A Conceptual Review Of Advertising Regulation And Standards: Case Studies In The Indian Scenario

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"Advertising is a non-moral force, like electricity, which not only illuminates but electrocutes. Its worth to civilization depends upon how it is used."

- J. Walter Thompson

Introduction

Advertising carries several responsibilities. Advertising informs the public so that they can be aware of products and make informed choices among different products or brands. Advertising also benefits businesses in assisting them to sell their products.

But while dispensing its role as a dream merchant, advertising has also been in the vortex of controversy of the many ills that it brings to society. It is accused of encouraging materialism and consumption, of stereotyping, of causing us to purchase items for which we have no need, of taking advantage of children, of manipulating our behavior, using sex to sell, and generally contributing to the downfall of our social system.

Advertising does not function in a vacuum but in a market environment where several forces like consumer needs, business interests and government regulations are at work. It is a powerful force in terms of its persuasiveness and functions a critical social role. Moreover the high visibility and pervasiveness, it generates criticism and controversy. Much of this controversy springs from the fact that advertising is used more as a persuasive communication tool thereby creating serious impact on the tastes, values and lifestyles of society.

Review of Literature

Based on the empirical evidence, advertising ethics has been and continues to be a very fertile research topic. Previous research articles examine the ethicality of advertisements with persuasive appeals (Crisp, 1987; Hyman and Tansey, 1990), exploitative appeals (LaTour and Zahra, 1989, Tansey, Hayman and Brown). Others examine the ethicality of advertisements with stereotyped actors (Peterson, 1992; Green, 1993), questionable products such as cigarettes, alcoholic beverages (Pomeroy, Castellano, Becker, Johnson, and Brown 1992; Zinkhan et al. 1989), professional services (Bullard and Snizek 1988; Mangold 1987; Stafford 1988). Some other articles focus on the ethicality of targeting advertisements to children Kinsey, 1987) and to other subgroups such as the elderly (Peterson, 1992).


Hyman, Tansey and Clark identify 33 prime topics for those researchers who plan to focus their efforts on advertising ethics. The seven most important topics out of this list include: 1) use of deception in ads, 2) advertising to children, 3) tobacco advertising, 4) alcoholic beverage ads, 5) negative political advertising, 6) racial stereotyping, and 7) sexual stereotyping. For this particular study, we have decided to focus on four areas which consist of use of deception in ads, cultural stereotyping, sexual stereotyping and emotional exploitation.

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Proposed Study

This particular study seeks to analyze three case studies of products, which have generated debate due to its questionable nature like infant milk food, tobacco and alcoholic beverages, and soft drinks and fast foods. It seeks to study the background and the regulatory framework within which it functions. The study also seeks to briefly study the role and functions of the Advertising Standards Council of India (ASCI) within the parameters of self-regulation.

Case Study 1: Infant Milk Food

The Background

Mother's milk is the most complete nutrition for a baby. Traditionally, women in India have been breast-feeding babies for centuries. But baby food manufacturers created a doubt in the minds of mothers that their milk may not be the best for their babies, particularly if they have been ill or they are working mothers. The publicity created by these people has been so strong that most people have begun to believe that artificial food is better for babies than mother's milk itself. What very few people know is that it is against the law to influence a mother into thinking that her own milk is less than best for her baby. With a view to countering the negative publicity created by the baby food manufacturers, the government enacted the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act in 1992.

The Government of India enacted the Act, following the Innocent Declaration in 1990. The Convention of the Rights of the Child and the World Summit Declaration, to which India was a signatory, also took place around this time. These three meetings called attention to the importance of breast-feeding.

