percentage of those which are high in fat, salt or sugar (HFSS), according to the UK Nutrient Profile Model.

Table 2 — Nutritional profile of the United Kingdom according to the characteristics of the broadcast and type of product.							
	UK nutrient profiling Model				P value ^b		
	HFSS ^a (less healthy)		Healthy				
	n	%	n	%			
Protected viewing time							
Yes	749	69.0	337	31.0	P < 0.001		
No	1826	62.2	1112	37.9			
Days of the week							
Weekday	1668	60.7	1080	39.3	P < 0.001		
Weekend	908	71.1	369	28.9			
Type of Channel							
General interest	1283	60.6	835	39.4	P < 0.001		
Children-teenage interest	1293	67.8	614	32.2			
Type of food produc	t						
Food	2045	73.6	733	26.4	P < 0.001		
Drink	531	42.6	716	57.4			
Regulated by PAOS Code							
Yes	1790	70.7	242	29.3	P < 0.001		
No	786	52.7	707	47.4			
 a High in saturated fats, trans-fatty acids, free sugars, or salt (less healthy). b Pearson Chi-square test. 							

to HFSS AFD, although we need to be cautious due to differences in channels and days/time slots recorded across studies. This is the result of the PAOS Code being flawed from the onset because it fails to regulate the nutritional composition of the advertised products, and does not apply to time slots with substantial child audience if they aren't the main audience. Similarly in the UK, child exposure to HFSS AFD has remained stable despite channels' high adherence to the existing restrictions due to increasing frequency of AFD in unregulated programs and time slots.⁴⁹ Thus, regulating advertisement through nutritional profiling, although essential, it is not enough to reduce children's exposure to HFSS AFD. A wider definition of advertising directed at children (age range and broadcasting times) is necessary. Further, the definition should also refer to audiences in absolute terms (not relative as it does now) when regulating in general interest programming but with a substantial youth audience. 50 Some programs with the highest child audience are not subject to PAOS regulation due to being of general interest or broadcasted during prime-time. 30 Finally, the PAOS Code only protects those under 12 years of age, although 40% of 12 yearolds are still not aware of the persuasive intent of advertising.⁵¹

These findings should be interpreted in the context of the study's limitations. First, the limitations of the classification systems mentioned above. Second, issues such as olive oil, a staple of the Mediterranean diet with heart-healthy properties, 52 was classified as non-core together with other oils

lacking such properties. Further, olive oil was categorized as a HFSS product due to its high calorie count and saturated fat content since the UKNPM evaluates 100 g of product, an amount far greater than what is regularly consumed. Moreover, the UKNPM does not take into account the monounsaturated fats and other bioactive components, e.g., polyphenols, with healthy properties. Third, by limiting the recording period to the months of January through April we may have missed out some seasonal variations in advertising that could occur later in the year. Fourth, being a single country study, we should be cautious with the generalization to the broader community. Finally, given the lack of parallel data regarding children TV viewing and food consumption, we couldn't obtain direct estimates of children exposition to food advertising in Spain.

Conclusions

This study provides basic data on AFD frequency and nutritional profiling which will allow to monitor trends of TV advertising directed at children in Spain and evaluate the impact of the regulatory systems. Using common nutrient profiling systems such as UKNPM, instead of, or in addition to, the international food-based coding system, facilitates international comparisons.

Our findings show that the PAOS Code, in spite of TV channels' adherence, not only is failing to reduce Spanish children's exposure to HFSS AFD, but it may be having the opposite effect, as the AFD rate and the percentage of HFSS AFD have increased in comparison with data from a similar study in 2008, both figures being higher during reinforced protected viewing time. Meeting that objective requires the establishment of a regulatory system, based on a nutritional profiling model, to block HFSS AFD to children under 16 years. This ban should also apply to programs with large children audiences even if broadcasted in general interest channels. This would require implementing a 22:00 watershed for HFSS AFD on television and eliminate the 'pull effect' created by the late night broadcasting of programs attractive to minors.

