

## **Advertising and Children: Issues and Policy Options**

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### **Abstract**

This short paper reviews the debate regarding the issue of growing obesity in society in terms of issues and possible policy options. The issue is most focussed on children though having obvious ramifications for adults in many economies around the world. Policy solutions such as advertising bans or taxes that have been

proposed in several countries seem to be based on insufficient evidence - i.e. there is no empirical evidence to substantiate the claimed causal effect between marketing communication practices directed at children and nutrition. These solutions, if enacted in policy, could be both inequitable and ineffective. Here, the study is couched and framed from a New Zealand context, but nonetheless serves to illuminate issues and policies of wider relevance.

## Introduction

Obesity is a widespread problem. Reports of the exact magnitude of the problem vary, largely due to different reporting methods, but there is no questioning that obesity is a serious concern. In the USA, 55% of the population are reportedly overweight or obese (Danner and Moloney, 2002), and obesity among children doubled between 1981 and 1996. In New Zealand, a country renowned for its healthy lifestyle and fitness, 52% of the population are overweight or obesity (Ministry of Health, New Zealand, 1999). In the USA, the total health care bill for obesity-related illness was \$40billion in 1996 (Ahmad, 1996). Cristol (2002) indicated that 25%, 16%, and 7% of USA, Russian, and Chinese children were overweight or obese in 2001. Put another way, the overweight and obese 'children of today, criticised as inactive 'couch or mouse potatoes' become part of the health problems of tomorrow. Today's overeating, or the eating of inappropriate foods, thus becomes a delayed time-bomb for significant health problems such as heart disease and diabetes, and thus for substantial future medical expenditure. But, what are the causes of the growing obesity problem?

One possible cause is the targeting of children by advertisers. It is fuelled by the buying power of this group and their influence on a wide range of products and services purchased for the wider household (e.g. Ahuja et al., 2001). Dobrow (2002) asserts that considerable effort goes into planting the seeds of brand loyalty with this group. Hunter (2002) suggests that children influence as much as 80% of a family's food budget. High exposure of children to advertisements for foods high in fat and sugar is perceived as a major contributor to the obesity problem (e.g. Kedgley, 2000).

Sprott and Miyazaki (2002) suggest that consumer protection and information provision research has declined, in some outlets at least, over the years. The perceived negative impact of marketing communication, especially advertising, on children has received continuing focus since the 1970s (see, for example: Donohue, 1975; Eagle and de Bruin, 2001; Kaufman, 1980; Young and Webley, 1996). The spectre of some form of restriction on advertising to children first appeared over twenty years ago (Kaufman, 1980). It continues to haunt marketers worldwide (see Eagle & de Bruin, 2001). A parallel apparition is the imposition of some sort of 'sin tax' on foods deemed to be unhealthy (see Ahmad, 1997).

This paper indicates - not the widespread nature of the problem - as this is amply recorded in the literature (see for example Table 1).

Table 1: Theoretical Strands in the Advertising-Obesity Debate

<u>Strands/Topics</u>	<u>Discussed/Critiqued by:</u>
<b>Advertising and Poor Dietary Habits: Is There A Mistaken Correlation?</b>	Anon, 2001; Anon, 2002; Avery et. al, 1997; Baxter & Thompson, 2002; Brønn & Vrioni, 2001; Brown, 1996; Byrd-Bredbenner & Grasso, 2000; Cantor & Nathanson, 1997; Cioletti, 2001; Cowell, 2001a; Craypo et al., 2002; Cristol, 2002; Daily, 2002; Dibbs, 1993; Donohue 1975; Eller, 2002; Escobar, 1999; Heubusch, 1997; Higham, 1999; Hill & Radimer, 1997; Hitchings & Moynihan, 1998; Hunter, 2002; Irving & Berel, 2001; Johnson, 2002; Kaufman, 1980; Kotz & Story, 1994; Kucharsky, 2002; Lino et al, 2002; Lord, 2000; Marquis, 1994; Martin, 2002; Matorin, 2001; McGovern, 2002; Mills, 2001 ; Rummel et al., 2000 ; Simontacchi, 2000; Story & Faulkner, 1990; Taras and Gage, 1995; Ulrich, 2002; USDA, 1998; WARC, 2002; Young & Webley, 1996.
<b>Advertising and Its Effect</b>	Bang, 1998; Cowell, 2001b; Ambler, 1996; Guiltinan et al., 1997; AC Nielsen, 2002; Teel et al., 1979;

