



Children's assimilation of sports sponsorship messages

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Introduction

A growing evidence base demonstrates the impact of sponsorship and other promotional activities on children's awareness of and preferences for unhealthy foods and beverages (e.g., Kelly et al. 2011). As part of Healthway's co-sponsorship requirements, sporting organisations receiving Healthway funding are required to ensure that interactions with children attending their Healthway-funded sporting clinics are devoid of marketing messages for unhealthy products such as alcohol and fast food. The aim is to minimise children's associations between popular, healthy pastimes and the consumption of unhealthy products. The co-sponsorship policy therefore seeks, among other things, to quarantine these kinds of messages from children at these events.

The first 'quarantining' field study was conducted at the Perth Royal Show in 2011 (Pettigrew and Ferguson 2012; Pettigrew et al. 2013). The aim of this study was to establish benchmark levels of sport/product associations among a general population sample of children aged 5 to 12 years. As such associations can occur at both conscious and subconscious levels (Chartrand and Fitzsimons 2011), a projective method was used to allow children to indicate

their levels of message assimilation without necessarily being consciously aware that they were doing so. Children were invited to participate in a magnet and whiteboard activity that involved placing magnets featuring brands and/or health messages near magnets bearing sporting team logos. The degree of sport/product association was determined by assessing which, if any, of the brand/message magnets were placed adjacent to the sport magnets.

In 2012, a new quarantining study was administered to assess the conscious and subconscious impacts of sponsorship and other marketing messages on children attending Healthway-funded sporting clinics. As well as focusing on children actively engaging in sporting activities, the new study extended the previous work by including gambling brands to assess the extent to which children are assimilating the recent large increase in promotion of gambling during televised sporting events (Thomas et al. 2012a, 2012b). Commentators have noted that this rapid growth in gambling advertising during sporting programs is likely to be at least partially motivated by the desire to target children and groom the gambling generation of the future (Grills 2012).

Method

In October 2012, children participating in Healthway-funded soccer, tennis, and basketball events were recruited to complete the magnet activity. The protocol was the same as used for the 2011 quarantining study. Following consent, each child was placed in front of two whiteboards, one containing the eight magnets for the sports/sports teams and the other containing all the other magnets. The order of placement of the various magnets was varied between participants to minimise any order effects.

The children were instructed to keep the sports magnets in their given location on the first whiteboard and to place as many or as few of the other magnets as they wished around or near the sports magnets. They were advised that they could place the brand/message magnets anywhere on the whiteboard containing the sports logos. No information relating to sponsorship was mentioned when engaging the children in the activity. Once they had completed applying the sponsor magnets to the sport magnet whiteboard, the children were given four magnets featuring gold stars and told they could use some or all of these stars to show which of the sports, brands, and/or messages they most preferred. A digital photograph was taken of each

whiteboard once the child had completed the activity (see Figure 1). Age and gender information was recorded for each child.

With the addition of the three gambling magnets, there were 26 different brand/message magnets for the children to choose between. Table 1 lists all the sports, brands, and health messages included in the study, with the new gambling brands highlighted in bold text.

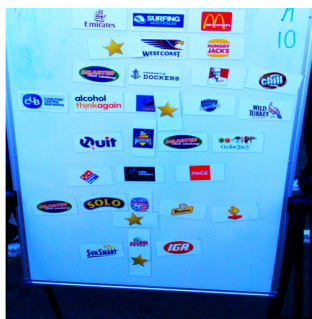


Figure 1: A whiteboard containing the sport magnets as initially presented to participants (above) and a whiteboard after task completion (below).

Across the sample, 172 children (75%) correctly assigned at least one sponsor to at least one sport.