Author statements

Ethical approval

Ethical approval was not required because the design (cross sectional study of television advertisements) did not need Ethical Committee supervision in the institution.

Funding

This Project has been supported by the Spanish Health Research Fund of the Institute of Health Carlos III (Project grant number ENPY 1015/13) and the Spanish Consumers Organization (OCU).

Competing interests

The authors have no conflict of interest to declare.

REFERENCES

- Sánchez-Cruz J-J, Jiménez-Moleón JJ, Fernández-Quesada F, Sánchez MJ. Prevalence of child and youth obesity in Spain in 2012. Rev Esp Cardiol 2013;66:371–6.
- Ng M, Fleming T, Robinson M, Thomson B, Graetz N, Margono C, et al. Global, regional, and national prevalence of overweight and obesity in children and adults during 1980–2013: a systematic analysis for the Global Burden of Disease Study 2013. Lancet 2014;6736:1–16.
- Cairns BG, Angus K, Hastings G. The extent, nature and effects of food promotion to children: a review of the evidence to december 2008. World Health Organization. See, http://www.who.int/ dietphysicalactivity/Evidence_Update_2009.pdf; 2009 (last accessed 6 June 2015).
- 4. Lobstein T, Dibb S. Evidence of a possible link between obesogenic food advertising and child overweight. Obes Rev 2005;6:203–8.
- Zimmerman FJ, Bell JF. Associations of television content type and obesity in children. Am J Public Health 2010;100:334–40.
- Hobbs M, Pearson N, Foster PJ, Biddle SJH. Sedentary behaviour and diet across the lifespan: an update systematic review. Br J Sports Med 2014;49:1179–88.
- De Rezende LFM, Rodrigues Lopes M, Rey-López JP, Matsudo VKR, Luiz ODC. Sedentary behavior and health outcomes: an overview of systematic reviews. PLoS One 2014;9:e105620.
- 8. Santaliestra-Pasías AM, Rey-López JP, Moreno Aznar LA. Obesity and sedentarism in children and adolescents: what should be bone? Nutr Hosp 2013;28:99—104.
- WHO European Network on reducing food marketing pressure on children. Marketing of foods high in fat, salt and sugar to children: update 2012–2013. World Health Organization Regional Office for Europe. See, http://www.euro.who.int/_ data/assets/pdf_file/0019/191125/e96859.pdf; 2013 (last accessed 6 June 2015).
- 10. World Health Organization. Set of recommendations on the marketing of foods and non-alcoholic beverages to children. World Health Organization. See, http://whqlibdoc.who.int/publications/2010/9789241500210_eng.pdf; 2010 (last accessed 6 June 2015).
- Agencia Española de Seguridad Alimentaria y Nutrición. Code of Co-regulation of advertising for food products and beverages directed to children, prevention of obesity and health (PAOS Code). See http://www.naos.aesan.msssi.gob. es/naos/ficheros/empresas/Nuevo_Codigo_PAOS_2012_ ingles.pdf (last accessed 6 June 2015).
- 12. Agencia Española de Seguridad Alimentaria y Nutrición. Evaluation and monitoring of the NAOS Strategy: minimum indicator set. Madrid: Agencia Española de Seguridad Alimentaria y Nutrición. See, http://www.naos.aesan.msps. es/naos/ficheros/investigacion/documento_indicadores_en. pdf; 2011 (last accessed 6 June 2015).
- 13. Organización de Consumidores y Usuarios. Con la comida no se juega. Ocu Salud 2008;81:10—3.
- Matthews AE. Children and obesity: a pan-European project examining the role of food marketing. Eur J Public Health 2008:18:7-11.
- 15. Menéndez RA, Franco FJ. Publicidad y alimentación: influencia de los anuncios gráficos en las pautas alimentarias de infancia y adolescencia. Nutr Hosp 2009;24:318–25.
- 16. Organización de Consumidores y Usuarios. Hay que cortar por lo sano. Ocu Salud 2010;92:22-5.
- 17. Kelly B, Halford JCG, Boyland EJ, Chapman K, Bautista-Castaño I, Berg C, et al. Television food advertising to children: a global perspective. Am J Public Health 2010;100:1730–6.
- 18. Romero-Fernández MM, Royo-Bordonada MÁ, Rodríguez-Artalejo F. Evaluation of food and beverage television advertising during children's viewing time in Spain using the UK nutrient profile model. Public Health Nutr 2013;16:1314—20.

