

Enviado 16/11/2020
Aprobado 16/02/2021
Publicado 19/04/2021

EL IMPACTO DE LA PUBLICIDAD EN LOS HÁBITOS ALIMENTICIOS DE LOS ESPAÑOLES: UNA CUESTIÓN DE EDUCACIÓN ALIMENTARIA

Impact Of Advertising On Spanish People's Eating Habits: A Question Of Food Education

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Cómo citar el artículo

Carmona Rodríguez, M. y Anguita Acero, J. M^a. (2021). El impacto de la publicidad en los hábitos alimenticios de los españoles: una cuestión de educación alimentaria. *Revista de Comunicación y Salud*, 11, 29-53.
<https://doi.org/10.35669/rcys.2021.11.e267>

Resumen

El mundo actual vive preocupado por su imagen y su salud. Si bien lo físico ha prevalecido sobre lo saludable durante años, hoy los hábitos alimenticios saludables se imponen. En este sentido, el usuario demanda más información y más precisa. Por ello, el sector alimentario está obligado a dotar a sus productos de un etiquetado detallado que, en ocasiones, puede tornarse engañoso. El objetivo de este trabajo consiste en determinar qué buscan los consumidores, por qué y si son conscientes de lo que compran. Para ello, se ha utilizado una metodología tanto cualitativa como cuantitativa a través de la entrevista dirigida en profundidad, la cual ha sido realizada tanto a usuarios de a pie como a un especialista de reconocido prestigio en el sector, el Dr. Tinahones. Se trata, por tanto, de un primer acercamiento al estado de la cuestión en el contexto de 2019 cuyos resultados muestran que, en general, el etiquetado y la publicidad juegan un papel determinante en la elección de los productos que se consumen y que, en muchos casos, hay una gran desinformación, e incluso información tergiversada, de lo que implica una dieta saludable. En términos generales, es

necesaria una formación en alimentación desde edades tempranas e información más clara en el etiquetado de los productos de consumo.

Palabras clave: Salud; Consumidores; Publicidad; Sector Alimenticio; Entrevista; Etiquetado; Dieta equilibrada.

Abstract

Today's world is concerned about its body image and health. Thus, food sector has been obliged to provide its products with a detailed labelling that, sometimes, could be misleading. This work is aimed at determining what consumers look for, why and if they are really conscious of what they buy. To do so, both a qualitative and a quantitative methodology have been used through an in-depth guided interview. The results show that, in general, labelling and publicity play an important role when choosing the products that are consumed in the context of 2019.

Keywords: Health; Consumers; Publicity; Food Sector; Interview; Labelling; Balance diet.

1. INTRODUCTION

The phenomenon of globalisation is characterised by the fact that a significant and growing number of countries around the world share political (Baylis, Smith and Owens, 2017; Ball, 2014), economic (Rodrik, 2011), social (Samour, 2013), cultural (Pineda, 2002; Pieterse, 2019) and even linguistic (Higgins, 2011) aspects, among others. Within this phenomenon, advertising occupies a prominent place and has become the necessary bulwark to disseminate and promote certain habits, such as those related to diet and healthy lifestyles. The food industry and its link to the consumption of certain products, to the potential danger of developing certain conditions or diseases, and their impact on life expectancy are the focus of much of the advertising messages that surround us (Chan, Prendergast, Grønhøj and Bech-Larsenc, 2010).

Health has become a topic whose interest is growing exponentially every day, boosted by the media and social networks (Schoenebeck, 2014). Hence, it is possible to affirm that advertising is, without a doubt, the great ally of what we ingest (Menéndez and Franco, 2009). However, advertising and its content must be regulated at both national and supranational levels (Boddewyn, 1988) in order to avoid conveying misconceptions, intentionally or unintentionally (Wansink, 2006), the consequences of which, given the immediacy of news, can be devastating (Martín and Hernández, 2014). Non-compliance with national and European regulatory standards on commercial food advertising, in addition to the gaps that still exist in certain aspects (González, 2015),

especially those arising from the use of social networks, make it difficult to control what should be transmitted and how (Hernández, 2013a; Martín and Hernández, 2014).

Safety in terms of knowing what one eats and drinks has become a challenge and a cause for concern in today's society (Hernández, 2013b). Thus, González, Meléndez and Álvarez-Dardet (2012) consider that 21st century society is very concerned about everything related to health, a circumstance that has triggered the emergence of "functional foods". In other words, foods that, due to their composition, are recommended for human health.

The demand and interest generated by these foods since the end of the last century has led to the emergence of food and drinkable products low in fat, calories and sugars, and rich in certain substances that soon led to all kinds of "[...] probiotic, prebiotic, phytosterol and fibre products" (González, Meléndez and Álvarez-Dardet, 2012).

The emergence of this new way of eating is accompanied by a growing interest in clear and detailed labelling and greater visibility of the benefits of certain products (Thorndike, Riis, Sonnenberg and Levy, 2014). The social demand for better knowledge in order to make the right choices led Thaler and Sunstein (2009) to coin the term choice architecture. It follows from this architecture that, based on a good presentation of possible options, consumer choice will be better informed.

Labelling plays an essential role in the presentation of the products consumed (Dani, 2019; Lobstein and Davies, 2009), its presence is mandatory and its function is twofold: on the one hand, purely promotional and, on the other, informative (EU Regulation 1169/2011; Sarkodie and Boakye-Kessie, 2017). In accordance not only with EU Regulation 1169/2011 but also with Spanish legislation, Royal Decree 1334/1999, there have been autonomous communities (such as the Community of Madrid) that have produced guides to inform citizens. With regard to the mandatory information that must be visible, and using as a basis the Guide on nutrition labelling of foods of the Community of Madrid (2017), users should be able to see: energy value, amount of fat, amount of saturated fat, carbohydrates, sugars, protein and salt. In terms of voluntary information, monounsaturated fats, polyunsaturated fats, polyols, dietary fibre, vitamins and minerals may be displayed.

The guidance is clear in this respect and adds that nothing else should be included, except for enriched products, which should have not only the mandatory information but also the additional information related to the extra contribution. The health properties of certain components and their proportions (e.g. oleic acid) can also be added. Regardless of the product, the font size of such information (minimum 1.2 millimetres or,

in the case of smaller packages, 0.9 millimetres) is also of particular relevance to the purchasing decisions of potential consumers (Mulders, 2019; Hansson, 2019).

Although the aim is to improve the nutritional habits of all individuals who make up the advanced society of the 21st century (Teixeira, Patrick and Mata, 2011; Pelletier et al, 2004), the present shows a paradoxical and disconcerting reality due to the increasing number of problems related to overweight or the intake of products that are highly harmful to health (Aranceta et al, 2007). In addition to these problems, there are also cardiovascular, stomach and dermatological problems, among many others (Newell, 2010). In the search for a response to these circumstances, the existence of misinformation, misleading advertising and/or a lack of education on food is evident (Wansink, 2006).

It is worth highlighting the social groups that are most vulnerable to misinformation and misleading advertising: children, adolescents and young people in general (Hayes and Ross, 1987; Martínez, Fernández del Olmo and Anuncibay, 2007), who are unaware of the consequences of poor diet and do not question why their habits should change. This is compounded by a twofold problem that is widespread today. Firstly, children have to be educated by their elders in the practice of good and healthy eating. This implies having to say "no" at certain times to requests made by their descendants about certain unhealthy or, in the worst case, harmful eating practices. This "no" has to be assumed as a **positive limit**, since any measure that implies an improvement in the living conditions and circumstances of any person, implies the assumption of intelligent uses and customs, which, going to the Latin semantic root of the term, means choosing well. To be intelligent is nothing else, as Ortega showed following the original Latin root of the words *elegans* and *intellegans*, than to choose the best option (Ortega, 1952).

