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| **Title of Research Presentation** Children’s real-time exposure to commercial marketing: An observational analysis using wearable cameras |
| **Maximum 2500 characters (including spaces but excluding title)**  **Background/Objectives**  In recent years, the scope and scale of marketing to children has substantially increased. The negative effects of this commercial pressure on children’s health and wellbeing has been well documented. However, children’s actual exposure to marketing across all media and in multiple settings remains unknown. This study aimed to: 1) document children’s daily exposure to commercial marketing; 2) contrast the ratio of ‘healthy’ brands to ‘unhealthy commodity’ brands; and 3) identify the most pervasive marketing brands.  **Methods**  One-hundred and sixty-eight children (aged 11 to 13 years) from Wellington New Zealand wore a wearable camera on four consecutive days, capturing images every 7s. Images from a random sample of 90 children (30 NZE, 30 Māori & 30 Pacific) were coded for brand exposures by setting, marketing medium and product category. Daily exposure rates to marketing brands were calculated using negative binomial regression models.  **Results**  On average, children were exposed to brand marketing 554 times per day (95%CI: 491- 625), including 76 exposures to unhealthy commodities (non-core food, alcohol, gambling and tobacco) (95%CI: 55.3- 105.1) and 32.3 exposures to healthy brands (core food and social marketing messages) (95%CI: 26.3- 39.8). Most brand exposures occurred in schools (43%), homes (30%) and streets (4%). Brand labels were the most common marketing medium (36%), followed by product packaging (22%), screens (10%) and signs (10%). The most common unhealthy commodity brands were Coca Cola (6.3 exposures per day), Cadbury (1.8 exposures per day) and Bluebird (1.3 exposures per day). The most common healthy brands included Pump (2.6 exposures per day), Weetbix (2.0 exposures per day) and ‘Smokefree’ signage (1.2 exposures per day). Several significant differences in marketing exposures were found by setting, marketing medium and sociodemographic factors. These included higher exposure rates to unhealthy brands in streets and a higher rate of fast food brand exposures among Māori.  **Discussion**  Our research demonstrates the pervasive scale of commercial marketing to children through multiple mediums and settings. Children in this study were exposed to unhealthy commodity brands at a much higher rate than healthy brands. The findings provide further support for health promotion efforts to reduce children’s exposure to marketing of unhealthy commodities.  **Keywords**  **Commercial marketing; social marketing; unhealthy commodities; children** |