

Nutritional discourse in food advertising.

Between persuasion and cacophony

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1. Introduction

In industrialised countries, which may still be influenced by the debate of the 1960s and 1970s that highlighted the possible social effects of advertisements on society at large ⁽¹⁾, advertising is considered to be one of the tools that, according to institutional and popular opinion, best generate some of the evils that are characteristic of the new industrial order. Public sees food advertising as a phenomenon that promotes disturbing trends in health matters because it encourages homogenisation of the diet, consumption of foods that are hardly nutritious or are completely innutritious, and disinformation about the characteristics, properties and functions of the goods it promotes. We shall see, however, that such a relationship between cause and effect is difficult to prove.

We must first discuss what kind of products is advertised. Advertisements for foods are heterogeneous *per se* because the foods themselves are heterogeneous. Food advertising therefore makes public products of foods that are recommendable and foods that are not recommendable, i.e. foods that are nutritionally "good" and foods that are nutritionally "bad".

There is also a more general problem. To assert its influence on the market, advertising constantly needs to re-evaluate its activity, but the relationship between a particular advertisement and immediate consumption is not always clear. Advertisers themselves recognise that many variables make it difficult for them to make in-roads. The effects of advertising frequently are mixed up with socio-demographical factors, and the cause-effect relationship between advertising and other essential variables is difficult to identify. Multiple empirical analyses – from econometric evaluation and analysis of perception, recall and memory, motivation and changes in atti-

tude, to explanations of its objectives provided by the various disciplines – show us how difficult it is to limit its effects ⁽²⁾.

Although these problems exist, as do those related to saturated advertising space and the constant attempts people make to avoid seeing advertisements (e.g. channel switching), it is true that articles that are the subject of advertising campaigns have a specific advantage; they are an advertised product. Despite people's negative opinion of publicity, public recognition validates the articles in the advertisements; it recognises them, makes them familiar, identifies them and, more importantly, gives them a social significance (Leiss, Kline and Sut 1986 and Mckracken 1988). A different matter is whether the people who receive these messages consider them to be as good a source of information as other sources (the family, institutions, and doctors). The passivity with which its audience receives an advertisement calls into question the source's intentions ⁽³⁾. On television, one advertisement is quickly followed by another, so the audience processes very little of the information. The audience also knows that the source is paid to say what it does.

This is detrimental to how people receive the advertisement, but it does not mean that they do not believe it (León 1989 and 1990). The public tends to regard this source as something trivial and it is therefore difficult to make an in-depth evaluation of what is shown. The source's influence, and that of its message, is produced by *osmosis*; the message is persuasive and requires one mentally to process the information and the source that supports it. Consumers are not so much invited to change their habits as to change their products. Brand loyalty does not seem to be of vital importance, so to lack this loyalty or the beliefs that maintain it, is not especially perturbing. This is why in advertising the lack of the source's objective credibility is not a barrier to producing persuasion or creating affection for a product. In this respect, advertising meets its primary objective: it takes its message to its target audience, whom it persuades to buy.

All this means we must concentrate on how this promotional work – generating and spreading information about diet – is done; what kind of messages are the advertisements built on, which arguments do they tend to use, and are the form and content of these messages helping to increase the cacophony and the disconcertion consumers show every day when trying to decide what to eat?

I therefore considered a number of studies that have established a direct relationship between advertising and the consumption of foods. These included my Ph.D. on the population of Barcelona (Gracia 1996 and 1998),

in which I made a field study of eleven domestic groups (thirty-three interviewees altogether) that were chosen for their analytical significance (variables such as the type, structure and size of home, and the group's activities, age, and ethnic origin). I used several qualitative techniques, particularly in-depth interviews that contained a section on attitudes to advertising, an advertisement-recognition test to detect any anti-advertising apriorism on the part of the interviewees. The interviewees were shown various elements of recent and not-so-recent food advertisements in the form of a game (jingles, slogans, famous people, arguments). They then had to establish the links between products, brands and advertisers, which evaluated how much they were able to recognise and recollect. This made it easier later to introduce the in-depth interview on advertising and obtain a more accurate qualitative information about some of the hypotheses we have made in this paper. Data from these two technical resources were then compared with the answers on the criteria for selecting and incorporating new products, and with the products found in the interviewees' kitchens and pantries, which had previously been inventoried.

I also drew up a file of Spanish food advertisements from the sixties to the nineties in order to selectively analyse the presence of nutritional discourse during this period and assess which arguments it used. For this, I designed a form for extracting content. This form provides detailed information about the product and how it is advertised. It contains seven sections, each with its own subindexes and codes.