- Department of Health. Nutrient profiling technical guidance. See, https://www.gov.uk/government/uploads/system/uploads/ attachment_data/file/216094/dh_123492.pdf; January 2011 (last accessed 6 June 2015).
- Kelly B, King L, Baur L, Rayner M, Lobstein T, Monteiro C, et al. Monitoring food and non-alcoholic beverage promotions to children. Obes Rev 2013;14:59

 –69.
- Moreno MD. La tdt impulsa la multiplicación de canales infantiles. Revista Electrónica de Tecnología Educativa 2009;28:1–14.
- Perez JR, Núñez L. La audiencia infantil en España. Cómo ven los niños la televisión. Telos 2006;66:105–16.
- Boletín Oficial del Estado. In: Ley 7/2010, de 31 de marzo, General de la Comunicación Audiovisualvol. 79. Boletín Oficial del Estado. p. 30157–209. See, http://www.boe.es/boe/dias/2010/04/01/ pdfs/BOE-A-2010-5292.pdf; 2010 (last accessed 6 June 2015).
- Gantz W, Schwartz N, Angelini JR. Food for thought: television food advertising to children in the United States. Washington DC: The Henry J. Kaiser Family Foundation. See, http:// kaiserfamilyfoundation.files.wordpress.com/2013/01/7618. pdf; 2007 (last accessed 6 June 2015).
- 25. Del Pozo S, Garcia V, Cuadrado C, Ruiz E, Valero T, Avila J, et al. Valoración Nutricional de la Dieta Española de acuerdo al Panel de Consumo Alimentario. Madrid: Ministerio de Agricultura, Alimentación y Medio Ambiente. See, http://www.magrama.gob.es/es/alimentacion/temas/consumo-y-comercializacion-y-distribucion-alimentaria/Valoracion_Nutricional_2012_tcm7-309599.pdf; 2012 (last accessed 6 June 2015).
- Consorcio BEDCA y Agencia Española de Seguridad Alimentaria y Nutrición. Base de datos española de composición de alimentos. See http://www.bedca.net/bdpub/ (last accessed 6 June 2015).
- Food Standards Australia New Zealand. NUTTAB 2010 Australian food composition tables. See http://www. foodstandards.gov.au/science/monitoringnutrients/ nutrientables/Pages/default.aspx (last accessed 6 June 2015).
- 28. Mataix J, Mañas L, Llopis J, Martínez de Victoria E. Tabla de composión de alimentos españoles. Granada: Universidad de Granada; 1998.
- StataCorp. In: Stata statistical software: release 13. College Station, Texas: StataCorp LP; 2013.
- 30. Busquet J, Reinares P. La audiencia infantil de televisión en España. Ni tan escasa ni tan uniforme. Telos 2009;81:129-41.
- 31. Gatou T, Mamai-Homata E, Polychronopoulou A, Koletsi-Kounari H. The extent of food advertising to children on Greek television: focus on foods potentially detrimental to oral health. Community Dent Health 2014;31:68–74.
- 32. Powell L, Schermbeck R, Szczypka G, Chaloupka F, Braunschweig C. Trends in the nutritional content of television food advertisements seen by children in the United States: analyses by age, food categories, and companies. Arch Pediatr Adolesc Med 2011;165:1078—86.
- King L, Hebden L, Grunseit A, Kelly B, Chapman K, Venugopal K. Industry self regulation of television food advertising: responsible or responsive? Int J Pediatr Obes 2011;6:e390–8.
- 34. Boyland EJ, Whalen R. Food advertising to children and its effects on diet: a review of recent prevalence and impact data. *Pediatr Diabetes* 2015;5:331–7.
- Ekelund U, Hildebrand M, Collings PJ. Physical activity, sedentary time and adiposity during the first two decades of life. Proc Nutr Soc 2014;73:319–29.
- **36.** Robinson TN, Nited HEU, Has ST. Reducing children's television viewing. JAMA 1999;**282**:1561–7.

