



Barriers and potential facilitators to the implementation of government policies on front-of-pack food labeling and restriction of unhealthy food advertising in Thailand



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ABSTRACT

Thailand is experiencing an increasing burden of obesity and diet-related non-communicable diseases. The Thai government has responded by developing a number of policies to protect and promote healthy eating. In particular, in 2008, the Thai Government passed a regulation to restrict unhealthy radio and television food advertising to children (RTA). In the following year, a voluntary front-of-pack nutrition labeling policy to promote those products that had reduced their sugar, fat and/or sodium content by at least 25% (25% SFS) was passed. However, the extent of implementation of both of these policies has been poor to date. The aim of this study was to identify barriers and potential facilitators to the implementation of both the RTA and 25% SFS policies. Semi-structured interviews were conducted with 28 participants holding senior positions in government, industry and civil society organizations closely involved in the implementation of these policies. The interview data were analyzed using the thematic framework analysis approach. The major barriers to policy implementation perceived by participants were a lack of a monitoring and evaluation system, a lack of organization knowledge regarding skills required for implementation, poor governance system, lack of funding and resources, lack of effective multi-sectoral platforms, influence of the food industry, lack of clear policy content, organizational culture and structure, and changes in policy priorities. Factors that potentially facilitated implementation of these policies, as identified by participants, were policy being compatible to implementer's context, individual support from government officials, good financial management mechanisms, inter-organization networks, and personal motivation to implementing policy. The successful implementation of policies to create healthy food environments in Thailand will likely require attention towards improving the capacity and authority of government agencies, infrastructure to support multi-sectoral platforms and inter-organizational networks, and adequate resources.

1. Introduction

Burdens of obesity and diet-related non-communicable disease (NCDs) are affecting countries worldwide (Ng et al., 2014; World Health Organization, 2014). Diets containing excessive consumption of foods high in saturated fat, salt and sugar, and low fruits and vegetables intakes (World Health Organization, 2011) are major causes of these burdens. In Thailand, the prevalence of overweight and obesity rose over fourfold between 1991 and 2014 among men (from 7.7% to 33%) and almost tripled among women (from 15.7% to 42%) (National Health Examination Survey Office, 2016). During 2004–2009, the proportion of Thai adults consuming an inadequate amount of fruits and vegetables increased among men (from 80.3% to 83.1%), and among women (from

76.8% to 81.5%) (Bureau of Policy and Strategy, 2004; National Health Examination Survey Office, 2009).

Restricting the promotion of unhealthy food products and non-alcoholic beverages to children, and regulating the provision of accurate and interpretative nutrition information are internationally recommended policy options available to governments to help tackle obesity and diet-related NCDs (World Health Organization, 2004; World Health Organization, 2013). Restriction of unhealthy food and beverage advertising to children can reduce demand for these foods, and prevent exploitation of children's inexperience or credulity from messages that encourage unhealthy dietary practices (World Health Organization, 2004). Simple and interpretative front-of-pack nutrition labeling can assist consumers in making healthy food choices, and can

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provide an incentive for food manufacturers to reformulate food products high in saturated fat, salt and sugar (World Health Organization, 2004).

In Thailand a number of food advertising and food labeling policies designed to protect and promote healthy diets have been launched over the past decade. For example, in 2008, the Government's Public Relations Department enforced a mandatory regulation to restrict the advertising of unhealthy food and beverage products on radio and television. The purpose of the regulation was to restrict the amount of radio and television advertising (RTA) for unhealthy food and beverages high in fat, sugar and salt to children aged 3–12 years old (The Public Relations Department, 2008). Advertising time was limited to 12 min per hour in total; not more than 10 min for commercial advertising, including indirect advertisements (such as product tie-ins, product placement and uses of brand names, trademark or emblems of products in TV programs), and at least 2 min for additional advertising with health and nutrition-related messages. Moreover, advertisers were restricted in promoting the use of cartoon characters or celebrities and using free gifts to appeal to children when advertising unhealthy food and beverage products. However, compliance with this regulation has proven to be poor. For example, it has been reported that food and beverage advertising on children's television is not in accordance with the regulation, and techniques and tactics (e.g. giving premiums in the form of toys, cards or games and sweepstakes prizes, and use of well-known figures, cartoons and children's celebrities in TV advertising) used by food advertisers have violated the government regulations (Sukamolson et al., 2014).