- The first section deals with the advertisements' technical characteristics (product, brand, advertiser, year, medium, support, and format).
- The second deals with the characteristics of the product (state, presentation, requirements for consumption, origin, an estimate of its nutritional value, ingredients, and food group).
- The third deals with the products position (what requirement there are for consumption, how often it is consumed, whether it is seasonal, and what place it occupy in the diet).
- The fourth describes the structure of the advertisement and refers to the verbally transmitted message (oral and written) and the visually transmitted message (the images). It particularly records the formal characteristics of the language of advertising, the possible economy of words, the weight of semantics, denotation/connotation, or the communicative resources, in terms of narration/expression or motivation (functional attributes, advantages, benefits, desires and values associated with the advertisement, humour, drama, witnesses, etc.).
- The fifth analyses the context of the message in detail. It is divided into two subsections: practical and symbolic representations and discursive arguments. The first subsection refers first to the environment in which the product is seen (family, home, leisure, work, school) and the stage it is seen in (production, culinary prepa-

ration, consumption) and, second, to the kind of people in the leading roles and their respective functions. The second subsection refers particularly to the predominant theme of the message.

- The sixth refers to the intended communication and takes into account the aim of the advertisement. Is it trying to launch a new product, maintain its position in the market, or change the product's image? Is it in response to a particular promotion? Is it informative?
- The seventh defines the real and potential target audiences (consumer and/or buyer), and whether these profiles are deduced from references in the advertisement, from knowledge about the kind of person that uses such-and-such a communication medium, or simply from information in profiles of buyers.

The form was used with the more than 400 television, newspaper and magazine advertisements that make up the file. Medical-nutritional discourse was the dominant line of argument in 40% of these advertisements. We shall now look at two examples.

2. *Advertising, food and health: case studies*

In general, studies of the relationship between advertising and attitudes to food have concentrated specifically on demonstrating how advertising influences the consumption of foods and, in particular, on its negative effects for people's health. They have highlighted the special vulnerability of certain sectors of the population, e.g. children and women, regarding the impact of advertising. Such studies are, for example, those by Fox (1981), Taras *et al.* (1989), Igun (1982) and Hung, Ling and L-Ong (1985) ⁽⁴⁾.

Fox (1981) begins by saying that many Americans are exposed to television advertising every day. Children, who watch television for an average of 29 hours per week and see nearly 25,000 advertisements a year, are even more exposed to it than adults are ⁽⁵⁾. In the author's opinion, very young children are unable to distinguish between advertisements and programmes and are not aware of the advertisements' aims at persuasion. The study uses samples of children of 4 and 9 years of age and investigates the relationship between the type of food advertisements (products with a low standard of nutrition, pro-nutrition advertisements, no control) and the standards of nutrition in the child population. The effects of advertising are evaluated by testing behaviour at meal times and by other complementary techniques based on direct observation.

The study shows that the children pay attention both to programmes and advertisements, although there are clear cognitive differences between the two age groups. Older children can distinguish between advertisements and programmes better, are more conscious of their aims, and are noticeably suspicious of advertisements. Despite these differences, in both groups the children with the worst levels of nutrition are those who increase their calorific consumption more significantly via foods and drink of low nutritional quality that are advertised on television. Fox suggests that one way of inducing positive effects in children is to expose them more frequently to advertisements for products with high levels of nutrition.

Often, however, the problem is not with the children but with their parents. The study by Taras *et al.* (1989) of the United States confirms that the influence of television on children's diets and physical activity must be taken into account when developing strategies for preventing obesity and the sedentary way of life. This interdisciplinary group believes that the influence of publicity is quite definitive. It demonstrates that the frequency with which children ask for foods that they have seen on television is the same as the frequency with which they are advertised. This study includes some interesting data; the parents of the children in the sample perceive that television influences family shopping patterns via their children's demand mechanisms. The most frequently ordered and purchased foods are those with a high sugar content, followed by those rich in fats and salt and then those that are low in sugar, salt or fats. The researchers also show that there is a strong relationship between the proportion of foods of each category bought and ordered by the sample population and the proportion of foods in each category advertised on television. At the same time, they detected a significant correlation between snacking (a continuous form of eating based on rather unstructured meals taken alone) while watching television, and the quantity of advertised foods that are bought or ordered. The authors agree that parents also need to be educated, since the parents of the children who watch many hours of television buy them foods advertised in this medium more frequently than other parents do.

Other studies investigate how publicity influences highly specific nutritional practices and like breast-feeding (Igun, 1982; Hung, Ling and L-Ong, 1985). Carried out in developing countries, they reveal the factors behind the changes in breast-feeding practices of mothers in Maidiguri and Hong Kong, respectively, and highlight the influence exerted by advertising in non-Western countries.