Table 1: Sports, teams, brands, and messages represented on magnets

Sports Teams	Brands	Health Messages
Little Athletics	Emirates	Chicken Treat
Surfing Australia	McDonalds	KFC
Western Force (rugby)	Hungry Jacks	Red Rooster
Eagles (AFL)	IGA	CUB
Dockers (AFL)	Solo	VB
West Coast Fever (netball)	Dominos	Wild Turkey
	Chill	Bundaberg
Warriors (cricket)	Coke	Hahn Super Dry
Glory (soccer)	Powerade	Centrebet
	Tabssportsbet	
	tomwaterhouse.com	

The data were analysed using SPSS for Windows (Version 21). Descriptive statistics were used to analyse the demographic, sport, sponsor, and 'star' data. Sponsor variables were grouped as either 'unhealthy food/beverage', 'alcohol', 'corporate', 'gambling', or 'health message' sponsors. Chi square analyses were conducted to assess for differences in correct sport-sponsor, starred sport-sponsor, sport-health message, and sponsor groups by age group and gender.

Results

The sample across the three sports included 228 children, ranging in ages from 4 to 15 years (see Table 2).

Table 2: Sample characteristics (n=228)

Age	Male N(%)	Female N(%)	Total N(%)
4-8 yrs	31 (21.1)	20 (24.7)	51 (22.4)
9-15 yrs	116 (78.9)	61 (75.3)	177 (77.6)
Total	147 (64.5)	81(35.5)	228 (100.0)

Across the sample, 172 children (75%) correctly assigned at least one sponsor to at least one sport. This was almost identical to the proportion reported in the previous quarantining study (76%: Pettigrew and Ferguson 2012). There were no age or gender differences in this result.

Figure 2 shows the degree of correct matching for each sport/team. More correct alignments were made

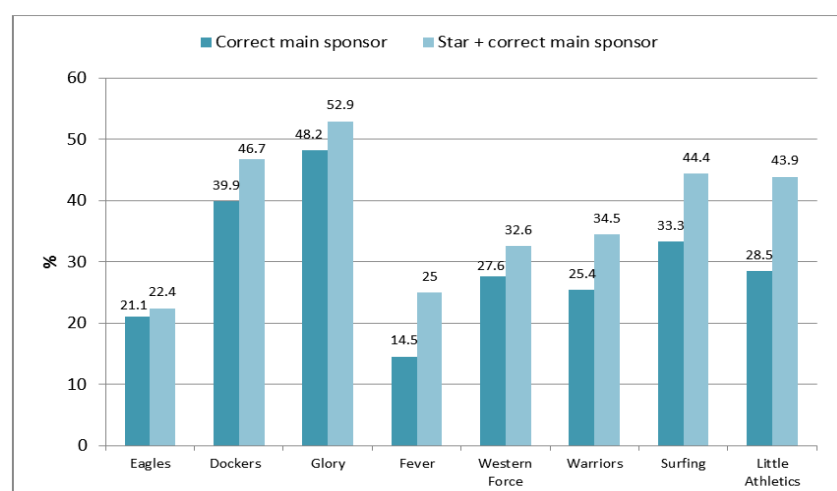


Figure 2: Percentage of children nominating a correct main sponsor for each sport

by those children using a star to represent their strong liking for the particular sport. This suggests that greater exposure to preferred sports also provides greater exposure to the sponsors of those sports.

Of note is that the West Coast Eagles changed sponsors from Hungry Jacks to Bankwest at the end of 2011. Demonstrating the ongoing effects of sponsorship after withdrawal, 48% of respondents aligned the Hungry Jacks' magnet with the Eagles magnet. This high level of association can be expected to decline in the future due to a lack of reinforcement.

Table 3 provides the number and proportion of children nominating a correct main sponsor for each sport and allocating a star to each sport. It also shows the extent to which general product classes (unhealthy foods/beverages, alcohol, gambling, other corporations, and health messages) were associated with the various sports. Although there were some age and gender differences in the results, these did not exhibit any specific patterns across the data set.

Reflecting Hungry Jacks' long-term sponsorship of the Eagles, unhealthy foods and beverages had a particularly strong association

with the two AFL teams. However, this category of products had the strongest association with almost all sports, the exceptions being Surfing and Little Athletics. This outcome is unsurprising given that all sports except the Fever are sponsored at the state or national level by at least one unhealthy food or beverage product (signified by the bold text). On a more positive note, for most sports the other major association was with health messages.