Earlier, in 1983, the Indian government had adopted the Indian National Code for Protection and Promotion of Breast-feeding. Sadly, despite having the best laws in place, the law is violated time and again. The Association for Consumers Action on Safety and Health (ACASH) is one of three voluntary organizations, which have been authorized, by a government notification, to report violations of the Act. ACASH has been studiously keeping an eye out for negligence on the part of baby food manufacturers. Thanks to this vigilance, Johnson and Johnson faced legal proceedings at two metropolitan magistrate courts in Bombay for violating the Act. ACASH and the Maharashtra Food and Drug Administration filed the complaints, alleging that the company had advertised silicone nipples for their bottles and offered discounts on the bottle, thereby undermining breast-feeding. Such vigilance on the part of a British group, Baby Milk Action, ensured that Nestle is facing a boycott in 17 countries, including the UK, Germany, Switzerland, Norway, Finland and Italy.

The Maharashtra-based Breast Feeding Promotion Network of India suggested in 1996 that India join the international boycott. Nestle was given one year to change its approach to marketing. The consumer group's conclusion was that Nestle had not conformed to the requirements of the Act and had recommended the use of cereal-based food at a very early age.

In India, Nestlé’s milk-food packaging does not have labels in languages that Indian mothers can understand. In 1997, the Indian Academy of Pediatrics adopted a resolution not to accept sponsorship or financial assistance from companies that manufacture and market baby food and feeding bottles. The pressure and the temptations, however, continue.

If there is anything that can beat the onslaught mounted by baby food manufacturers, it is education about the negative effects of infant milk substitutes and the benefits of breast milk to both mother and baby.

The Act

The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 as Amended in 2003 (IMS Act)
provides for the regulation of production, supply and distribution of infant milk substitutes, feeding bottles and infant foods with a view to the protection and promotion of breastfeeding and ensuring the proper use of infant foods and for matters connected therewith or incidental thereto. The Act forbids the advertising of infant milk substitutes or feeding bottles, incentives of any kind for promoting the use or sale of infant milk substitutes or feeding bottles, free samples to mothers. It also stipulates that no container or label of infant milk substitutes shall have pictures of an infant or a woman or phrases designed to increase the saleability of the product.

The Act, one of the strongest and most comprehensive laws of its kind in the world, especially prohibits advertising to the public, free samples to mothers, promotion in hospitals and gifts to health workers.

Section 3 of the Act, provides that no person shall advertise or take part in the publication of any advertisement, for the distribution, sale or supply of infant milk substitutes or feeding bottles, or give an impression or create a belief in any manner that feeding or infant milk substitutes is equivalent to, or better than mother's milk, or offer inducement of any kind, for the purpose of promoting the use or sale of infant milk substitutes or feeding bottles.

Section 4 of the Act stipulates that no person shall contact any pregnant woman or mother of an infant or offer inducement of any other kind, for promoting the use or sale of infant milk substitutes or feeding bottles.

The Real Scenario

The World Health Assembly Resolution 58.32 calls for care: "to ensure that financial support and other incentives for programmes and health professionals working in infant and young-child health do not create conflicts of interest."

One of the countries to act on this requirement is India, where the Infant Milk Substitutes Act prohibits: "any contribution or pecuniary benefit to a health worker or any association of health workers, including funding of seminar, meeting, conferences, educational course, contest, fellowship, research work or sponsorship."

However it was reported that Nestlé is sponsoring and attempting to sponsor such events in India. In addition it is reported that leaflets for Lactogen infant formula have been distributed direct to parents. Seeking direct contact with mothers and producing and distributing promotional literature is prohibited.

Since 1997 the Indian Academy of Pediatrics has had a policy of refusing sponsorship from companies that make products covered by the Indian Infant Milk Substitutes Act (1992). This act was revised in 2003 and put the ban on sponsorship into legal force. This does not appear to have deterred Nestlé. The law is very clear, stating (section 9(2)): "...No producer, supplier or distributor referred to in sub-section (1), shall offer or give any contribution or pecuniary benefit to a health worker or any association of health workers, including funding of seminar, meeting, conferences, educational course, contest, fellowship, research work or sponsorship."

India is amongst the first countries to implement World Health Assembly Resolution 47.5 (from 1994) and Resolution 58.32 (from 2005) on care over conflicts of interest. Companies should be respecting these Resolutions independently of government measures.