Igun's (1982) study was based on interviews with 250 illiterate mothers of low-income families from Maiduguri (Nigeria) who attended antenatal clinic in that city. The study aimed to find out the emerging pattern of infant nutrition in Maiduguri, a centre of rapid urban development, and identify the factors behind it. It concluded that the emerging pattern is characterised by a trend for combining traditional methods with methods that have been learnt through contact with the culture of industrialised countries. The most important factors here are the media advertisements promoting the consumption of artificial milk and mothers in the elite groups. These ones, showing a strong preference for the baby's bottle, thus elevate it to fashion status in the eyes of poor, illiterate mothers with less western education, who for no other reason decide to follow their example. At the same time, Igun does not underestimate the part played by the passivity with which the medical profession accepts this trend.

Hung, Ling and L-Ong (1985) show that the situation in Hong Kong is similar. To evaluate the factors influencing nutritional practices, they studied 714 Chinese mothers of children aged between 4 weeks and 6 months and observed that bottle feeding is more common among mothers who are more influenced by professional medical people that are opposed to breast-feeding. Again this influence is strongly reinforced by the media, particularly in television advertisements that support the introduction of this new practice as one that is healthy and that can be easily adapted to any situation. Mothers who breast-feed, on the other hand, are influenced by their social networks, who advise against using the baby's bottle. The most frustrated mothers are those who breast-feed their babies without the support of their relatives and friends and who, although they may receive encouragement from medical professionals in favour of the practice, do not practise it with as much conviction as if the encouragement came from their own social networks. The data suggest that the different sources of influence and the different nutritional practices are linked. If a mother is to continue with a chosen practice, social support is essential and if this support does not exist, advertising, so repetitive and persuasive, may easily encourage mothers to wean their babies off breast-feeding prematurely. Manderson (1988), in his study of social change in Southeast Asia and the South Pacific, arrived at similar conclusions.

Judging by these results and the substantial investments advertisers have continued to make despite successive economic crises, advertisements clearly exert a certain influence on the population. For several reasons, however, we need to qualify the cause-effect relationship they are said to have on the

negative aspects of the contemporary diet. Firstly, this is because people's dietary behaviour is itself complex and depends on a number of biological, ecological, economic, socio-cultural and psychological factors; the criteria governing food choices in any culture correspond to innumerable variables that depend on the context. Therefore, the material and symbolic practices for guaranteeing the diet of human groups do not include just what people eat, but also where, when, who with, how, why and what for.

Secondly, food advertisements are not homogenous in their objectives or in the articles they promote. To illustrate this let us take the following example. We classified a list of advertisements broadcast during one month⁽⁶⁾ in terms of the nutritional content of the food they advertised. In the *least healthy*⁽⁷⁾ group, we included goods that are high in calories or rich in saturated fats, simple sugars or alcohol. In the *recommended* group we put milk and its derivatives, olive oil, cereals, pasta, frozen vegetables, fruit, jam, honey, fresh and frozen fish, whole-wheat bread, rice, pulses, baby foods, saccharin, water, must, chocolate, sports drinks and fruit juice. The *least healthy* group included industrially produced pastries (cakes, madeleines, biscuits), cold meats (salami, etc.) and pâtés, snacks, sweets and toffees, frozen fried foods (chips, fritters, croquettes, etc.), pizzas, convenience foods, stock cubes, coffee, fizzy drinks, beer, appetisers, wines, champagnes, and two fast food restaurants that usually serve such products.

The fact that the range of products is so wide shows that advertisements promote any kind of food and, depending on how often they are shown, increase the consumption of *recommended* or *less recommended* foods equally. It is also true, however, that the distribution of these products is less balanced; many of the *less healthy* foods (pastries, snacks, sweets and fizzy drinks) are advertised at children's viewing times, while the *recommended* foods are advertised at viewing times intended for women or the general public. Taras *et al.* (1989) claims that, when attempting to persuade their parents to buy them such-and-such a product, children become vehicles for the advertising industry. When their persuasion is successful, therefore, we may say that advertising does indeed influence what children eat. In fact, when they have a bit of money to spend on some food or other, many children, attracted particularly by the advertisements they contain (picture cards, stickers, toys), usually buy these kinds of foods. However, the number of hours children spend in front of the television, what they should eat, or how much money they should have, has more to do with domestic or educational decisions than with the impact of publicity.

The homogenisation of food consumption cannot be explained by the effects of advertising because food advertising is heterogeneous *per se* – as is the supply of food products. It is the standardisation and mechanisation of the production systems on farms and animal farms, the improved transport facilities and the extension of commercial distribution networks to all over the world that are helping to suppress local varieties and, therefore, to bring about homogenisation between regions and suppress some of the differences in the consumption patterns of the social groups within the same geographical and cultural area. This uniformity is partly compensated, however, by the fact that hundreds of products from other countries reach our markets and because the seasonal nature of food products is getting increasingly relative. Moreover, advertisements do not seem to play an important role in the increasing sedentariness of the population, in urban development, in the new conception of time and the pressure of work. These are aspects that really are restricting our dietary behaviour and standardising the dietary behaviour of the groups who share the same post-industrial model of society (Gracia 1996 and 1998).