<b>(or Non-Effects) on Sales</b>	Smith, 2002
<b>The Medical Evidence</b>	Marquis, 1994; Newth, 2000; Kedgley 2000, A13; Labour Party NZ, 1999; Eagle and de Bruin 2001; Bingham, 2000; Brown and Daniels 2000; Higham, 1999;

Instead, we consider potential restrictions or bans on advertising, or punitive taxes proposed by policy makers, to address concerns in this arena. Admittedly when the rise in obesity and attendant costs are considered together with children's vulnerability in terms of limited emotional and cognitive capacity to make fully rational decisions (e.g. Ahuja et al., 2001), calls to give children special protection from marketing communications are understandable. Existing evidence however appears to point to the currently suggested remedies, while well intentioned, being misguided and destined to be ineffectual in dealing with what is a very real and major potential health problem amongst children.

The New Zealand is used to illustrate specific concerns. The issues and policy options discussed, however, have wider relevance and generalizability. We examine the range of interventions available to countries grappling with similar problems and conclude with recommendations for further research and a plea for a holistic policy approach to the children-health-nutrition-marketing conundrum.

If one assumes that a strong positive correlation between television advertising and detrimental social outcomes might be established (unlikely given both the growing body of literature on the subject, then measures to protect vulnerable groups (in this case children), from such adverse outcomes may be argued as justified. At issue then are two linked questions:

1. Who should assume responsibility for protection?
2. What form(s) should the protection take?

Included in the latter consideration is the question of the appropriate degree of stringency of regulation, which could range from compulsory quotas and bans or voluntary industry agreed protective standards. Let us now discuss the potential solutions in the form of critical questions:

### **Will restrictions or bans on advertising food products to children work?**

Dignam (1999: 27) argues that the "intellectual argument for banning TV ads to children is in itself infantile". He observes that such bans will not prevent children from seeing ads in other media, nor on television outside children's programme slots. In addition, he contends that it will not prevent pester power which has been around long before advertising, nor will it prevent children from being swayed by other elements in the marketing mix - such as branding, point of sale and packaging.

The standard economics arguments on the social value of advertising, centres on reduced search and information costs to consumers arising from advertising; higher sales of advertised products leading to economies of scale and lower prices if the advertiser's monopoly power does not operate to the contrary (see e.g. Comanor and Wilson, 1974); advertising resulting in a increased price elasticity of demand for the advertised products in contrast to the price inelasticity of demand exhibited by lesser advertised products and the level of advertising acting as a signal for quality (Telser, 1964; Nelson, 1974). A frequently cited example is the case of spectacles where some states in the US banned advertising of prices by sellers. In states where there was no ban on advertising the average price of spectacles was lower (Benham, 1972). More particularly in relation to this paper, the toy industry states that television-advertised toys are sold at lower prices than toys not advertised on television as high demand volumes created by advertising allows for volume component purchasing. TV-promoted toys are also used as loss leaders to build general store traffic (see, e.g. Toy Industry, 2000). Furthermore, bans may lessen competition, thus raising prices and potentially reducing dollars invested in research and development (Abernethy and Frank, 1998). The impact on prices is illustrated by Kang (2001) who notes that toy prices rose 50% in Sweden after it curtailed advertising to children. Sweden also continues to grapple with increasing obesity levels. In addition to the economic impact of advertising bans, Abernethy and Frank (1998) make a further observation - that advertising can have a major influence on the types and features of products marketed, such as high-fiber breakfast cereals, reduced fat and low cholesterol foods - all of which showed substantial share gains after their product attributes were advertised.

Advertising revenue plays an important role in funding programme production. A total ban on television advertising during children's programmes would mean the loss of money to support these programmes that potentially affects programme quality and the volume of 'local' as opposed to programmes produced overseas.

To estimate the impact of bans, it is necessary to draw on the experiences of bans on other products. This presents a problem, as bans on other product areas such as tobacco products do not offer an exact parallel. The experiences in these areas do, however, offer some insights into the complexity behind what appears to be perceived as a simple problem for which a simplistic solution is proposed.