In India Nestlé continues to try to sponsor health workers as documented in a recent briefing from the Breastfeeding Protection Network of India (BPNI). Nestlé planned to sponsor a presentation on liver disease at Ranchi in a three star hotel on 6 April 2006. The Indian Academy of Pediatrics took a strong view that the sponsorship was illegal. The local branch and guest speaker decided to go ahead without Nestlé and the event was sponsored by the hospital. With less access to professional associations, Nestlé is running its own series of 'Scientific Symposium' – refer to invitation below.
Despite the clarity of the law, Nestlé claims this is not an infringement. Nestlé knows the value of close links with health workers and tries to ingratiate itself while they are still in college. For example, in March 2006 it sponsored a music night for medical graduates at BRD Medical College, Gorakhpur. Such an event is surely covered by the 'contribution or pecuniary benefit' provision.

These contacts are important for the company because they provide a route for companies to reach mothers. Health workers may display company materials and be more inclined to recommend company products. Company representatives can also use their relationship with health workers to gain access to medical establishments.

However, in India many health workers are working to uphold the law. On 18 March 2006 a doctor seized leaflets being distributed by a Nestlé representative at an immunization clinic. The leaflets promoted Lactogen infant formula and Cerelac complementary foods and were being given to parents. Such promotion is prohibited.

The Breastfeeding Promotion Network of India had also launched a publicity campaign exposing an article in a parenting magazine in India, which undermines breastfeeding and promotes early complementary feeding. The article New Born Care appeared in Meri Saheli, a Hindi magazine for women (issue August 2000). Almost 50% of the space in this four-page article is consumed by advertisements for Nestlé Cerelac. These pages are not numbered pages and sources in the advertisement section of Meri Saheli indicate that Nestle bought the space. The article also breaks India's Infant Milk Substitutes Act. It is reported that Nestlé placed an advertising feature in Meri Saheli magazine in India (August 2000), promoting Cerelac complementary foods. The article does not contain the information required by India's Infant Milk Substitutes Act (Section 7). The article encourages introduction of complementary foods at 3 months of age and an early end to breastfeeding, contradicting the recommendations of the World Health Assembly, WHO and UNICEF.

The above case study has been taken to highlight the necessity of regulation in advertising especially with products of questionable nature, and in this case targeted at the most vulnerable segment of consumers, infants. The IMS Act is a successful case in point.

Case Study 2: Tobacco & Alcohol

The Background

Tobacco and alcohol are public health hazards. Tobacco has adverse effects on social, economic, health and environmental factors. Alcohol too has adverse medical, psychological, social and economic impacts. Other similar characteristics between alcohol and tobacco are its increasing
social acceptability, dependence on the product, aggressive marketing of the product particularly to recruit youth as its consumers.

Tobacco is the second major common cause of death and the fourth leading risk factor for disease. It is responsible for the death of one in ten adults - 5 million deaths a year worldwide (WHO, Tobacco Free Initiative). While alcohol is the leading risk factor related to the major burden of disease in low mortality developing countries and the third most prevalent risk factor for leading diseases and injuries in developed countries (WHO, 2002).

Consumption of tobacco and alcohol in India has been rising, possibly due to economic liberalization of the Indian market. Privatization and opening up the market to foreign companies dramatically changes the advertising and marketing of alcohol and India lacks alcohol and tobacco control national policies and strategies.

In contemporary India, tendency of tobacco and alcohol consumption has percolated down to the youth. Media has played a leading role in encouraging the use of tobacco and alcohol among the youth through portrayal in congenial social settings, association of the product use with glamour and celebrity status and by using direct and indirect advertising.

The Debate about Alcohol and Tobacco Advertising

The alcohol and advertising industries argue that, as alcoholic drink is a legal product it should be legally possible for it to be advertised, and that bans on alcohol advertising would have adverse effects on the alcohol market and on the media. They also argue that bans are not justified as advertising is concerned with promoting sales of individual brands and there is no evidence of a causal link between advertising and the overall level of alcohol consumption or the amount of alcohol-related harm.