The second, being a good father or a good mother, following on from the previous analysis, implies educating one's offspring in a philosophy and culture of achieving balance in everyday life, and this affects eating habits. The balancing of rights and responsibilities is crucial to living intelligently. Following Ortega (1986) and applying his definition of a noble person to dietary and nutritional habits, a person will be a noble person when he or she learns in his or her daily life to assume the obligations that come with a healthy diet. The consequences of not complying with this rich and varied menu, typical of the Mediterranean diet, is to become a human being with nutritional problems and poor nutrition which, as a general rule, cause overweight, obesity, cardiovascular diseases, psychomotor pathologies, etc.

1.1. Aim and objectives

The ultimate aim of this work is to show that more nutritional information does not necessarily mean healthier eating habits. To this end, it is necessary to address the following specific objectives: to find out whether the general population considers that they have healthy eating habits, to determine whether advertising influences people's diets and, finally, to determine the importance of labelling for consumers.

2. MATERIAL AND METHOD

This article offers an ethnographic study (Cerri, 2010) whose backbone revolves around the importance of the personal testimonies and opinions of consumers and a specialist in terms of healthy diet.

To this end, two unstructured or open-ended interviews were developed and carried out and, within this model, the in-depth interview was chosen (Robles, 2011). The unstructured or open-ended guided interview allows all kinds of data to be obtained since the interviewee is free to answer what he/she wishes and how he/she wishes. While the interviewer knows why he/she is asking the questions and what he/she wants to achieve through them, he/she is open to any information that may be useful.

This is why flexibility is essential in this type of method. According to Taylor and Bogdan (1984), the in-depth interview is complex because from an open and natural conversation where the interviewer may receive biased or not entirely truthful information, the interviewer will have to critically elucidate which data are truthful. In this work, the data obtained from the interviews will be analysed both quantitatively and qualitatively. However, it is usual for the in-depth interviews to be analysed qualitatively.

2.1. Participants

A total of 15 people were interviewed in Spain in 2019, aged between 31 and 66, with very diverse lifestyles that could correspond to any ordinary citizen. In addition, Dr. Francisco Tinahones, Head of Endocrinology and Nutrition at the Carlos Haya Hospital in Malaga, President of the Spanish Society for the Study of Obesity and Overweight, and Rapporteur for Spain in the Commission on Dietetics and Nutrition of the European Union, was interviewed.

In this way, the aim is to visualise, on the one hand, the degree of knowledge and awareness of citizens about their daily eating habits, together with other lifestyle habits that have a direct impact on health; and, on the other hand, it allows an in-depth study of the reality studied from a scientific point of view.

The 15 people interviewed belong to three clearly differentiated generations (Ortega y Gasset, 1947 and Marías, 1961):

- a) **1960s generation.** They are a teacher and a housewife born between 1953 and 1967.

- b) **1974 generation.** A security guard and a lawyer born between 1968 and 1982.
- c) **1989 generation.** 11 persons born between 1983 and 1997. 3 men and 8 women. Of these, by profession: 1 lawyer, 1 teacher, 1 administrative assistant, 1 accountant, 1 flight attendant, 1 journalist, 1 carer, 1 technician and 1 unemployed. He is a ticket-taker.

The sample comes from clearly differentiated social status (7 high, 7 medium and 1 low) and heterogeneous education (7 graduates, 6 with Higher Vocational Training studies, 1 with Baccalaureate studies and 1 housewife with Primary school studies).

2.2. Instrument

Two different in-depth interviews were conducted. The first one, consisting of 11 questions (see 3. Results), is addressed to the 15 ordinary citizens described above as a significant sample of part of the public opinion. The second one, consisting of 8 questions (see 3. Results), is addressed to one of the main references in the world of nutrition and dietetics at European level (Dr. Tinahones).

Due to the nature of the study and the methodology used, all questions and answers are open-ended, allowing each interviewee to offer his or her point of view. It should be noted that all participants undertook to answer honestly before being interviewed.

2.3. Procedure

Each of the first 15 interviewees was interviewed separately in person. In the case of Dr. Tinahones, the interview was conducted by telephone because he was at the hospital where he usually works (Malaga). All of them were aware of the topics to be addressed in the interviews.

2.4. Data analysis

The variables taken into account are:

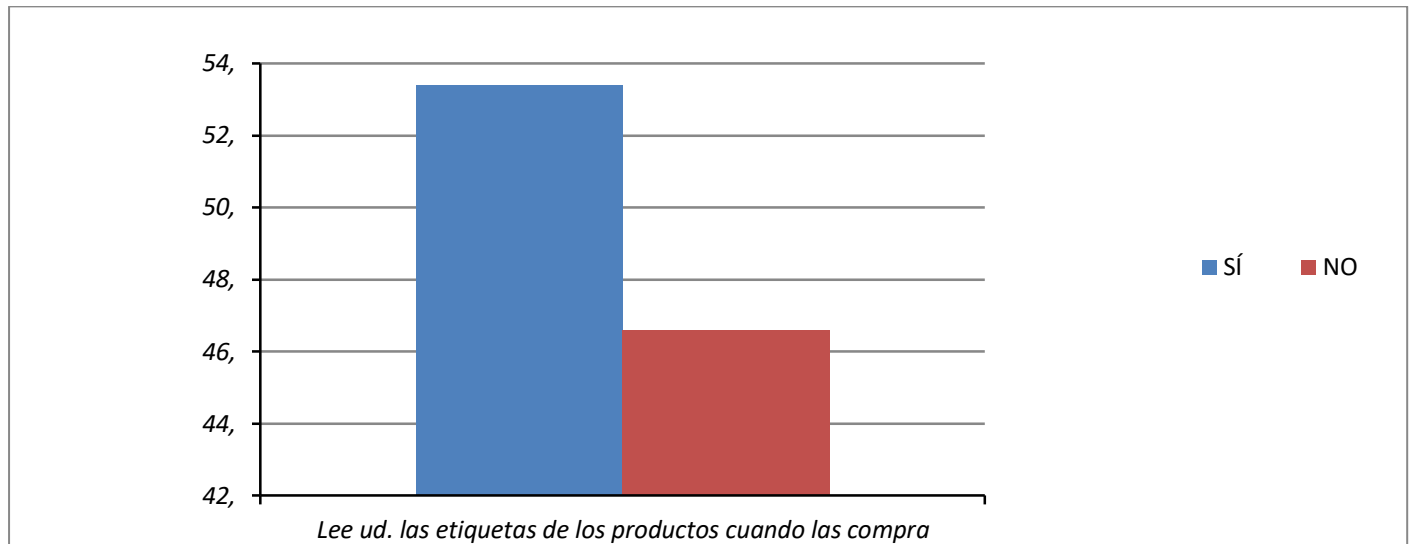
- They belong to three different historical generations.
- They are men and women.
- In terms of their education, they range from primary education to university graduates, including high school graduates and vocational training technicians.
- In terms of their occupations, they range from liberal professionals (lawyer) to career civil servants (teacher), as well as technicians, senior executives and one unemployed woman.

The sample population complies with the study design variables.