The impact of anti-smoking policies and advertising bans on tobacco products have been extensively examined (e.g. Bardsley and Olekalns, 1999; Calfee and Scheraga, 1994). These studies conclude that advertising does not have a substantial effect on tobacco sales. Far stronger effects come from social factors such as the attitudes and behaviours of parents and peers - and the addictive nature of tobacco products per se. Tremblay and Tremblay (1999) acknowledge that advertising bans generally have had no significant effect on market demand. These authors propose a theoretical model that shows that advertising bans may reduce cigarette consumption but this would be accomplished by hampering competition and thus producing higher profits for major cigarette producers. They conclude that such bans do not represent 'optimal policy'.

The general marketing communication stance on bans and other similar interventions is that it has a perfect right to go about its business, if it is done honestly and ethically. The popular industry response is that if it is legal to sell a product, it should be legal to advertise (Jenkins, 1988). Somewhat naively, a second argument proposes that advertising is a fact of life and the sooner children become familiar with it and learn to treat it with the scepticism it sometimes demands, the better equipped they will be to face adult life. More objectively, Stigler (1961) asserts that advertising reduces the costs to consumers of learning about alternatives while Calfee (1997) contends that advertising is an efficient means of providing information. Bans would be a crude intervention that denies the consumer other benefits that could accrue from advertising.

Ambler (1996) discusses whether banning advertising can reduce alcohol misuse. He reviews a number of studies and concludes that such bans would not achieve either a significant reduction in alcohol consumption or in its misuse. Ambler notes the impact of entrenched cultural, dietary and social rituals as being more strongly correlated with alcohol consumption than advertising alone. It is extremely likely that the factors identified by Ambler are also considerably stronger influences on dietary practices than advertising.

### **Would sales / excise taxes on unhealthy food be better?**

The philosophy behind a direct tax on high fat / low nutrient foods is simply to gain a mechanism whereby revenue can be raised to fund health care and / or public education programmes while at the same time being seen to be actively attempting to discourage consumption of these foods. Sales taxes on soft drinks high in fat are already in place in some states in America and California is currently considering a 'fat tax' (Siudzinski, 2001; Tyre, 2002), yet there appears to be no report on success (or otherwise) in reducing obesity as a result of the taxes already in place. Greenberg (2002) notes that those who call for such measures as sales taxes expect to raise significant revenues, but publicly expect little or no direct effect on sales of affected foods – yet there are suggestions that taxes should be extended to wider ranges of foods.

Ahmad (1997) notes that policy makers hope that taxing junk foods would have a similar correlation between price and consumption levels as has been achieved via price increases on tobacco and alcohol. There are some major assumptions regarding price elasticities in this, often justified by no more than blaming the fast food and restaurant industries for seducing consumers into a "diet that is high in fat, high in calories, delicious, widely available and low in cost" (Reiland, 1998, p.22). The rise in popularity of fast foods lies in its affordability – Schlosser (2001) appears to miss this point while acknowledging that the advent of fast food chains meant that working class families could afford restaurant food for their families. Chui (2002) acknowledges that it is sometimes cheaper to eat at these types of restaurants than to prepare home cooked meals. Increasing the price of these foods is unlikely to force their replacement by foods perceived to be healthier and such a move may indeed have several unexpected consequences,

Supporters of a 'sin tax' argue that such taxes are justified because of externalities, in that the costs of consumption are borne by the community in indirect costs such as productivity loss and by the health service in treating problems such as heart disease. Marshall (2000) argues for this approach, acknowledging that such taxes are regressive, impacting mainly on those dependent on welfare benefits or on low incomes. He therefore argues for compensation via higher benefit payments to offset additional expenditure costs.

His views are challenged strongly by others in the medical profession. O'Rourke (2000) argues that restoring spending power to those on welfare will result in their buying exactly the same foodstuffs – while those on low

wages would receive nothing. He cautions that there are multiple factors that contribute to health problems such as heart disease and therefore that it may be dangerous to concentrate on a single factor. Stanley (2000) expands on O'Rourke's proposition, taking issue with Marshall's identification of whole milk (proposed as taxable by Marshall) as one of the main sources of saturated fats in diet. He stresses that whole milk can actually lower blood cholesterol concentrations. Further, he asserts that whole milk contains several anticancer agents that are not present in skim milk (proposed as a non-taxable substitute by Marshall). Thus, in seeking to reduce the risks associated with obesity, the risks of developing other diseases could be increased.