The main counterarguments are that as well as promoting brands, advertising is also concerned with recruiting new drinkers and increasing sales among existing, and especially heavy consumers. Intensive advertising and promotion of alcohol appears to sanction and legitimate use of a product which causes high levels of damage to individuals and society. By definition, alcohol advertising is one-sided, avoiding any reference to the negative aspects of alcohol consumption. In modern circumstances, it is also necessary to enable alcohol to compete against other alternative drugs as well as soft drinks. There is in fact some evidence that bans on alcohol advertising can have beneficial effect on the level of harm, at least in the longer term.

The arguments regarding alcohol advertising are in most respects parallel to those concerning tobacco advertising. An analysis of internal documents from advertising agencies working for tobacco companies exposed as highly disingenuous the standard tobacco (and alcohol) industry arguments that advertising is only about expanding or protecting brand share, not total consumption, and that if there are any problems industry self-regulation is the answer.

Advertising and children

Much of the debate concerns the possible effects on children and young people. The Advertising Codes prohibit the specific targeting of minors, but the ubiquity of alcohol advertising ensures that it can hardly be missed by them. Indeed, the evidence is that even young children are aware of alcohol advertisements and tend to remember them. Manufacturers further reduce the chances of young people failing to get the message by sponsorship of sports teams and events and music concerts having particular appeal to the young. There is also evidence that underage drinking and the likelihood of alcohol problems in later life are closely related to positive expectations of benefit for alcohol use, precisely the expectancies advertising is designed to encourage.

The Act

Direct advertising of tobacco products was rampant before the enforcement of tobacco control legislation in India. Billboard advertising of international and domestic brands of cigarettes and chewable forms of tobacco was a common sight.
But now all direct advertising of tobacco products in all media has been prohibited with the enforcement of National Legislation. Cable Television Network (Regulation) Amendment Bill, 2000, completely prohibits cigarette and alcohol advertisements, which directly and indirectly promote sale of these products (enacted from September 8, 2000).

The Real Scenario

In India the Alcohol industry is following exactly the same marketing and promotion tactics and strategies as are employed by the Tobacco Industry globally and especially in developing countries.

Trends in Tobacco Advertising and Promotion before the enforcement of tobacco control legislations in India

Direct advertising of tobacco products was rampant before the enforcement of tobacco control legislation in India. Billboard advertising of international and domestic brands of cigarettes and chewable forms of tobacco was a common sight. Surrogate Advertising or Brand Stretching was also common.

Sponsorship of sports events and cultural events by tobacco companies were methods of promoting tobacco brand names. e.g. ‘Wills’ (brand of Indian Tobacco Company - ITC, a subsidiary of British American Tobacco) used to sponsor Indian cricket team/matches. Tennis tournaments were sponsored by ‘Gold Flake’ cigarette (brand of Godfrey Phillips India Ltd. - GPI, a subsidiary of Phillip Morris). Boat racing was sponsored by ‘Four Square’ cigarettes (brand of GPI). Polo events and golf were sponsored by ‘Classic’ (cigarette brand of ITC). ‘Charms’, a cigarette brand sponsored the ‘Spirit of freedom concert’, a musical event. ‘Manikchand’, manufacturers of gutkha (chewing tobacco), patronized the Filmfare awards ceremony.

Advertising and Promotion after the enforcement of tobacco control legislations in India

All direct advertising of tobacco products in all media has been prohibited with the enforcement of National Legislation. Surrogate advertising through brand stretching is a common practice being employed by some tobacco companies. “502 Pataka” a popular beedi (local Indian cigarette) brand is now being advertised as 502 Pataka chai (tea).

Advertising paan masala/ mouth fresheners bearing the same brand name as tobacco products is a common practice. The “Red and White” Bravery Awards are organized by GPI to advertise and promote ‘Red & White’ brand of their cigarettes.

Trends in Alcohol Advertising and Promotion

Billboard advertising of international and domestic brands of alcohol through surrogate means is widely being employed by alcohol industry worldwide. Sponsorship of sports and cultural events is widely being undertaken by alcohol companies in India. “Royal stag” sponsors Indian cricket matches and cricket players. “Shaw Wallace” sponsored the Indian open golfing event as the Royal Challenge Indian open and the Kenya cricket team. “Seagram” sponsors events such as “Chivas Regal Polo championships” and “Chivas Regal Invitational golf challenge” for corporates.