In 2009, the Department of Health (DOH), Ministry of Public Health Thailand launched the 25% SFS policy (Bureau of Nutrition, 2009). This was supplemented by a Memorandum of Understanding (MOU) between the Ministry of Public Health and six domestic food companies to produce 25% SFS food products. Other domestic and transnational food companies declined to sign the MOU for undisclosed reasons (Ministry of Public Health, 2009). This food labeling initiative aimed to promote reformulation of unhealthy food products to help reduce sugar, fat and sodium consumption among Thai people. The reformulated products that met the pre-defined nutrition standard for at least two nutrients received a front-of-pack '25% SFS' logo from the DOH (Fig. 1). This food labeling initiative focused on three major categories of unhealthy foods: snack products (e.g. extruded snacks, peanuts and seeds, potato chip, prawn/rice crackers, popcorn, and fish snacks); baked foods (e.g. bread, cake, biscuit, cookies, wafers, donuts, pies, croissant, tart and pastries); and Thai sweets and desserts. Initially, in 2009, all six food companies under the MOU took action and produced a range of products with 25% lower sugar, fat and/or sodium, but most of these products were removed from the market within a few years (Bureau of Nutrition, 2010a). Although the 25% SFS policy remains in effect in 2016, only one company is still active in implementing this policy and new front-of-pack food labeling policies have subsequently been launched by the Thai government, such as Guideline Daily Amounts (GDA) labeling system in 2011 (MPH, 2011) and 'Healthier' logo in 2016 (FDA, 2016).

Currently, there is no clear understanding of why the 25% SFS policy and RTA policy failed to be successfully implemented. In December 2015, a stakeholder meeting with state and non-state actors in Thailand was convened to discuss implementation gaps and seek

consensus on a set of priority actions to create healthy food environments to improve population diets for the Thai Government (Phulkerd et al., 2016). The stakeholders highlighted the need to examine barriers and facilitators to policy implementation in Thailand. They prioritized the 25% SFS policy and RTA policies for analysis in this regard. Ideally, the stakeholders would also have selected a successfully implemented food environment policy for its contrasting success in implementation. However, there was no comparable example of a successfully implemented food environment policy in Thailand. It is for this reason that the study aimed to identify barriers and potential facilitators to the implementation of these policies, with a view to providing insights to inform future nutrition policy implementation in Thailand.

2. Methods

This study was approved by the Thailand Institution for the Development of Human Research Protection and the Deakin University Faculty of Health Human Ethics Advisory Group (HEAG-H 193_2014), Australia.

2.1. Participants

The participants held senior-level positions and were representatives of one of the following five organization categories involved in the implementation of the RTA and/or 25% SFS policy: (1) Government organizations (GO) – they are confined to only one sector; (2) Non-government organization (NGO); (3) Academia (AC); (4) Private sector (PV); and (5) Multi-sectors (GO, NGO and AC). The criteria for inclusion were as follows:

GO: Policy makers at the level of Secretary General, Director or Senior Expert in a Department or Bureau, who had a minimum of ten years of direct experience in food and health policy making or delivery in Thailand and have been involved in the development and implementation phase of the RTA policy and/or the 25% SFS policy, or during the implementation phase only;

NGO: Directors, Presidents or Managers who had been involved in the implementation process for these policies;

PV: Owners of food companies or representatives at the level of Director, Assistant Director or Manager in a Department or Division that had been involved during the implementation phase of these policies;

AC: University professors, lecturers and senior researchers at university-affiliated research institutions, and researchers at independent research institutions with experience in undertaking research on policy implementation, were previously active in research partnerships with, or were working for, policy agencies in Thailand; and

Multi-sectors: Leading experts, Directors or Managers of NGOs who had been previously and/or were currently involved in the implementation phase of these policies and also held a salaried position in the Government; or university professors who also held the position of a Director or Manager of NGOs and were directly involved in the implementation of these policies as a member of technical expert committees to the government agency or had previously or currently been involved in relevant policy implementation advocacy.

2.1.1. Participant sampling

The participants were identified using a purposive sampling technique in two stages. The first stage of sampling involved a search of publicly-available data sources (including government websites and documents, NGO publications and websites, major Thai newspapers, and an internet search). The second stage involved snowball sampling, meaning the researcher asked the invited participants to recommend other potential experts to interview. The criteria for determining the number and types of participants interviewed in this study was based on securing sufficiently diverse characteristics (in terms of experience,



Fig. 1. An example of the '25% SFS' logo.

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