We have been unable to locate any studies that indicate that punitive taxes or advertising bans have made any impact at all on dietary habits or obesity levels in the countries or states (of America) in which they have been implemented. Standard price elasticity considerations however must be considered with the impact of excise taxes are assessed. The extent to which the burden of the taxes can be shifted to the consumer is crucial to understanding the effectiveness of the tax. Tax incidence analysis is therefore necessary before any conclusion can be reached on any potential benefits of proposed taxes.

### **What about Subsidising Nutritional Food?**

The flip side of excise taxes on unhealthy products is subsidies on healthy foods. New research to be conducted by Otago University researchers in the human nutrition department, aims to monitor the impact on school children in selected schools when healthy foods are subsidised and sports programmes are implemented (NZPA 2002). 'People say the cost of healthy food is a huge barrier, ... Lean cuts of meat are more expensive and Coke is cheaper than milk. We want to see if that really is the issue; if decreasing the cost [of healthy food] will influence people's choice' (NZPA 2002: A10). The same elasticity considerations apply as discussed in regard to taxes.

### **Is Industry Self-Regulation a Viable Option?**

In New Zealand, as in many other countries, the marketing communications industry is already subject to an extensive array of both legislation and regulation that are effective in protecting consumers. The industry is, of course governed by numerous laws that apply to all society. For a very comprehensive – but not exhaustive - overview of the principal legislation impacting on marketers, see Skinnon & McDermott (1997) *The Law of Marketing in New Zealand*. Below the 'layer' of broad legislation, the industry is self-regulating. For a comprehensive discussion of the arguments for and against self-regulation of advertising, see Morgan (1997). The various sectors have co-operated in drawing up codes of practice. The major regulatory body is the Advertising Standards Authority (ASA). The Code for Advertising to Children is summarised in Appendix A.

Joint industry bodies, such as the Television Commercials Approvals Bureau (TVCAB), maintain "proper and consistent advertising standards" across all television channels. They provide an advisory service, interpreting both relevant statutes (e.g. the Fair Trading Act) and industry codes (such as the ASA Codes) and applying them to scripts of proposed commercials as well as "vetting" final completed commercials prior to their being screened for the first time. All commercials that are accepted for screening are given classifications that determine their time placements within programme schedules (e.g., a specific commercial may not be screened before 8.30pm).

An additional indirect restriction on advertising is the quota of advertising on electronic media. The New Zealand industry self-regulates for a maximum of 12 minutes of advertising and programme promotion per hour on television. No advertising is permitted in programmes aimed at pre-school aged children; advertising in other children's programmes is restricted to 10 minutes per hour - a move some critics see as an arbitrary restriction on the right of commercial free speech and inconsistent with the total absence of quotas in print media.

Abernethy & Wicks (2001), in a review of previous research contend that self-regulation has been identified as the most efficient tool for curbing excesses and illegality in advertising. They stress that the media have considerable powers to determine the type of advertising that is carried through pre-approval systems such as the system outlined above. However, it should be stressed that programme content is not subject to the same level and type of regulation and, given the concerns noted regarding food portrayal in programmes versus commercials, this is an aspect that the media could very well address. This is problematic for a small country such as New Zealand that buys the bulk of television programmes from overseas.

### **Should there be An Independent Regulatory Authority?**

In an earlier study of New Zealand study of parental preferences de Bruin and Eagle (2002) found support for an independent organization to monitor children's television. From the parent's responses, we would expect this organization would investigate ways to shield children from potential detrimental effects of programmes – and advertising - directed at them. This body could set and 'watch-dog' industry standards, and may be a more desirable alternative to stringent legislative control by government. This body could also resolve other related issues such as that of in-built advertising in programmes as with toy-based programmes (*Teletubbies* and *Pokemon* being recent examples) relative to the regulatory requirements specified for stand-alone commercials, as well as deal with parental concerns (violence on television was a prime concern) and other programming issues.