3. RESULTS

The results are presented by differentiating between the responses of the 15 consumers and those of the nutrition expert.

a) Consumers



Graph 1. *Do you read the labels on products when you buy them?*

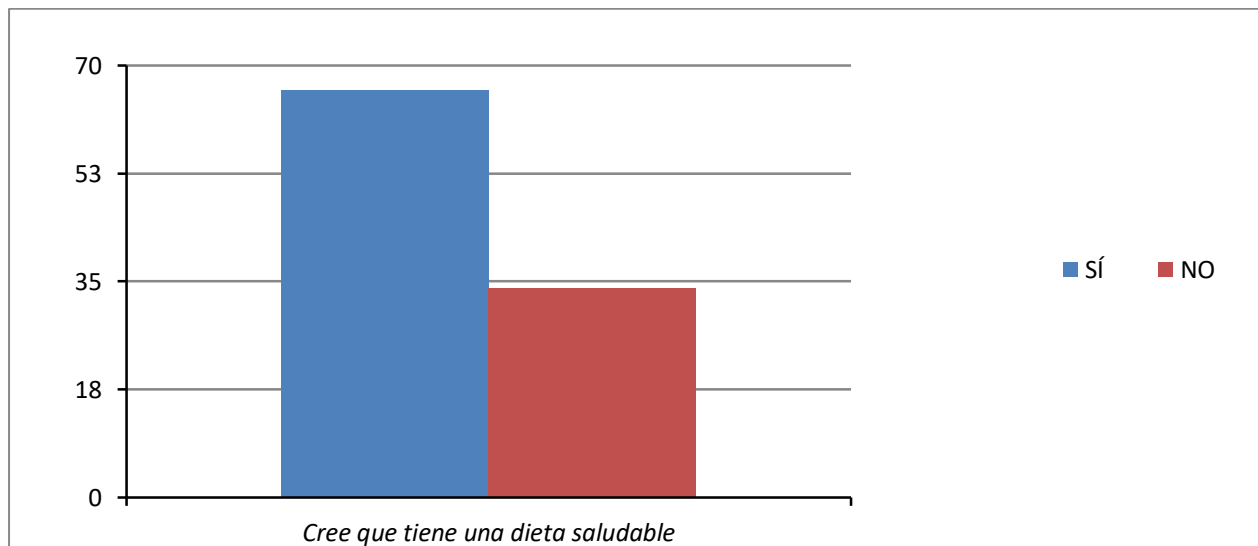
7 answered no, representing 46.6% of respondents, and 8 said yes, 53.4%. By generation:

1960s generation. Both consumers answered no. In this subgroup, neither level of education nor professional status is relevant. This coincidence is significant when looking at the coinciding answers of both if only a superficial interpretation is made. When, on the one hand, we leave the stereotypical analytical framework of the surveys of the last sixty years, clearly marked by a Marxist bias with deep scientific gaps, we observe what Ortega demonstrated in *La rebelión de las masas*: a person can be an authority in his field, and at the same time a mass being in another field in which his intellectual authority is considered equally relevant. The failure to read the labels on food products reflects a lack of knowledge of a rich food education culture, and the fact that people let themselves be guided by inherited food patterns that are not questioned.

1974 generation. In this second subgroup, however, the level of education and professional performance are relevant and clarifying, since the professional lawyer, unlike the other respondent, does show a greater awareness and concern for the nutritional components of the food products she consumes on a daily basis. This means that she has been focusing for some time on observing and knowing which foods are better for her and her family's diet, in order to avoid cardiovascular or digestive pathologies or mobility difficulties as a result of being overweight or obese. On the other

hand, the respondent has a problem that may affect him in the short to long term: his job as a security guard is characterised, among other things, by an excessive sedentary lifestyle. In the long term, he is therefore at greater risk of suffering from pathologies associated with a poor diet, as a result of not having developed the habit of reading the components of the food in his shopping basket.

1989 generation. 6 answered that they do look at labels and 5 said they do not. When analysing the differences in this third subgroup, Ortega's scientific evidence is again confirmed: there are university graduates who show a serious gap in their dietary, food and nutritional education. Given that this is the youngest generation, another Ortega maxim is also confirmed: an era of progress, of improved living conditions, must not be followed by an era of even greater improvements in living standards. In fact, national and European studies in recent years have shown that Spanish children have become, during the Baby Boom generation, the ones with the best nutritional quality ratios in Europe and the ones who suffered the least from the comorbidities of obesity and overweight. It is precisely the members of this generation of 1989 and the generation that comes after them (2004 generation) who lead the European rankings in terms of overweight and obesity.



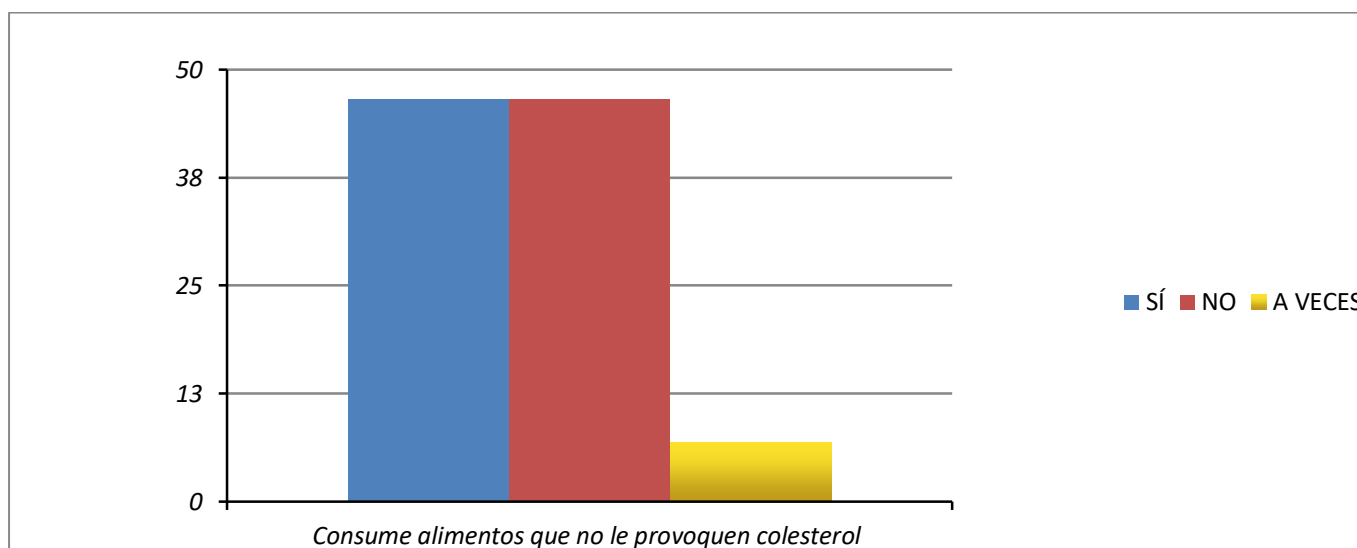
Graph 2. *Do you think you have a healthy diet?*

66% said yes and 34% answered no. By generation:

1960s generation. They agree that that yes. However, these answers are based more on desideratum than on scientific evidence. When both were questioned about their state of health, it was found that both had problems of mobility and high blood pressure before they reached the age of seventy, both clinical pathologies associated with their eating habits and lack of sufficient physical exercise.