It is true that advertised products are often similar and that they are advertised in the same way in different regions and in different cultures, but today the wide variety of products we find in the shops indicates more that we can opt for a variety in food consumption than that we can standardise the supply of food. For two decades now, the food industry has tended to diversify its range of products more and more, in a desire to reverse mass production and take into account the social and economic heterogeneity of the populations of industrialised societies. As well as the widely consumed food products, it produces others that are more top-of-the-range, more for the minority market. Consumers whose purchasing power is strong assume the production and transformation costs of these products. This diversification of production coincides with the search for new media support and new advertising messages suitable for each target audience.

Since advertisements promote both *recommended* foods and *not-so-recommended* foods, local products and non-local ones, staple products and delicatessen, and at the same time respond to the interests of both private and public advertisers, it is normal to question the general terms in which their negative effects on health are specified. A different matter is not to realise that advertisements, which are based on cultural illustrations and images of diverse origin (Barthes 1961, King 1980, Fieldhouse 1986), supply contradictory information about nutrition that transmits eclectic

ideas which heighten the already widespread dietary cacophony (Fischler 1990: 194-195) and make those in charge of the daily diet sometimes choose the wrong options, health wise, from the range of possibilities available.

Advertisements incorporate everything the consumer finds significant. They adapt their information to suit their prime objective, which is to promote goods and ideas that encourage consumption. Food advertisements therefore use several different arguments e.g. nutrition, aesthetics, hedonism, tradition and identity, and elitism. Of these, the food/health theme, with its related medical/nutritional discourse, is one of the most important⁽⁸⁾. The response to this is simple. Although most people's expectations regarding the consumption of food are not limited to questions of health, *nourishment* and *a healthy life* are a desire and a concern in every society. For this reason, and also because of the institutional and social recognition of the biomedical sciences, which runs parallel to the medicalization of the daily diet, the nutritional argument and scientific referents are recurring themes in food advertising⁽⁹⁾.

3. Nutritional discourse: between persuasion and cacophony

We must now ask how this discourse is used to attract the attention of the target audience. Creativity in advertising is part of marketing expertise and technical knowledge (Giddens 1991: 18) and works on two parallel levels. Firstly, advertising recreates the synthesis and coexistence that people have made of two different kinds of knowledge (one scientific, the other popular; sometimes contradictory, sometimes complementary) (Menéndez 1982, Goulet 1988, Perdiguero 1992), and highlights the old relationship between science and popular knowledge in food choices, and diet in particular. Secondly, it helps medicine to progressively exert its influence on our daily diet, constantly seeking protection behind doctors and nutrition-based terminology. Here, however, it sends out messages that are either not very informative or are totally uninformative⁽¹⁰⁾; through plays on words and images that are full of connotations, advertisements proclaim supposedly healthy benefits and attributes but at the same time omit other objective data or take them out of context. Advertising deprives some popular beliefs of their meaning but proposes no new ones other than dubious statements that are difficult to accept from the medical point of view.

PUBLI-REPORTAJE

Potitos® Nutribén®

los únicos con aceite de oliva

¿Sabes que los Potitos® Nutribén® son los únicos potitos® hechos con aceite de oliva? Así, ya desde que es un bebé, tu hijo se está beneficiando de todas sus ventajas nutricionales.

Aceite de oliva: fuente de salud

Como sabes, el aceite de oliva es la única fuente de aceite recomendada de la dieta mediterránea*, reconocida como una dieta sana, ya que además

más de equilibrada es muy beneficiosa para el normal funcionamiento del organismo. Las ventajas del consumo de aceite de oliva no sólo son por su riqueza en ácido oleico, sino también por sus componentes antioxidantes naturales, combinación que, en nuestra dieta, hace preferir y recomendar sin reserva el uso del aceite de oliva frente a otro tipo de grasas.

Potitos® Nutribén®: los únicos con aceite de oliva

Porque sabemos que sólo quieres dar a tu hijo lo mejor, en los Potitos® Nutribén® sólo utilizamos ingredientes naturales y de máxima calidad, y los combinamos para que el potito® sea equilibrado y adaptado a las necesidades de tu bebé. Si te fijas en el apartado **Ingredientes** de las etiquetas, en Nutribén® sólo utilizamos como aceite-grasa añadida el aceite de oliva, no añadimos otro tipo de aceites vegetales ni grasas animales. Y somos los únicos.

Porque en Nutribén® creemos que tu hijo se debe aprovechar de las ventajas nutricionales del aceite de oliva desde que es un bebé. Te ofrecemos una amplísima

gama de variedades de carnes y pescados con verduras, en tres tamaños diferentes según las necesidades de tu bebé. Además, como especialistas en alimentación infantil, disponemos también de una gama de Potitos® de inicio para ayudar a tu bebé en el difícil paso del biberón a la cuchara, cubriendo de forma equilibrada sus necesidades nutricionales.