### **Positive action: Public action / Demarketing?**

The obesity problem requires effective and efficient means of both informing the public about the health dangers linked to increasing obesity AND bringing about an attitude change of sufficient magnitude and duration to motivate a considerable percentage of consumers to make the recommended dietary and lifestyle changes needed. Singling out fast food as the villain – and, often, the sole culprit, is incorrect and advertising restrictions or a tax on fast foods is unjustifiable, inequitable and also, importantly, likely to be ineffective.

Dietary modifications can help reduce risks of major diseases such as diabetes and coronary problems (Avery et al., 1997) and that lifestyle plays a key role in the development / prevention of such diseases. While there appears to be a rise in healthier types of foods (Roberts, 2002) and health-oriented fast food restaurants are emerging, there would appear to be a need for positive action to attempt to influence all the factors that contribute to the obesity problem. This may include not only nutritional information on food labels, but also for an education programme to increase awareness of the link between diet and disease and to attempt to change attitudes (Anderson & Coertze, 2001).

Demarketing, i.e. a deliberate attempt to induce consumers to buy less in product classes where negative impacts from consumption are most severe (Comm, 1997) has had varied success. The effectiveness of media appeals aimed at changing health related behaviours in particular has varied widely (Block & Keller, 1995).

Successful healthy eating programmes are usually creative, engaging, inexpensive and widely disseminated (Di Sogra & Glanz, 2000). They may also be ineffective in view of the complexity of the factors involved in the choice of diet and lifestyle. For example, Teisl et al. (1999) conclude that there is a relationship between income / education and diet / disease issues. They review recent empirical research and conclude that health and nutrient claims are limited in their effects and that industry-supplied information is not trusted. They conclude that the news media is potentially the most effective vehicle for disseminating messages.

Jayanti & Burns (1998) highlight the difficulties in convincing consumers to change their lifestyles, given that unhealthy habits such as poor eating habits and lack of exercise are firmly entrenched. They caution against relying on the premise that behaviour is determined by purely rational beliefs and argue for the inclusion of emotional and perceptual factors. To this, Rothman & Schwartz (1998) add the need to stress personal relevance by focusing attention on information that pertains directly to an individual's risk. They note that this may be more difficult for young adults who are generally optimistic about their future. Strecher et al. (1989) introduce not only expectations about outcomes but also capabilities of people to make the recommended changes – this may be particularly important given the amount of behavioural change that may be required and the length of time involved. No strategy will provide a panacea or a 'quick fix'.

Research on effective strategies is in fact sparse and sometimes contradictory – often because of varying methodology or measurements. Block & Keller (1995) analyze the differences in persuasion between advertisements arousing negative emotions, such as describing negative consequences – “*if you don't do x, you are at risk of...*”, undermine persuasion as opposed to positively framed messages stressing the positive consequences of performing a recommended activity – “*if you do x, you minimize the risk of ...*”. They found that, in situations where people are not motivated (such as being without health problems) to pay attention or to process the messages, negative framed messages are less effective. However, when people are motivated to attend to the messages or when there is uncertainty that the recommendations will lead to the desired outcome ('low efficacy'), negatively framed advertisements appear to be more effective as they generate more detailed processing of the information and greater intention to follow the recommendations.

Strategies must focus on

- health care behaviours that have 'value' to the individual
- assurance / reinforcement that people can modify their behaviours
- the efficacy of the recommended behaviours as a path to good health
- documentation of successful case studies or the opportunity for vicarious experience through observing others

This may very well be an area in which industry and policy makers can cooperate in developing and implementing programmes that will assist in addressing the very real problems that exist within society.

### **Towards a Conclusion**

In the developed world, a parallel concern to obesity is that of food poverty which relates to "the difficulty of securing access to an adequate diet on a low income ... and in its modern form most commonly consists of nutritional rather than calorific inadequacy" (Hitchman et al., 2002: 9). A complex interaction of factors affects food poverty and includes inadequacy of income, family structure, time constraints, lack of education and low awareness of available options and food supply chain shortcomings such as 'food deserts' arising from a paucity of food stores. A recent UK report makes several policy recommendations to deal with food poverty including government consideration of "setting up a national Health Promotion Agency, which could be funded by a levy on the advertising of fatty highly processed and fast foods, with the revenues to be spent on promoting fruit and vegetables" (Hitchman et al., 2002: 11). Other recommendations however do have merit for considering mitigation of food poverty, for example, subsidising nutritional food (NZPA, 2002).