Indirect Advertising

Teacher’s whiskey has launched the Teacher’s Achievement Awards. Other sponsored awards and events include: “Smirnoff international fashion award”. “Lakme India Fashion Week” was sponsored by Seagram’s Blenders pride.

Surrogate Advertising
“Aristocrat” a popular whisky brand is being advertised as Aristocrat Apple Juice. “Mc. Dowell’s” is advertised as sodas, “Kingfisher” has packaged water bottles. Some alcohol brands have introduced brand promotional items such as: “Haywards 5000” has darting kits, “Bacardi” advertises through its Bacardi blast album and also advertises through parties tied up with rediff.com.

Path to alcohol control

Regulatory strategies for alcohol control thus will have to be formulated on same lines as tobacco control. This will require initiating efforts for alcohol control at national, regional and international levels.

Factors Contributing to Global Support for Tobacco Control: Public Outrage

Till the time tobacco use was viewed as an individual’s problem, people and policy makers maintained a luke warm attitude towards introducing any regulatory measures. International research confirming ill effects of second hand smoke helped in influencing people’s and policy makers’ opinion related to tobacco control. Impact on legislation in India included initiatives such as: the Supreme Court of India banned smoking in public places.

NGOs played a crucial role in creating a supportive environment. Youth led campaigns appealing the government for a comprehensive ban on tobacco advertising through NGOs such as HRIDAY (Health Related Information Dissemination Amongst Youth)-SHAN (Student Health Action Network), created a supportive environment to enforce tobacco control measures.

Case Study 3: Soft Drinks And Fast Foods

The Background

Two years ago, the World Health Organization (WHO) prepared a global strategy to counter what is known in medical jargon as "diet-related non-communicable diseases". These include heart diseases, certain types of cancer, diabetes and, last but by no means least, obesity. The strategy addresses diet, physical activity and health.

The world’s children need greater protection from the marketing of energy-dense, low-nutrient foods. Experiences of marketing controls on tobacco and baby-milk show that voluntary marketing codes are unlikely to be adequate, and that stronger regulation is required. International standards are needed to provide a coherent framework to protect and promote children’s health. The World Health Organization (WHO) has reported the rising incidence of obesity and chronic disease such as cardiovascular disease, cancer, osteoporosis, dental carries and diabetes among the population worldwide. It has also acknowledged the links between many of these diseases and the pattern of food consumed.

Treatment of these diseases is an expensive alternative to prevention. Less-industrialized countries lack the financial resources and infrastructure to implement effective treatment, especially as some countries are experiencing the triple burden of continuing problems of widespread undernourishment and infectious diseases as well as the emerging problem of over consumption of damaging nutrients.

Prevention of disease is essential, but requires a change in patterns of food supply and demand. Among other things, this means changes in marketing strategies and the promotion of health-enhancing foods.

Manufacturers know that children are particularly susceptible to the persuasion of advertising. Advertising directed at young children is per se manipulative. Such advertising aims to promote products by convincing those who will always believe.

Frequent exposure to marketing messages, along with changes in social circumstances, such as children’s increasingly independent spending power, contribute to a nutritionally ‘toxic’ or
‘obesogenic’ environment— that is, environments that predispose children to desire and be able to obtain and consume certain foods, especially those that are energy-dense and low in nutrients. To promote this strategy, the WHO has been examining a range of interventions that possess the potential to tackle the global rise of such diseases. One of the key points on the agenda is the marketing of food and soft drinks, especially in relation to children.