1974 generation. Those who answered no reflect a more diversified universe. Here again, it can be seen that professional status and level of education are not decisive. There are two clearly differentiated trends in opinion and eating practices. It is confirmed that only 4 of the respondents do care about eating a healthy diet, while the remaining respondents recognise that they have a disordered lifestyle in which they are neglecting their culinary habits. Unlike the previous generation, the 1960s, here the trends are more evenly spread. There are members who do take care in their day-to-day lives to practice a healthy diet; while the others are either influenced by a deficient food culture because they already had it in their family homes of origin; or because they have fallen into pernicious food habits and have abandoned the careful diet they had learnt from their elders.

1989 generation. 5 do not eat a healthy diet and 6 do eat a healthy diet. In this subgroup, as in the previous one, there are two marked currents of eating habits. What is significant in this subgroup, unlike the previous one, is that if we associate the answers of each with those they gave to the first question they were asked, there is a clear correlation and, therefore, a scientific conclusion can be drawn: people who do look at the labels of the food in their shopping basket tend to have a healthy diet, while those who do not do so are not only impoverishing their daily diet but also spoiling their state of health in the medium and long term.



Graph 3. *Do you decide what to buy by looking at the ingredients in the products?*

7 answered yes, 7 answered no and 1 sometimes. Therefore, 46.6% of the sample said yes. Another 46.6% said no. And 6.8% sometimes.

These answers introduce some nuances in the three subgroups, the detailed analysis of which will show a series of situations, in some cases paradoxical, and in others in line with the answers consistently given to the first two questions posed to them.

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The paradoxical nuances are to be found both in the two members of the **1960s generation** and in the subgroups of the 1974 and 1989 generations. In the case of the 1960s subgroup, there is the particularity that they share the family home because they are married. Here a peculiar line of interpretation opens up: the housewife, a status historically linked to a figure skilled in household chores, one of them being the purchase of food and its cooking, nevertheless does not bother to check the suitability of the ingredients of the products purchased. Unlike him, who says that he does check them. In this sense, his higher level of education and his more socially recognised profession seem to be the decisive elements that explain his opposite behaviour. This raises a question that should at least be worrying for both of them in terms of their present and future health: will they be able to modify their use by following his new purchasing habit, given that it turns out to be healthier?

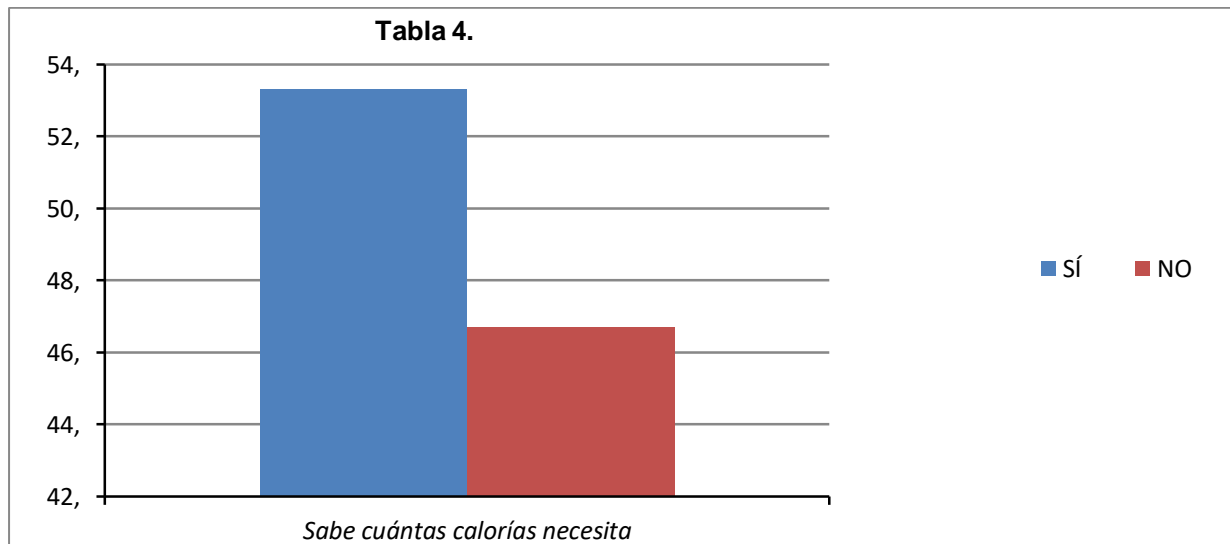
The paradox is also present within the 1974 generation, as only one person does take into account the components of the food products he or she buys. The rest say that they do not take them into account in their shopping baskets. This introduces a new reality that questions the answers they gave to the second question, in which they stated that they do eat a healthy diet. To what extent is this true? Do they not often look at the components of the products they eat because they know them in depth and already know that they are healthy?

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In the specific case of one of the participants, the 33-year-old lawyer, her answers clearly show the disordered and impoverished eating habits she is practising. On the one hand, she states that she does look at the ingredients of the products she buys, and on the other hand, in the previous question, she answered that she does not follow a healthy diet (she buys very fatty and sugary foods). Therefore, reading labels is of little use to them because they are ingesting products that impoverish their daily diet and their health.

Responses in line and consistent with those given to the previous question were observed among six people of the **1989 generation** who base their shopping basket on fresh food.

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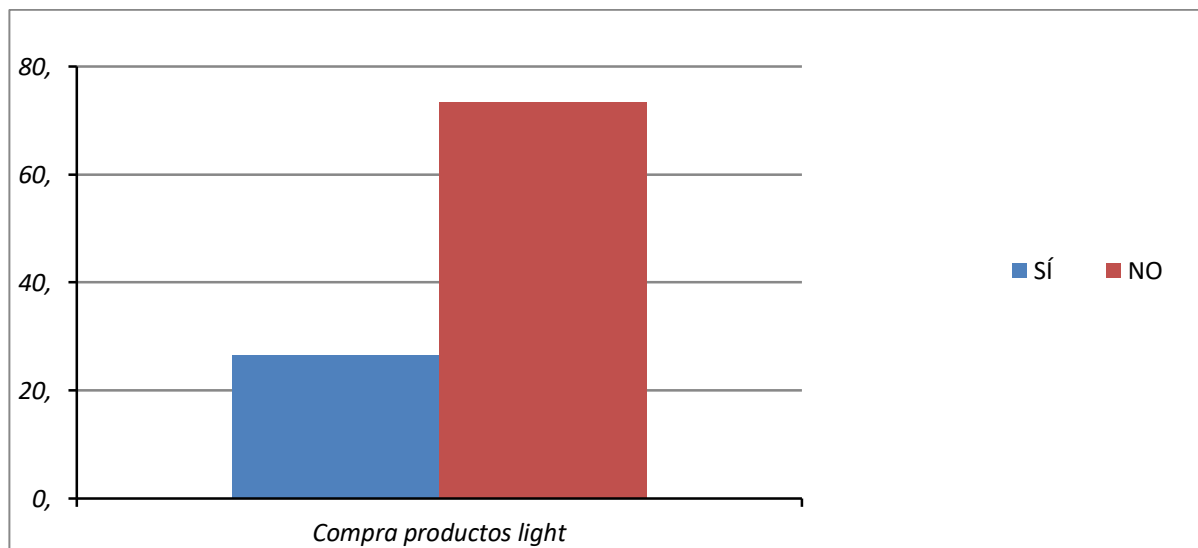


Graph 4. *Do you know how many calories you need?*

8 answered between 2,000 and 2,500 kcal. They represent 53.3% of the sample. This question introduces a new reality: the acute lack of awareness among a large proportion of respondents as to how many calories they require on a daily basis according to the life they lead. There are two clearly identifiable sub-groups here: One, consisting of 8 respondents who are aware that they need to ingest between 2,200 and 2,500 kcal per day to cope with their lifestyle.