### **Setting a Future Research Agenda**

It should be noted that empirical studies conducted to date regarding whether the concerns voiced by those calling for a ban on advertising are shared by parents of primary school aged children and what the parents' preferences on the mode of advertising regulation in regard to children's programmes might be did not show evidence of support for an advertising ban (deBruin and Eagle, 2002). These parents also expressed no major concerns regarding the influence of advertising on their children's diets. They did, however, express major concerns with regard to the impact of some elements of television programming (note - not advertising) on their children (Eagle et al., 2002).

It is clear that, in order to inform the debate and help underpin future policy direction, further substantive empirical work is needed. The following research programme is indicative of a way forward:

1. A multi-country literature review and theoretical investigation to examine whether there has been any change in children's eating habits and/or health problems in countries where a total ban or partial restrictions on advertising to children have been imposed.
2. A cross-cultural study of primary school aged children (via their parents) to incorporate a wide range of schools - preferably based on socio-economic criteria. Children could be divided into several age cohorts and their abilities to:
  - a) distinguish between television programmes and advertising, and
  - b) understand the commercial intention of advertisements
3. In addition, children's and parental perceptions regarding healthy versus unhealthy dietary practices and the influence of television on children's food preferences could be investigated, possibly using a modified replication of the Donohue (1975) study.
4. To date limited content analysis of New Zealand television advertising has been undertaken (Hammond et al. 1999, Wilson et al. 1999). None has examined both the portrayal of food within commercials and the programmes in which they appear in the rigorous manner used by Kaufman (1980). A replication and extension of the Kaufman study is therefore proposed. This would include an examination of the products advertised, their nutritional value, the manner in which information was presented and if it was comprehensible to children, the level of disclosure/disclaimers made and the incidence of premiums/prizes. The content analysis would allow a comparison between the 'letter' and 'spirit' of the existing self-regulatory environment. In tandem with this would be an analysis of the presentation of food / eating occasions within the programmes themselves and their nutritional value.

5. Tax incidence analysis should be undertaken to investigate the impact of any proposed sales / excise / punitive taxes. Failure to do so may result in measures that are not only inequitable but also ineffective.

Research such as that outlined above would enable public policy decisions to be made on sound empirical foundations. Recommendations for amending or strengthening legislation, regulation or any other appropriate provisions could then be developed.

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## Appendix A: Code for Advertising to Children

The principal provisions of the Advertising Standards Authority's Code for Advertising to Children, in place since 1989, and revised in 2001 are:

*1. Separation of Advertisements:*

*Advertisements must be clearly recognisable as such by children and separated from editorials or programmes. If there is any likelihood of advertisements being confused with editorial or programme content, they should be clearly labelled "advertisement" or identified in an equally clear manner.*

*2. Content:*

*i. Advertising should not clearly portray violence or aggression*

*ii. Advertising should not contain menacing or horrific elements likely to disturb children*

*iii. Advertisements should not encourage anti-social behaviour or depict children behaving in an anti-social manner. Vindictiveness, bullying and certain facial expressions and body movements can all be defined as anti-social.*

*iv. Children in advertisements should be reasonably well-mannered and well-behaved.*

*v. Children should not be urged in advertisements to ask their parents to buy particular products for them.*

*vi. No advertisement should suggest to a child that he / she will be in any way inferior through not owning the advertised product pp.:33-34).*

In addition, there are provisions prohibiting portrayal of unsafe situations and unsafe product use, together with provisions relating to the prevention of ambiguity, including competitions and premium offers and clear disclosure of any assembly, skill needed or additional items needed (e.g. batteries). This code is currently under review and an additional code for advertising food was introduced in 2001.

The principal provision relating to advertising of food products to children include (from Principle Three):

*"Advertisements directed at children should observe a high standard of social responsibility.*

- (a) Advertisements for treat foods directed at children should not actively encourage children to eat or drink them near bedtime, to eat or drink them frequently throughout the day or to replace main meals with them.*
- (b) Advertisements for nutritional foods essential for a healthy balanced diet are encouraged to advocate the benefits of such foods, particularly when directed at children. A large and liberal but commonsense interpretation is allowed. However, benefits should not be exaggerated and should not imply that a single food should replace a balanced and varied diet.*
- (c) Advertisements should not encourage excessive consumption of any particular food.*