The Law

India has a long way to go before it really adopts stringent regulation and standards with regard to advertising of fast food and soft drinks. The debate over advertising junk food to children is still raging in India. There are no bars on advertising in schools in India. In fact Coke and Pepsi offer several sponsorships to schools, particularly for sporting activities. The Maharashtra Food and Drug Administration (FDA) proposed a ban on the sale of all soft drinks within school premises. This organization, which regulates and controls the sale of all commercial food and drugs, wants a total ban on commercial soft drinks in schools. Unfortunately, many other government organizations will need to be involved in such a ban and it will take some time to see whether the ban can be made into law and then enforced by the police. If it is, this will be the first time something like this has been done for the sake of public health, and the state will be a world leader.

In the Indian state of Kerala, sale and production of Pepsi-Cola, along with other soft drinks, has been banned. Five other Indian states have announced partial bans on the drinks in schools, colleges and hospitals.

The Real Scenario

The aggressive promotional strategies adopted by fast food multinational giants like Coke, Pepsi, Lay’s Chips, McDonald’s, Dominos, Pizza Hut have contributed to the growing concern towards public health. The operations of Coca-Cola and Pepsi in India in the last three decades represent an example of how India’s industrial policy and regulations have been dodged, flouted and bent by these companies. The controversy over the presence of traces of pesticides in their soft drinks is only the latest in a series of controversies that have studded Coca-Cola and Pepsi’s history in India during the last three decades.

In India, McDonald’s has positioned itself as a family restaurant. Family has become the cornerstone of its strategy. Its outlets are called “McDonald’s Family Restaurants,” as opposed to simply McDonald’s as in other parts of the world. Like its other worldwide locations, McDonald’s targets children as their main clientele in India. Children are an enormously powerful medium for marketing consumer goods in India. They not only influence markets in terms of the parental decision-making to buy certain kinds of products, they are also future consumers. After all, brand impressions, once formed, can stay for a lifetime.

Thus, McDonald’s has done everything possible to attract children. It’s “Happy Meals” and the accompanying Lego toys are a great attraction for children. McDonald’s play places—called Fun Zones—have been made to attract children and their parents. During their visits, kids are showered with knickknacks. McDonald’s also promotes birthday parties complete with cake, candles, and toys in television advertising aimed directly at kids.

Soft drinks companies focus their attention and advertising budgets on the children’s’ market, through sponsorship of music events and link-ups with the most attractive and popular movie stars, pop singers and sports celebrities. The following two examples are just a tiny glimpse of the extensive marketing activities from these leading soft-drinks brands. Together, Pepsi and Coca-Cola spend INR 11,000 crores on advertising in a single year.

In India, glamorous Bollywood megastars Aamir Khan, Hrithik Roshan and Aishwarya Rai promote Coca-Cola brands. Coca-Cola has also sponsored a musical talent contest to create an all-girl band Viva who were so popular, its first album sold over 500,000 copies. As part of its association with Dhoom: 2 (D2), Coca-Cola has been made available in special edition “Coca-
Cola-Dhoom: 2” bottles. The campaign also includes an 'under-the-crown' promotion with cash prizes totaling up to Rs 1 crore. Lucky Coca-Cola consumers also have a chance to win loads of special prizes, including the complete D2 gear as sported by Hrithik, Aishwarya, Abhishek, Bipasha and Uday Chopra in the movie.

Pepsi is endorsed by Bollywood megastars like Amitabh Bachan, Shah Rukh Khan and Kareena Kapoor. The websites of these soft drink companies also referred to as “Fun Zones “ apart from offering a host of promotional campaigns also offers computer and mobile phone downloads like wallpapers, screensavers, ringtones, videos etc. The recent promotional campaign of Pepsi featuring the 'Blue Billion', which has a catch line, 'Oooh Aaah India, Aaah Yaaa India', has been launched before the 2007 Cricket World Cup. The wrappers around Pepsi bottles will have gifts entitled to the consumers printed on it, ranging from 'Blue Billion' tattoos to other assorted goods. The campaign includes 300 free season tickets to be given out to 300 people through the bottle wrappers. The winners will be taken on a special 'Blue Billion Express' train accompanied by film stars Shah Rukh Khan, John Abraham and Bipasha Basu to the three venues in India where the ICC Champions Trophy matches will be played.