And the other subgroup, made up of 7 respondents who do not know how many kilo calories they require to cope with their daily living needs. They make up 46.7% of the respondents. The aggravating factor in this subgroup is that 2 of the people surveyed show a profound lack of knowledge of the daily kcal they need to consume, in one of the cases (the administrative assistant) being at half of the required intake. And in the case of the sales assistant, she states that she needs one third of the kcals that her lifestyle actually demands. In their cases, both of them may suffer from serious illnesses such as anorexia if they follow this pace of life and this impoverished diet.

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Graph 5. *Do you buy light products and why?*

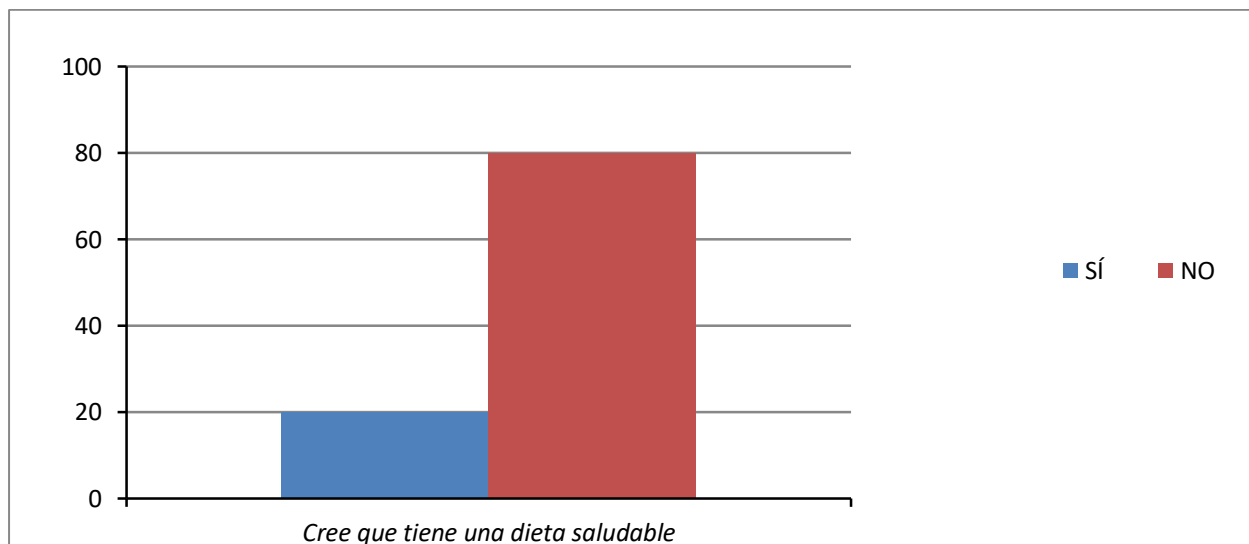
73.4% of those interviewed do not buy or consume light products. The reasons given for this decision range from those who consider them to be a deception to the majority of those who do not buy them because they do not like them and prefer fresh products. It can be deduced from these people's answers, on the one hand, that they have chosen the aforementioned fresh products for their diet, in line with a diet typical of Mediterranean culture. On the other hand, the choice of the interviewee who directly considers light products to be "a deception" is very significant.

What is striking about his habit and his choice is that he forms a family unit together with two of the other respondents (his wife and a daughter). And it is only the wife who sometimes buys and consumes them.

The rest, 4 of the respondents, representing 26.6% of the sample, do opt for products in the so-called "light" segment in their shopping basket. They gave three reasons for this habit: one, they like them. Two, they think they are healthier. Three, because if the labels on these products are true, they theoretically have less saturated fat. In conclusion, they conclude that they associate the light label with "eating healthier".

It is clear from the answers of the 15 respondents that age and generation are not the decisive factors. They are more influenced by their own eating habits and their own ideas about these foods.

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Graph 6. *Do you know what percentage of sugar you consume every day and what is a healthy amount?*

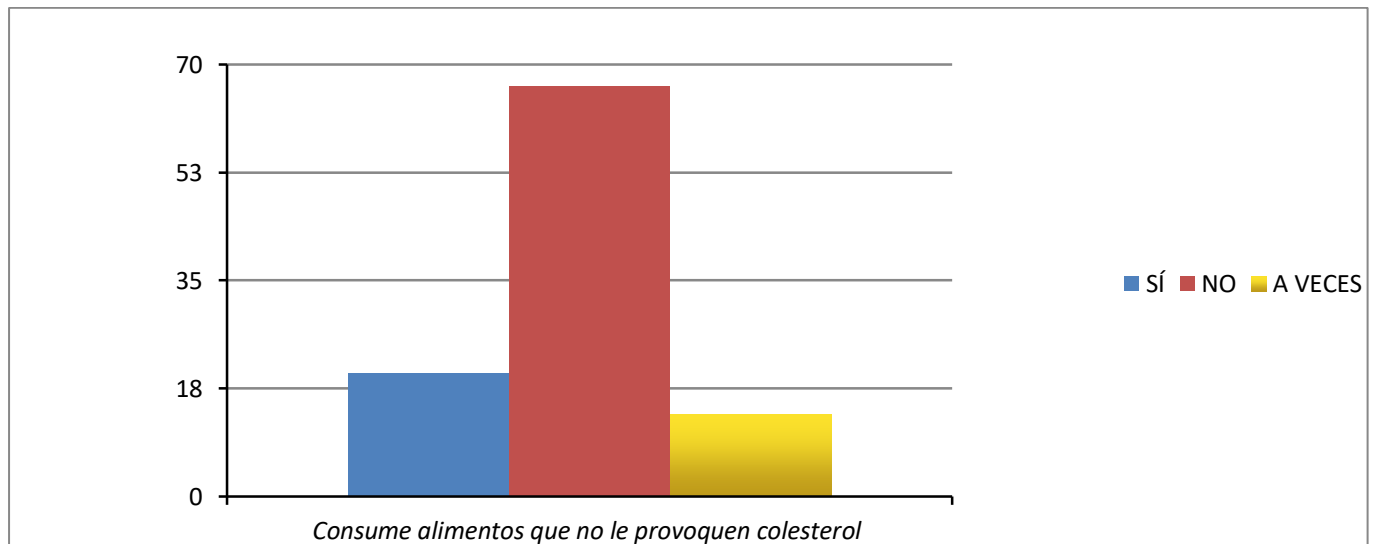
80% of those interviewed are unaware both of the amount of sugar they consume daily and of the volume they should be taking according to their physiological characteristics, their modus vivendi, and the pathologies that either some of them already have or are developing without them being serious at the present time, nor do any of them suffer from chronic pathologies. They recognise that it is not a question that they stop to think about on a daily basis.

One of the particularities detected when interviewing them is that among the 80% of those interviewed, there are those who say that they only eat the sugars found in fresh food. Therefore, they do not consume other types of food made or manufactured with industrial additives.

Finally, the 20% who do say that they know how much sugar they consume on a daily basis, but do not know the healthy amount they should be consuming. In what type of food or drink do they consume these sugars? Do they consume sugars when they drink coffee, or do they resort to industrial products such as fried tomato, industrial bread, sweets, biscuits or certain drinks such as soft drinks?

In these two questions, it can be seen that neither generation nor age are determining factors in these specific eating habits. They are more linked to habits and tastes in everyday life. Given that the intake of industrial sugars is unhealthy, as shown by international clinical studies (although this is not the subject of this article), it did lead some of the interviewees to stop and think about making changes to their diet.