Si puedes elegir... ¿por qué no elegir Potitos® Nutribén®?

Nutribén®
Especialistas en alimentación infantil

*Según el Ministerio de Sanidad y Consumo

ALTER

To illustrate this let us look at two advertisements for the same product: Nutribénâ from Alter babies foods. One advertisement is taken from the weekly women's magazine *Lecturas* published in June 1992⁽¹¹⁾ and the other is from the monthly women's magazine *Mi bebé y yo* that came out in December 1999. Both have all the necessary ingredients of an efficient campaign; they attract the attention of the readers, communicate a message and attempt to persuade with pictures, a title and a text. The two motivating themes are the product's functional attributes and the benefits they bring to a baby's health. The written text is based on an expert's report of the product's attributes, legitimisation through *scientific reasoning* (Emmet 1992, Lupton 1996), and the cultural referents of the target readers (concerns about health, emotional links, and a mother's care). In the second



Enséñale a comer potito a potito.

Con el colesterol controlado
Preocupados por los altos índices de colesterol encontrados en la población escolar, NUTRIBÉN ha realizado largos y costosos estudios científicos para atacar este problema desde la infancia y prevenir su aparición en el futuro. Los productos naturales utilizados en la elaboración de los Potitos Nutribén están analizados y combinados de tal forma que controlamos su contenido en colesterol. Hemos eliminado los elementos que aportan grasas innecesarias a tu dieta como: la yema de huevo, la leche completa y la mantequilla. Además, somos los únicos que hemos incorporado el Aceite de Oliva, base de la dieta mediterránea, considerado dietéticamente la grasa más pura y la más adecuada para la salud de tu hijo.

Con las proteínas más ricas
Las proteínas son sustancias cuya función es reparar y construir nuevos tejidos. La introducción de la carne y el pescado en la dieta de tu bebé, es por tanto imprescindible para poder desarrollarse y crecer equilibradamente. Los Potitos Nutribén de carnes y pescados con verduras, debido a la calidad y cantidad de los mismos, aportan las proporciones adecuadas de las proteínas más ricas para que tu bebé crezca fuerte y sano.

Con la sal justa
El excesivo consumo de sal en la dieta del niño, puede llegar a ser causa de hipertensión arterial, además de una carga excesiva para sus riñones repercutiendo en el equilibrio de su organismo. Los Potitos Nutribén llevan la cantidad justa de sal gracias a un control riguroso mediante un proceso informático que nos permite mantener en cada Potito el índice de sal adecuado, evitando así posibles futuros trastornos. Posiblemente, tú encontrarás solo un Potito, sin embargo, tu hijo apreciará de esta forma los sabores naturales de los alimentos y educará su paladar a sabores suaves.

Sólo el azúcar necesario
Es conveniente controlar la ingestión de azúcar en la dieta del bebé, ya que, un exceso puede contribuir a la obesidad o ser causa de caries dental en el futuro. Además puede convertirse en un goloso y rechazar otros sabores. Los Potitos Nutribén en sus variedades de frutas están elaborados con frutas frescas seleccionadas por su calidad, dulzor y punto de maduración, y el nivel de azúcar está equilibrado al paladar y a la salud del bebé. No es recomendable añadir azúcar aunque a ti te resulte poco dulce, ya que los Potitos Nutribén están elaborados pensando en las necesidades del bebé.

Sin gluten
El gluten es una proteína que se encuentra en los cereales principalmente en el trigo, cebada, centeno y avena. Algunos niños presentan intolerancia a esta proteína, causandoles trastornos intestinales. Por ello los Potitos Nutribén no llevan ninguno de estos cereales y por lo tanto TODOS SON APTOS PARA DIETAS SIN GLUTEN.

¿TE QUIERES MAYOR INFORMACIÓN SOBRE LOS POTITOS NUTRIBÉN, CONSULTA A TU PEDIATRA O FARMACÉUTICO.



En tu farmacia.

Nutribén

Comida sana.



advertisement, emotion-based communication is established by the link between mother and child (the advertisement's target audience): "Teach him to eat...", and attention is drawn by the picture of a child – a baby whose face is full of satisfaction as little by little he accepts the food he is offered. Every mother in our culture understands this message; the main reward for providing material care of this kind is a strong and healthy child. The first advertisement establishes communication by creating a complicity between the aims of maternal care, always doing one's best for one's children ("Because we know you only want to give your children the best..."), and the aims of Alter's laboratories – and babies' health is assured by marketing products that contain every nutritional advantage. The advertisers attract attention by highlighting a recognised receiver of their message con-

sume ingredient that they believe: olive oil, as part of the Mediterranean diet. The WHO and Harvard College nutritional pyramid, like the bottle of olive oil and the institutional logo, are, as the title shows, the referents used to differentiate and extol the product: «*Nutribén baby foods: the only ones with olive oil*».