Associations with alcohol were highest for the Warriors, which is likely to be related to the state- and national-level sponsorship of cricket by alcohol brands. For most sports, the gambling brands had achieved a level of association that was comparable to that demonstrated by the alcohol brands. Given the relative recency of heavy promotion of these gambling brands, this provides an indication of what is to come in terms of children's associations of gambling with sport. Of note is that the strongest association for gambling was with the Glory, reflecting the Australian Football Federation's sponsorship by tab.com.au.

Star allocation was most common for the sports/teams, ranging from 12.7% for the Warriors to 50.9% for the Eagles. The next most popular

category was beverages, with Powerade (15.8%) and Chill (10.5%) receiving numerous stars (not shown in table). Fast food brands were also popular, with McDonald's (11%), Hungry Jacks (6.1%), and KFC (4.8%) receiving the most stars within this product category. Of note is that two health messages, Go for 2&5 (9.2%) and Smarter than Smoking (6.2%), were also recipients of a number of stars. These results vary somewhat from the previous study where the fast food brands were found to be considerably more popular than the beverages. The relative importance of beverages in the present study may be partially attributed to the sporting context and assumptions that athletic performance is enhanced through the consumption of products such as Powerade.

Conclusion

The results of the 2012 quarantining study are broadly consistent with those of the 2011 study. Across the two studies it is evident that children are readily assimilating associations between a range of unhealthy products and sporting activities. These effects are occurring despite children supposedly being protected by mandatory and self-regulatory advertising restrictions relating to the promotion of unhealthy foods and beverages to children in Australia.

Table 3: Associations between sports and brands/health messages

	Correct main sponsor(s) n(%)	Stars n(%)	Star + correct main sponsor(s) n(%)	% association				
				Unhealthy food/bev n(%)	Alcohol n(%)	Gambling n(%)	Corporate n(%)	Health messages n(%)
Eagles	48(21.1)	116(50.9)	26(22.4)	160(70.2)	20(8.8)	21(9.2)	21(9.2)	50(21.9) ^a
Dockers	91(39.9) ^a	75(32.9)	35(46.7) ^a	114(50.0)	23(10.1)	25(11.0)	17(7.5)	77(33.8)
Glory	110(48.2)	87(38.2) ^b	46(52.9)	111(48.7)	20(8.8) ^b	36(15.8)^b	22(9.6)	84(36.8)
Fever	33(14.5)	36(15.8) ^b	9(25.0)	96(42.1)	24(10.5) ^b	30(13.2)	23(10.1) ^b	89(39.0)
Western Force	63(27.6) ^a	46(20.2)	15(32.6)	89(39.0)^b	30(13.2)	34(14.9) ^a	41(18.0)^b	64(28.1)
Warriors	58(25.4)	29(12.7)	10(34.5)	105(46.1)	49(21.5)	24(10.5)	19(8.3)	68(29.8)
Surfing	76(33.3)	45(19.7) ^b	20(44.4)	87(38.2)	29(12.7)	17(7.5)	11(4.8)	100(43.9)
Little Athletics	65(28.5)	57(25.0) ^b	25(43.9)	91(39.9)^a	12(5.3)	15(6.6) ^a	45(19.7)	102(44.7) ^a

^a age effect $p < 0.05$

^b gender effect $p < 0.05$

* bold text signifies that the category encompasses the correct sponsor(s) for that particular sport

Healthway's mission of promoting and facilitating healthier lifestyles, policies, and environments includes concern for the advertising displayed in sporting environments. Such advertising has the potential to normalise unhealthy diets in general and enhance perceptions that unhealthy foods and beverages should be consumed when spectating and/or after participation in sporting activities. The two quarantining studies conducted to date provide evidence that there are likely to be substantial subconscious effects of sports sponsorship that cause children to make implicit associations between healthy pastimes and unhealthy products. This evidence supports Healthway's current co-sponsorship policy and potentially justifies more restrictive policies in the future. For example, the comparable levels of association between alcohol and sport and gambling and sport suggest that should gambling promotion continue unabated at current high levels, the inclusion of gambling sponsors in co-sponsorship policies may be warranted to prevent children from being unduly targeted by these organisations.

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