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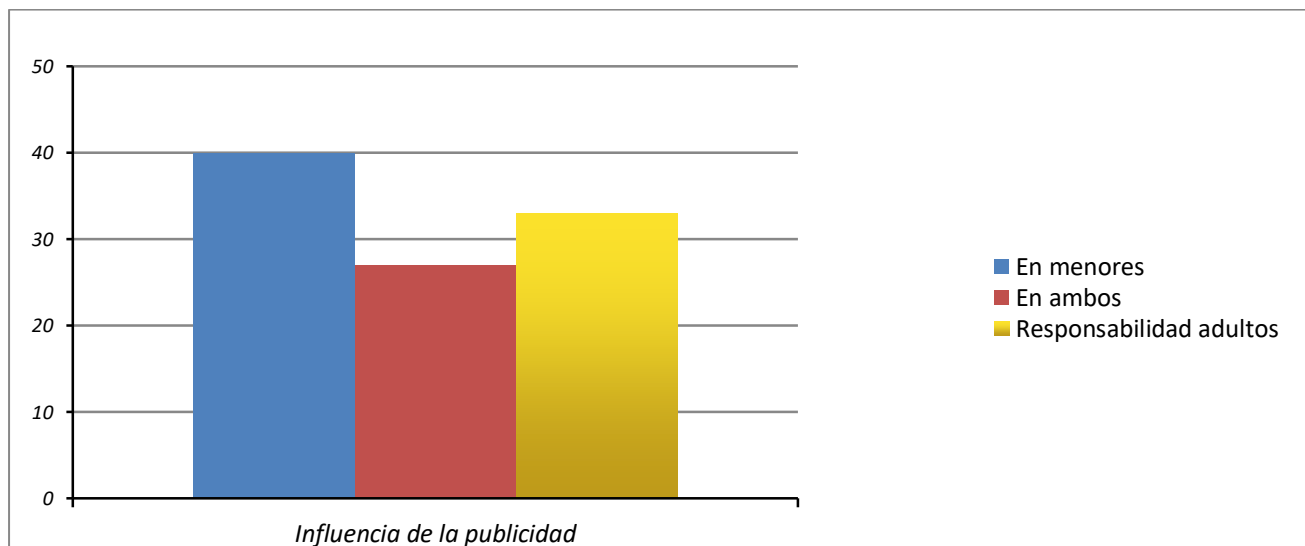
Graph 7. *Do you eat cholesterol-free or other foods to regulate your bowel movements? Do you notice the results?*

Three subgroups are clearly distinguishable. One is made up of 66.6% of respondents who do not eat specific cholesterol-lowering or bowel-transit-regulating foods. Why is this? Because they do not believe either in specific products to control cholesterol or in those recommended to improve intestinal transit. And only one of them admits to taking Danacol from time to time but does not know whether or not it is effective against cholesterol as claimed in its advertising campaigns and on the label of its packaging. It is striking that all those who said they did not belong to the 1989 generation, except for one member of the 1974 generation. From this it can be deduced that it is the members of the younger generation interviewed who are less or not at all inclined to this type of product.

The second group is made up of those who do consume them, who represent 20% of those interviewed. It is noteworthy that 2 of the 3 who do consume them belong to the 1960s generation. This is illustrative because it is a generation that grew up in childhood and adolescence with a food culture in which the consumption of dairy products was relevant. It should be borne in mind that this is the first generation in Spain to grow up during the post-war period following the Spanish Civil War of 1936. It is also that this generation, now in adulthood, is the one with the most worrying rates of cholesterol among its members, causing them, as studies have shown, pathologies that affect their daily lives, ranging from the mildest or those that have been overcome to others that are serious or chronic, and in the worst cases, even causing comorbidities that have led to death. It is also significant of the eating habits of those who do consume them, that there is one interviewee who only eats fresh products rich in natural fibres that do not raise cholesterol levels and regulate their intestinal flora. While the other two respondents who answered yes, in addition to eating fresh and natural foods, also consume foods and beverages recommended by their manufacturers to control cholesterol or improve their intestinal flow.

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The third subgroup, representing 13.4% of respondents, acknowledges that they "sometimes" take products to control cholesterol levels or to improve intestinal flora. Both of them say that "yes" the message of the advertising campaigns has "got through" to them, and that is why they take Activia-type products.



Graph 8. *Do you think that food advertising influences minors more than adults? What significant nuances do they introduce?*

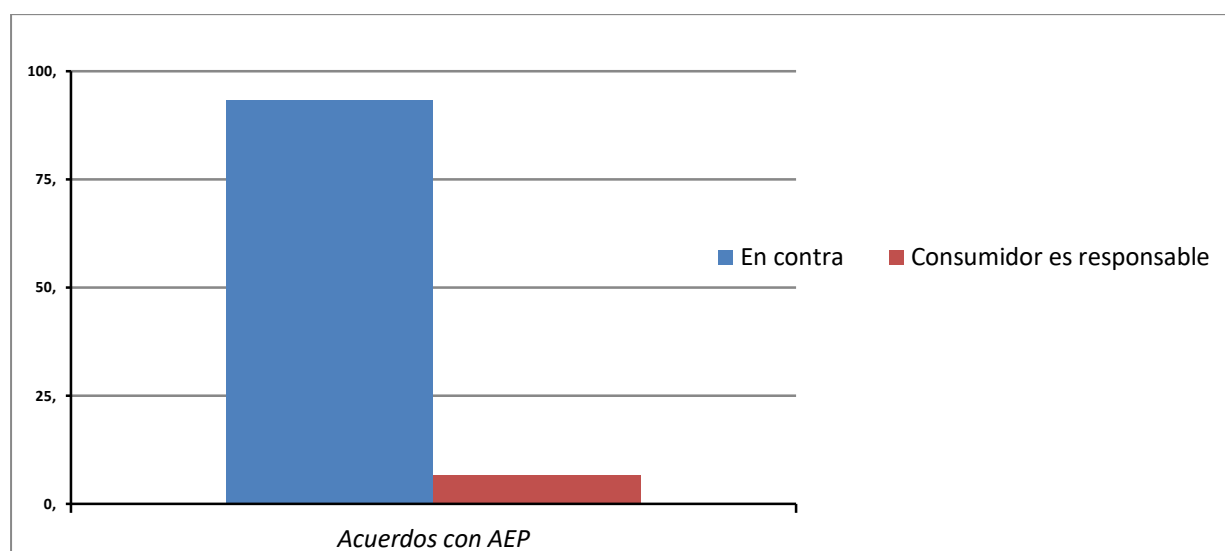
There are three sub-groups. The first is made up of those who consider that children are more influenced by advertising, a view shared by members of all three generations interviewed. They represent 40% of those interviewed. Within this group of opinion there are nuanced positions, ranging from those who consider that there are already sufficient laws regulating advertising space for the food industry to those who propose more laws and emphasise the responsibility of parents, who are the ones who make the purchase. All advocate the development of more legislation to protect minors and, above all, drastic changes in television content dedicated to children and adolescents. The latter entails the proposal to adopt measures ranging from the elimination of marketing resources that stimulate minors' desire to buy harmful products to the prohibition of certain types of advertisements. Or the regulation of television slots for advertising slots that stimulate the consumption of industrial sweets. These positions are based on scientific data on the excessive consumption of pastries with added sugars.