The information in the texts predominantly highlights nutritional aspects:

- *A cause-effect relationship*, which is not always scientifically proven, is described between the consumption of certain products and the onset of certain illnesses (fats = higher cholesterol; too much sugar = obesity and tooth decay; gluten = intestinal disorders).
- Because of their unsuitability, certain foods (egg yolk, full-cream milk, butter, sugar, salt, some vegetable oils and animal fats) are proscribed when they are eliminated from the composition of baby foods.
- Supposedly *natural, high quality* products, like olive oil, meat, fish and fruit, are consistently revered, irrespective of any industrial processes to which they have been submitted. Both advertisements refer to the Mediterranean diet as the healthy diet *par excellence*.
- Some *basic principles of nutrition* (e.g. what are proteins? What do they do? What is gluten?) are mentioned, but only as mini-lessons to justify some of the baby food ingredients.
- *A medical function (prevention and therapy)* is proposed; baby foods prevent illnesses linked to incorrect dietary habits and correct possible irregularities.

Although both advertisements employ the medical-nutritional discourse and have similar styles, there is a marked difference in the role they attribute to the nutritionists, or mothers, in child nutrition. The second advertisement shows the product as the most rational *food* one can give to a child because it prevents incorrect nutritional practices on the part of the mother (supplying too few proteins, adding too much salt and sugar, disguising natural flavours or feeding cereals that are too rich in proteins). The idea is quite clear; what adults believe and what they like best is not always what is best for their children. The discourse behind this advertisement is underlined with a medical report warning mothers of the health problems that their children may be caused by a deficient or over-indulgent diet.

The first advertisement abandons a narrative style that is based on scientific superiority and is almost disparaging of the knowledge and skill of the mother. It places itself on the same level as those in charge of infant nutrition, with whom they converse and whom they inform of Nutribénâ extra advantage – olive oil – in the knowledge that they will know that it is *good*, not just because of its taste or texture, but because of its nutritional value: «*As you know, olive oil is the only recommended source of oil in the*

Mediterranean diet. Its advantages... are not only its high oleic acid content, but also its antioxidant components...». This reinforces a product whose consumption was questioned only a few decades ago by the medical science community, a fact that coincided with the large-scale introduction of sunflower oil into the Spanish market. Moreover, in the first advertisement, which came out seven years after the second one, we can see a further medicalization of the daily diet; mothers, who have more and more criteria for deciding which practices are healthy and which ones are not, can now recognise the nutritional advantages that make them prefer and recommend different foods. Also, processed baby foods are helping children to take that difficult step from the baby's bottle (and why not from the mother's breast?) to the spoon.

In general, the arguments are similar to the explanations a paediatrician gives in his consultancy or a doctor writes in his manuals, or the advice an expert gives in programmes on health. It is true that in the first few months of a child's life, foods like salt, gluten and eggs must be avoided. But how many specialists in nutrition would endorse these advertisements? Probably few of them, or else they would make one or two modifications. The food industry gives priority to medical discourse to introduce products that, if they become a child's only source of energy, hardly provide the required quotas for the balanced diet they speak so much about. The composition of processed baby foods, at least in the range of such foods in this study, lacks variety, and promoting them as the perfect children's diet is irresponsible. One advertisement that, with an ingenious play on words, invites parents to teach their children to eat *potito a potito*⁽¹²⁾, promotes radical changes in the traditional *savoir-faire* method (different ways of preparation, weaker tastes and textures, less variety of foods) and, more importantly, encourages the *information-disinformation* process. The pseudoscientific ideas expressed in this advertisement are incomplete and/or out of context. On the other hand, they hardly mention any of the other advantages they may have e.g. convenience, which, at least in our country⁽¹³⁾ is suggested by mothers as a justification for using this product. In fact, baby foods are a good solution when the preparation of children's meals is conditioned by the need to save energy or by the shortage of time and resources.

This is just one example from thousands. Imagine the cacophonic effects on nutritional *savoir-faire* of all the advertisements that hope to grab people's attention by seeking protection behind a whole range of different objectives (not only health but also aesthetics, pleasure, identity or social distinction) and to which we must also add all the similarly disparate and

changing ideas disseminated by other subjects and channels that enjoy a greater recognition and credibility than advertising – like schools, families or doctors. The difference between an advertisement for an insurance policy and one for instant cocoa recommended by a doctor as a necessity, or between an advertisement for a bank and one for a children's food claiming to be a substitute for something, is that the latter are eaten – they are ingested both materially and symbolically. And, depending on the values and significance that are attributed to them and the place they will eventually have in our diets, their consequences for our health and our knowledge may or may not be recommended. It is on this level that we must first evaluate the probable impact of advertising.