Today’s youth icons from the cricket world like Sachin Tendulkar, Virender Sehwag and Dhoni freely endorse Pepsi. The sponsorship of a sport like cricket in particular may cultivate positive attitudes by associating the product with characteristics which young people admire. In the wake of the recent controversies shrouding Coke and Pepsi, regarding allegations of containing pesticides, these stars not only endorsed these soft drinks but also went so far as to claim that they were safe. This was advertising going too far.

Aerated soft drinks, apart from promoting the wrong kind of images, have long been suspected of leading to lower calcium levels and higher phosphate levels in the blood. When phosphate levels are high and calcium levels are low, calcium is pulled out of the bones. The phosphate content of soft drinks like Coca-Cola and Pepsi is very high, and they contain virtually no calcium.

Soft drink consumption in children poses a significant risk factor for impaired calcification of growing bones. This situation that ultimately leads to poor bone mineralization, which explains the greater risk of broken bones in children who consume soft drinks. Soft drinks are the single greatest source of caffeine in children's diets. Caffeine is a weak diuretic that causes calcium loss via the kidneys. The relationship between soft drink consumption and body weight is so strong that researchers calculate that for each additional soda consumed, the risk of obesity increases 1.6 times.

In 2003, the Centre for Science and Environment (CSE), a non-governmental organization in New Delhi, said aerated waters produced by soft drinks manufacturers in India, including multinational giants PepsiCo and The Coca-Cola Company, contained toxins including lindane,DDT, malathion and chlorpyrifos--pesticides, that can contribute to cancer, a breakdown of the immune system and cause birth defects. Tested products included Coke, Pepsi, 7 Up, Mirinda, Fanta, Thums Up, Limea and Sprite.

Case Studies 2 and 3 highlight the fact that self-regulation is not the answer to the many ills that plague the advertising industry.

Most of the Self-Regulation Organizations around the world base their work on the Codes prepared and published by the International Chamber of Commerce (ICC). The ASCI in India is noexception. The ICC is the world business organization, the only representative body that speaks with authority on behalf of enterprises from all sectors in every part of the world. Self Regulation in advertising has been pursued and monitored in India in an inexpensive and expeditious manner for the last 20 years by the Advertising Standards Council of India (ASCI), a voluntary and non-profit organization set up by a group of advertisers, advertising agencies, media etc., way back in 1985, with the objective of ensuring that all advertising should be legal, decent, honest and truthful along with a sense of social responsibility to the consumer and to the rules of fair competition.
ASCI’s role has been acclaimed by various agencies including the Government. However, it lacked the force of legal recognition. The Government of India has at last, taken note of this and by one stroke on 2nd August 2006 vide a notification in The Gazette of India: Extraordinary {Part II – sec. 3(i)}, made sure that at least as far as TV Commercials go, they abide by the ASCI code.

The amendment made in Cable Television Networks (Amendment) Rules, 2006 now states:

"(9) No advertisement which violates the Code for Self-Regulation in Advertising, as adopted by the Advertising Standards Council of India (ASCI), Mumbai for public exhibition in India, from time to time, shall be carried in the cable service".

Case Studies 2 and 3 highlight the very important need for strict regulation and standards for products of a questionable nature especially if they are targeted to a vulnerable segment of the society like the youth and children. There is an urgent need to spread awareness about the negative effects of such advertising and organizations representing consumers, teachers, dental health professionals, medical charities, public-health groups and children should join in the growing movement calling for restrictions or a ban on the advertising of products of a questionable nature.

March 15 is World Consumer Rights Day. We as consumers have to join in this movement which reiterates the Consumer’s Right to Information which would enable the choice to make the most appropriate Buying Decision.

The paper seeks to end with the words of Leo Burnett, who says,

"Let's gear our advertising to sell goods, but let's recognize also that advertising has a broad social responsibility."

References & Bibliography

, www.hinduonnet.org


www.ascionline.org

www.babymilkaction.org

www.bpni.org ,

www.ias.org.ok

www.utexas.edu ,

www.wapress.com ,

www.whqlibdocwho.int ,

www.womenexcel.com