The second subgroup is made up of 4 respondents, 27% of the sample. For them, advertising influences both adults and children. These research participants belong to the 1960 and 1974 generations. Among them, they all agree on the need to regulate advertising spaces aimed at both minors and adults. In this sense, they are in favour of two specific lines of action: One, to introduce new regulations (something also proposed by the first subgroup analysed). Two, to demand that the public bodies that have the

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authority to oversee Public Health improve the exercise of their functions and competences, and that they also have more resources to carry this out.

Componen el tercer subgrupo el 33% de los entrevistados. Todos pertenecen a la generación de 1989. Para ellos, la responsabilidad principal está en los padres y en las madres de los menores. Han de ser ellos quienes, por un lado, establezcan los menús alimenticios que toman sus descendientes a diario, y tengan una dieta saludable basada en comer productos frescos en lugar de los precocinados difundidos en determinadas campañas publicitarias. Y, por otro, controlar también las familias dentro de lo posible los contenidos televisivos que consumen los menores: tanto las campañas publicitarias que se insertan entre esos contenidos, como la propaganda tipo product placement en las propias series de televisión (se promocionan bebidas, comida rápida, etc. dentro del propio capítulo o película).



Graph 9. *What do you think of the agreement of the Spanish Association of Paediatrics (AEP) with companies that sell products with a lot of fat and sugar for children? What alternatives do you propose?*

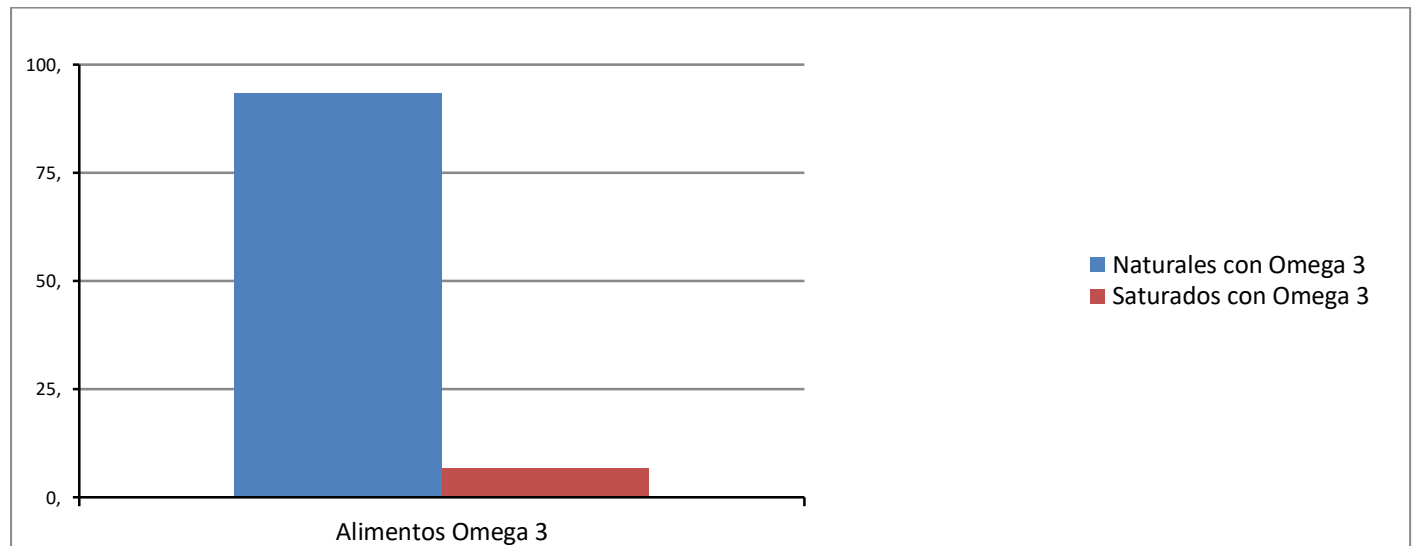
14 of the 15 interviewees are against this agreement between the AEP and the companies that market these products, 93.3% of those interviewed. Among the proposals they make, the following stand out: prevent the food industry lobby from doing what it wants and, moreover, from having the backing of the health authorities. Prohibit the manufacture and consumption of those products that are causing overweight and obesity in Spanish children. They also advocate encouraging adults and children to practice sport on a daily basis. They call for paediatricians who recommend these products to be required to rectify the situation and comply with their Code of Ethics. Otherwise, they should be sanctioned with a financial fine or other more serious sanctions. The marketing of products that are theoretically healthy and with a blue label, but which in reality are not, should be prevented. They advocate a return to the Mediterranean diet based on fresh, seasonal food. Forcing those companies that manufacture industrial products to reduce the amount of sugars and saturated fats, or

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else to pay more taxes on these products. There is a call for the same rule to be applied in all schools in Spain promoting the consumption of fresh produce.

The exception among the respondents is one of the interviewees, who represents 6.7% of the sample. For her, the main responsibility in decision-making lies with the people who allow themselves to be seduced or misled by advertising.

From a scientific point of view, the authors of this article suggest, on the one hand, to introduce all the objections raised by the first subgroup of respondents. On the other hand, it is obvious that each person or family is jointly responsible for their shopping basket.



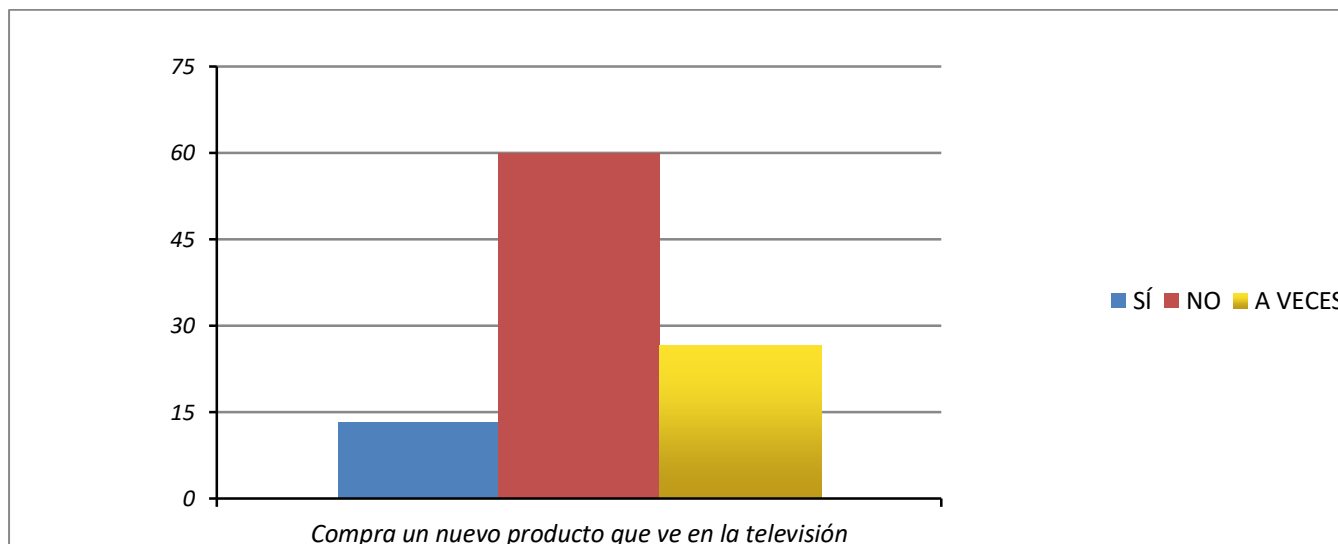
Graph 10. *Do you think that foods "with vitamins, omega 3" are the same as others that contain them naturally?*

93.3% of those interviewed prefer natural foods that already contain these vitamins and properties to vitamin supplements

In addition, there are nuances in their responses, from those who are very hard on products that incorporate them industrially or chemically, specifically 46.65% prefer not to consume products that incorporate these vitamins through industrial processes. The other 46.65% do not mind companies that incorporate vitamins or Omega 3 fatty acids in their products. In this second group, it is proposed that companies should inform consumers of the minimum percentage of omega 3, vitamins or calcium incorporated in their products

The differentiating nuance to this question is represented by one interviewee, who represents 6.7% of the total. She agrees with the rest of the participants and only qualifies that there are some processed products with these vitamins and supplements that may be easier for the consumer to find and consume than fresh products with them.