It is in ideological discourse that advertising has a social effect. This is independent of the fact that, as the audience claims, the advertisements may not be believed or may not influence the housewife's shopping – although they may do so via her children. It is also independent of the fact that it may not be the cause of the homogenisation of consumption. This is another debate. How advertising affects food culture can only be understood if we know what it responds to and what it offers – needs and desires, and the satisfaction of these needs and desires, i.e. service. These desires of the population in matters of food, which the industry sometimes takes as a starting point, sometimes as problems that need solving, and sometimes as an excuse, are, according to the industry, satisfied by its products, not only in terms of tastes, but also in terms of practices. Sometimes the industry uses “need” as a starting point for finding the “solution”.

Food is advertised in hundreds of ways. More importantly, it is presented as the *solution* to the needs generated by the contemporary food order and as a natural, balanced and healthy diet. But is it really a need? Do babies really *need* to eat convenience foods? The food industry's use of the word “need” in its argument leads to a deeper debate that is not dealt with in this article. In the both advertisements we have analysed, however, one question that is a major contemporary constraint is missing. The real need to gain time in a society in which the pressure of work and the diversity of our activities greatly determine our decisions on food; in which many more women work both at home and outside the home; and in which time spent not working is valued. Feeding *baby foods* to a baby is easy, convenient and quick: you do not have to think, you do not have to shop, and you do not have to cook.

What we must ask ourselves is why this argument is absent from advertisements for baby foods, which are mainly directed at mothers. Advertising uses other, more effective, arguments instead. As these are based on medi-

cal and nutritional references, they are more in a position to ease parents' consciences. It does not matter whether their arguments are scientifically sound or not. They just have to seem credible, include at least some of the ideas doctors use, or be recommended in the media or by politicians. They have to present foods as the *solution* for people who are concerned about their family's health. When these products find their way into the pantries and fridge's of people's homes, they are accompanied by this advertisers' discourse and their undoubted practical advantages.

This is the effectiveness of advertising and, ultimately, the justification for people's changing behaviour in matters of food. The paradox arises with products that, although useful, may contradict the leading food model – based on the prudent, balanced diet – because for all the variety the food industry may offer, and however recommendable these products may be for certain occasions, taken together they do not constitute a *balanced* diet for our children. Certainly, advertising must persuade, but it must do so without misinforming, without deliberately omitting any of the products' fundamental properties, and without generating or accentuating misunderstandings or errors that affect the way we prepare and plan our daily diet.

Notes

⁽¹⁾ Many studies of the functions and effects of advertising have echoed this debate that began in the late fifties and has continued, with one or two slight changes, until today. Consult, among others, Leiss, Kline and Sut (1986), Mattelart (1990, 1991), Costa (1992), León (1996) and Fowles (1996).

⁽²⁾ Most research has attempted to define how advertising affects businesses, the economy and society. It has linked advertising campaigns with business concentration and profits, and highlighted the interaction between advertising and volume of sales. See León (1988) and Aaker and Myers (1991).

⁽³⁾ Mattelart (1990) says that today we can speak in terms of maximum technicality and minimum efficiency. The higher the exposure index the less is remembered. It is as if the advertisement just washes over consumers. 85% of all advertising messages do not persuade because they have not been seen or heard, while between 5 and 10% of them, although received, are not considered credible.

⁽⁴⁾ See also, for example, Ward (1980), Singer (1986), Ward (1986), Anselmino (1987) and Brée (1995).

⁽⁵⁾ In the last few years these figures have increased; in 1999 the average number of hours per week spent in front of the television was 35. Although slightly higher, this is not dissimilar to the almost four hours per day that children in Spain spend on average watching television.

⁽⁶⁾ These advertisements were approved for March 1991 by the TVE (Televisión Española) Advisory Committee. We chose this month to avoid periods that might be subject to seasonal patterns of consumption.

⁽⁷⁾ We have accepted the intrinsic arbitrary nature of this criterion. No foods are absolutely bad or absolutely good for one's health and how suitable or advantageous they are depends, among other factors, on how often they are consumed and how much of them are consumed. Nevertheless, because of their concentration of certain substances, some products are, nutritionally speaking, less recommended.

⁽⁸⁾ 40% of a sample of more than 600 advertisements analysed in a previous study (Gracia 1996) used this line of argument.

⁽⁹⁾ In fact, the use in Spain of medical- and nutritional-based terminology in advertising dates back at least to the origins of modern advertising. Its use is historical; the first advertisements in the gazettes of the XVII century already established a link between medicine, health and certain foods (Sánchez Guzmán 1982).

⁽¹⁰⁾ Leets and Driggers (1990) call this type of advertising, which is based on decorative and not very objective features of the product, puffery or superficial.

⁽¹¹⁾ This advertisement was analysed in greater detail in a previous study (Gracia 1993).