- 37. Epstein LH, Roemmich JN, Robinson JL, Paluch RA, Winiewicz DD, Fuerch JH, et al. A randomized trial of the effects of reducing television viewing and computer use on body mass index in young children. *Arch Pediatr Adolesc Med* 2008:162:239—45.
- 38. Marsh S, Foley LS, Wilks DC, Maddison R. Family-based interventions for reducing sedentary time in youth: a systematic review of randomized controlled trials. *Obes Rev* 2014;15:117–33.
- 39. World Health Organization. Report of the commission on ending childhood obesity. World Health Organization. See, http://www.who.int/end-childhood-obesity/final-report/en/; 2016 (last accessed 26 February 2016).
- Veerman JL, Van Beeck EF, Barendregt JJ, Mackenbach JP. By how much would limiting TV food advertising reduce childhood obesity? Eur J Public Health 2009;19:365–9.
- 41. Goris JM, Petersen S, Stamatakis E, Veerman JL. Television food advertising and the prevalence of childhood overweight and obesity: a multicountry comparison. *Public Health Nutr* 2010;13:1003–12.
- 42. Kelly B, Hebden L, King L, Xiao Y, Yu Y, He G, et al. Children's exposure to food advertising on free-to-air television: an Asia-Pacific perspective. *Health Promot Int* 2016;31:144–52.
- **43.** Kelly B, Smith B, King L, Flood V, Bauman A. Television food advertising to children: the extent and nature of exposure. *Public Health Nutr* 2007;**10**:1234–40.
- **44.** Boyland EJ, Harrold JA, Kirkham TC, Halford JCG. The extent of food advertising to children on UK television in 2008. *Int J Pediatr Obes* 2011;**6**:455–61.
- **45**. Effertz T, Wilcke A-C. Do television food commercials target children in Germany? *Public Health Nutr* 2012;**15**:1466–73.
- **46.** Adams J, Hennessy-Priest K, Ingimarsdóttir S, Sheeshka J, Ostbye T, White M. Food advertising during children's television in Canada and the UK. Arch Dis Child 2009;**94**:658–62.
- 47. Lobstein T, Davies S. Defining and labelling "healthy" and "unhealthy" food. Public Health Nutr 2009;12:331–40.
- **48.** Kelly B, King L, Bauman A, Smith BJ, Flood V. The effects of different regulation systems on television food advertising to children. Aust N Z J Public Health 2007;**31**:340–3.
- 49. Adams J, Tyrrell R, Adamson AJ, White M. Effect of restrictions on television food advertising to children on exposure to advertisements for "less healthy" foods: repeat cross-sectional study. PLoS ONE 2012;7:e31578.
- Harris JL, Sarda V, Schwartz MB, Brownell KD. Redefining "child-directed advertising" to reduce unhealthy television food advertising. Am J Prev Med 2013;44:358

 –64.
- Carter OBJ, Patterson LJ, Donovan RJ, Ewing MT, Roberts CM. Children's understanding of the selling versus persuasive intent of junk food advertising: implications for regulation. Soc Sci Med 2011;72:962–8.
- Estruch R, Ros E, Salas-Salvadó J, Covas M-I, Corella D, Arós F, et al. Primary prevention of cardiovascular disease with a Mediterranean diet. N Engl J Med 2013;368:1279–90.
- 53. Schwingshackl L, Hoffmann G. Monounsaturated fatty acids and risk of cardiovascular disease: synopsis of the evidence available from systematic reviews and meta-analyses. Nutrients 2012;4:1989–2007.
- Martín-Peláez S, Covas MI, Fitó M, Kušar A, Pravst I. Health effects of olive oil polyphenols: recent advances and possibilities for the use of health claims. Mol Nutr Food Res 2013;57:760-71.