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Graph 11. *Do you buy a new product you see on TV and does advertising influence your decisions?*

60% of those interviewed answered no. They prefer to buy fresh, seasonal and quality products. They analyse the products in their shopping basket in order to continue buying them where they usually do; or in some cases, when they do not meet the food quality standards they are looking for, they have been forced to buy them in other local establishments that do offer the quality they are looking for. They are also opposed to the significant increase in the price of foodstuffs in the shopping basket as a result of investment in expensive advertising campaigns. They even state that the main viewing of television content via Netflix-type platforms means that they do not have to consume direct food advertising. However, they do recognise that indirectly through product placement they may be receiving an advertising impact of which they were not aware when they were interviewed.

26.7% of respondents answered "sometimes". In their cases, they are influenced by advertisements for industrial bakery products and junk food, with the advertising sometimes arousing their appetite, for example when they see an advertisement for a cake.

The last subgroup is made up of two respondents, representing 13.3% of the total. Both recognise that they are influenced by advertisements for food products, but less and less so, and say that they tend to make compulsive purchases. This malpractice is also observed in many people around them. From the latter it can be seen that on occasions such as these, the social environment, its food culture and media consumption can have a negative effect on its members.

b) Nutrition expert: Dr. Francisco Tinahones:

I. What do you think of the agreements that the Spanish Association of Paediatrics has with brands such as Cuétara, Tostarica, Nestlé... which do not exactly have healthy products aimed at children?

I would have to have more information on what these agreements entail and the conditions of these agreements. Without that information, I do not dare to make a judgement.

II. What do you think about teaching children about nutrition and good eating habits in schools? Would it make any difference, or is it really the parents who should be "educated"?

Working with the child is necessary in the school environment to increase education in healthy habits, but at these stages it is more important to educate parents.

III. Do you think that a large part of the blame for the obesity rates in Spain lies in the lack of information on nutrition that we have? What measures would you suggest?

Not only that, lack of information is important but not the only thing. Obesity rates in health professionals are only slightly lower than in the general population, and these professionals have all the information. We live in a clearly obesogenic environment and action should be taken at a multifactorial level.

IV. Do you think that the lack of training in nutritional issues or the influence of excessive marketing in the media is more important?

Marketing.

V. Do you think that any measures should be taken to combat the intrusiveness of the health sector?

Intrusiveness in nutritional recommendations is enormous. Just as in cardiology no one with that expertise dares to make recommendations, in nutrition everyone dares (artists, chefs, etc.) and this has created an enormous background noise that prevents clear messages based on scientific evidence from getting through.

VI. How do you think the lack of family reconciliation affects children's nutrition?

In an important way.

VII. Lately there has been a lot of talk about how harmful additives such as monosodium glutamate are. What role do you think they play in the "obesity epidemic" that Spain is currently experiencing?

There is no evidence to recommend or prohibit their use; more studies are needed to reach an opinion.

VIII. What do you think of the menus given to the sick in hospitals and the menus for children in schools?

Hospital menus are balanced and approved by endocrinologists or nutritionists. In schools the situation is more variable.

4. DISCUSSION AND CONCLUSIONS

In the light of the above results, it can be concluded:

- The marketing of fatty products and products with added sugars is influencing the increase in overweight and obesity among Spaniards. This ties in with the general objective of this paper on the need for better nutritional information to create an education based on healthy habits, and also with the first specific objective of achieving a healthy diet. To overcome this, it is essential to take a series of measures: One, that the competent authorities responsible for ensuring public health compliance prevent the advertising and marketing campaigns of those foods or products that cause overweight, obesity and other pathologies. Two, public institutions should reward media outlets that decide, with the economic risk that this entails, not to include in their advertising space or in so-called advertorials campaigns promoting fatty products and products with added sugars. Three, although for years now food and nutrition education campaigns have been carried out in schools and high schools by the Health Departments, these campaigns should be stepped up and children and their families should be told which foods are made with these unhealthy ingredients and why they should be eliminated from their daily diet. Fourthly, by means of meetings and effective decisions, to provoke the food companies that manufacture these foods to stop doing so, and to switch to making and cooking other healthy foods. It would be a matter of encouraging an intelligent reconversion of an industry with bad practices, with all that this implies for public health and for the generation of employment and sustainable wealth.
- To put an end to the intrusiveness of dietary recommendations, ranging from the manipulative propaganda of certain food companies to the unfounded opinions of certain non-medical professionals. In this way, we respond to another of the specific objectives set out: the information on food labels must be truthful. Once again, we must turn to Ortega and his distinction between a noble person and a mass person. The former has already been referred to in the Introduction to this article (p. 3). The latter is the reverse of the former, the person who only wants

rights and does not assume his or her obligations. Ortega demonstrated this in his famous essay almost a century ago, which was published in newspaper articles from 1925 in the daily *El Sol*, and in book form from 1927. And he identified the scientist as the ultimate example of the mass person. Why? Because he, being an authority in his field, allowed himself the licence to give his point of view on any subject he did not know about, arrogating to himself the same authority. Today we can see this in the Spanish media when certain television programmes, radio talk shows or content in paper or digital formats address issues such as healthy eating and nutritional habits without complying with the rigour and knowledge required by those who address these issues.

- The reconciliation of work and family life must be achieved because it is preventing a culture of healthy eating and living habits. As already mentioned in the Introduction, this is making it impossible to dedicate time, dialogue and the practice of good eating habits in all those families with serious difficulties in balancing their professional and personal day-to-day lives. Like everything else in life, intelligent habits and customs are based on the ability to discern between various possibilities, the result of making decisions based on weighing up the pros and cons of each one of them. When times and spaces are not set aside in the home to put into practice from silence and clear and educational communication focused on why certain foods should be eaten and combined with others in each of the daily meals, and when exceptions can be made to eat certain treats, the basis and the example to be given to the new generations is broken from the start. It is more than proven in any field that the best school of education is that which is practised daily by example and coherence. If the younger generations do not see their elders practising them, they will not practise them (except in isolated and praiseworthy cases, of which there are some, who make a titanic effort to do the opposite of what they see in their parents).
- There is no clear scientific evidence today that certain additives are causing an increase in obesity and should therefore be banned. In fact, the clinical study called PREDIMED-Plus, conducted among 6,874 older adults with overweight/obesity and metabolic syndrome (Álvarez et al., 2019), based on the intake of a Mediterranean diet without energy restriction and supplemented with extra virgin olive oil or a combination of nuts and dried fruits, managed to significantly reduce the risk of a first cardiovascular event in 30% of the participants in the intervention group compared to a control group that was offered a low-fat diet. In this regard, we must highlight the decisive role of adult women because they are largely responsible for food shopping and cooking, showing a greater awareness and predisposition to healthy diets.

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