⁽¹²⁾ In Spanish these words are similar, phonetically, to the expression *poquito a poquito* (little by little).

⁽¹³⁾ The volume of sales of baby foods in Spain is lower than in France or Germany. Here, 20 kg per child is consumed, while in France the figure is as high as 85 kg.

References

- AAKER, A. A. and J. G. MYERS (1991) *Management de la publicidad. Perspectivas prácticas*. Barcelona: Hispano Europea, vol. I-II.
- ANSELMINO, M. A. (1987) *Factors influencing the emergence and acceptance of food innovations in twentieth-century America*. Columbia: Columbia University; Teachers College.
- BARTHES, R. (1961) "Pour une psychosociologie de l'alimentation contemporaine". *Annales*, num. 16, p. 977-986.
- BRÉE, J. (1995) *Los niños, el consumo y el marketing*. Barcelona: Paidós.
- COSTA, J. (1992) *Reinventar la publicidad. Reflexiones desde las Ciencias Sociales*. Madrid: Fundesco.
- EMMET, M. (1992) "Pill, Pedlars, Profits and Power". *Media Information Australia*, num. 65.
- FIELDHOUSE, P. (1986) *Food & Nutrition: Customs & Culture*. New York: Methuen Inc.
- FOWLES, J. (1996) *Advertising and popular culture*. London: SAGE.
- FOX, D. Th. (1981) *Children's television commercials and their nutrition knowledge and eating habits*. Missoula: University of Montana.
- GIDDENS, A (1991) *Modernity and self-identity*. Cambridge: Polity Press.
- GOULET, D. (1987) *Le commerce de maladies*. Quebec: Institut Québécois de recherche sur la culture.
- GRACIA, M. (1993) "El discurso médico en la publicidad alimentaria". In COMELLES, J. M. and O. ROMANÍ (coords) *Antropología de la salud y de la medicina*. Santa Cruz de Tenerife: Federación de Asociaciones de Antropología del Estado Español; Asociación Canaria de Antropología. VI Congreso de Antropología
- GRACIA, M. (1996) *Paradojas de la alimentación contemporánea*. Barcelona: Icaria.
- GRACIA, M. (1998) *La transformación de la cultura alimentaria. Cambios y permanencias en un contexto urbano (Barcelona 1996-1990)*. Madrid: Ministerio de Cultura.
- HUNG, B.; LING, L. and S. G. L-ONG (1985) "Sources of influence on infant feeding practices in Hong Kong". *Social Science and Medicine*, vol. 20, num. 2, p. 1143-1150.
- IGUN, U. A. (1982) "Child-feeding habits in a situation of social change: The case of Maiduguri, Nigeria". *Social Science and Medicine*, vol. 16, p. 769-781.

- KING, S. (1980) "Presentation and the choice of food". In TURNER, M. R. (ed.) (1980) *Nutrition and lifestyles*. London: Applied Science Publisher.
- LEET, R. D. and J. DRIGGERS (1990) *Economic decisions for consumers*. New York: MacMillan.
- LEISS, W.; KLINE, S. and J. SUT (1986) *Social communication in advertising*. Canada: Methuen.
- LEÓN, J. L. (1988) *La investigación en publicidad*. Bilbao: Universidad del País Vasco.
- LEÓN, J. L. (1990) "Los motivos del consumo y de la recepción publicitaria: difícil equilibrio". *Campaña*, num. 359.
- LEÓN, J. L. (1996) *Los efectos de la publicidad*. Barcelona: Ariel.
- LIEN, M. E. (1997) *Marketing and Modernity*. Oxford: Berg.
- LUPTON, D. (1996) *Food, the Body and the Self*. London: SAGE.
- MAITTELTART, A. (1990) *La internacional publicitaria*. Madrid: Fundesco.
- MAITTELTART, A. (1991) *La publicidad*. Barcelona: Paidós.
- MCCRACKEN, G. (1988) *Culture and Consumption. New Approaches to the Symbolic Character of Consumer Goods and Activities*. Bloomington, IN: Indiana University Press.
- MENENDEZ, L. E. "Medios de comunicación masiva, reproducción familiar y formas de medicina popular". *Cuadernos La Chata*, 57. Mexico.
- PERDIGUERO, E. (1992) "The popularization of medicine during the Spanish Enlightenment". In PORTER, R. (ed.) *The popularization of medicine 1650-1850*. London: Routledge.
- SANCHEZ GUZMAN, J. R. *Breve historia de la publicidad*. Madrid: Forja.
- TARAS, L. H. [et al.] (1989) "Television's influence on children's diet and physical activity". *Journal of Developmental and Behavioral Pediatrics*, vol. 10, num. 4.
- WARD, S. (1980) "The effects of television advertising on consumer socialization". In ADLER, P. [et al.] *The Effects of Television Advertising on Children*. Lanham, MD: Lexington Books.