

Citizen attitudes towards the restriction of alcohol sponsorship in sport

Lloyd Brooks

MBus

2017

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Lloyd Brooks

A thesis submitted to Auckland University of Technology in partial fulfillment of the
requirements for the degree of
Master of Business

2017

Faculty of Business and Law

Abstract

Background

Governments can intervene to change health related behaviours using various measures but are sensitive to public attitudes towards such interventions. In response to the growing concern around alcohol and its relationship with sport, a Ministerial Forum considered the need to amend the current Sale and Supply Act (2012). Fourteen policies were recommended, four of which were relevant to sport sponsorship. This study explores the public's attitudes towards the levels of acceptance and perceived effectiveness of these four policies, and the extent that these attitudes vary according to a variety of demographic, behavioural and psychological variables.

Methods

Eight hundred and ninety-two participants completed a survey. The survey consisted of 26 items, broken into 7 subgroups: demographic, consumption patterns, parental status, sporting participation, psychological involvement, policy statements and industry preference. Relationships were analysed with descriptive statistics including mean difference testing, standard deviations and frequencies along with independent *t*-tests and correlation analyses.

Results

The key finding is New Zealanders have moderate attitudes towards the Ministerial Forum's recommendations. This study also found that young males who drink frequently and participate in sport are the strongest opposers to alcohol restriction, whereas the elderly, females and non-drinkers were the most supportive of alcohol restriction. Parental status did not significantly impact attitudes towards the recommendations.

Conclusions

This study is able to add to the body of literature in both the sport sponsorship and public policy fields because it is the first New Zealand study examining public opinions towards alcohol sponsorship restriction in sport. It is evident that policy issues related to sponsorship and other forms of promotion involving alcohol are controversial and complex. By examining one of the arguably neglected voices in the debate, this study has been able to present the public's attitudes towards the restriction of alcohol sponsorship in sport.

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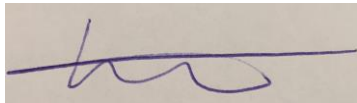
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Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

A handwritten signature in purple ink, appearing to be 'Lloyd Brooks', written over a horizontal line.

Lloyd Brooks

Acknowledgements

Firstly, I would like to thank Associate Professor Geoff Dickson and Dr. Michael Naylor for their support and supervision over the past year with my thesis. The guidance and knowledge from both of you has encouraged and pushed me throughout the past year with this project. I have learnt a lot through this research process. Your efforts have been greatly appreciated and are invaluable.

Secondly, I would like to thank Lindsay Mouat, Chief Executive at the Association of New Zealand Advertisers. Without your financial support, it is safe to say this study would not have been possible.

Thirdly, to all my friends and family who have helped me along this journey, I thank you for your support. Especially to my parents, without your patience and guidance throughout this process this project would have been a lot more challenging.

Ethics Approval

Ethics approval was granted by the Auckland University of Technology Ethics Committee on 21st March 2016.

Chapter 1: Introduction

“We’ve got a binge drinking culture in New Zealand – I think we need to accept that. But the point is legislation to change that is difficult. We all have to want to buy into that as a community” (TVNZ, 2010)

The previous Prime Minister of New Zealand John Key made this statement when asked about New Zealand’s alarming alcohol consumption rate. One of the most commonly raised concerns among those addressing alcohol consumption and society is the close association between alcohol and sport (Jones, Phillipson & Lynch, 2006). As a result, there is much current debate concerning alcohol sponsorship of sporting events and teams. The New Zealand government is considering a number of policy initiatives that would restrict alcohol sponsorship of sport. Due to the crucial role public opinion has in a democratic society, new policies benefit from the public’s acceptance and understanding (Seo, Chun, Newell & Yun, 2015). This research explores the attitudes of New Zealanders towards these proposed policies.

The World Health Organisation (WHO) estimates that alcohol contributes to more than 3.3 million deaths, or 5.9% of all deaths per year (WHO, 2015). Alcohol is also responsible for 5.1% of the global burden of disease and injury as alcohol consumption is considered a causal factor in more than 200 diseases (WHO, 2015). As of 2015, the global cost of harmful alcohol use is estimated to be around US \$665 million per year (WHO, 2015). Twenty-five percent of all deaths for people aged between 20-39 years are alcohol attributable (WHO, 2015).

There is concern over the role alcohol has in contemporary New Zealand society (O'Brien & Kypri, 2008). In New Zealand, between 600-800 people per year

die from alcohol related causes (Alcohol.org.nz, 2016). Nearly 4% of health loss from all causes is attributable to alcohol consumption and between 18-35% of injury based emergency department presentations are alcohol related, rising to between 60-70% during the weekend (Alcohol.org.nz, 2016). Of particular concern in New Zealand is that 15% of all adults between 18-65 are consuming more than six standard drinks on one sitting per week, which according to Stolle, Sack and Thomasius (2009) is “binge drinking”. New Zealand has one of the highest alcohol consumption rates in the southern hemisphere (WHO, 2015). WHO link New Zealand’s drinking habits to historically lax liquor laws. The 1989 Sale of Liquor Act made it easier to acquire liquor licenses for clubs and pubs, allowed the sale of wine and beer at supermarkets and lowered the drinking age from 20 to 18 years.

Many developed countries have policies to restrict alcohol consumption and reduce alcohol related harms (Seo, Chun, Newell & Yun, 2015; Babor, Caetano, Casswell, Edwards, Giesbrecht & Graham, 2010). These policies included restrictions on when and where liquor outlets can open (Agostinelle & Grube, 2002), taxes (Room, 2004) and drink driving legislation (Grube & Stewart, 2004). Public opinion studies on alcohol policies have been carried out in many developed countries (Seo et al., 2015). These studies have investigated public support for alcohol policies over the years (Rossow & Storvoll, 2014), favourable and unfavourable policies measured by drinking patterns (Greenfield, Ye, & Giesbrecht, 2007), public support by demographics (Callinan, Room, & Livingston, 2014), public sensitivity towards local and national alcohol policies (Greenfield et al., 2007), and comparisons between countries towards public opinion of alcohol control policies (Giesbrecht & Greenfield, 1999). There is reasonable evidence that public opinion can influence alcohol-related policies (Seo et al., 2015). Whilst

public attitude can change alcohol policy, it is also possible that policy changes can shift public opinion (Seo et al., 2015). Despite the previous studies, no research has looked at the public opinion towards restrictive alcohol policies with relation to sponsorship in sport. As a result this research intends to determine public opinion towards alcohol sponsorship in sport.

1.1 Research Context – Brief Overview

In 2014 a Ministerial Forum was asked to consider the need to amend the Sale and Supply of Alcohol Act 2012 (Ministry of Health, 2014, p.iii). The forum provided fourteen recommendations aimed at reducing the exposure of minors to alcohol advertising and sponsorship. The forum proposed a stage based approach to the regulation of alcohol sponsorship to minimize the effects the removing of alcohol sponsorship would have on businesses, sports clubs and local events (Ministry of Health, 2014).

Four of these policies are relevant to sport. The four recommendations examined in this study are:

1. Ban alcohol sponsorship of all streamed and broadcast sports;
2. Ban sponsorship (naming rights) at all sporting venues;
3. Ban alcohol advertisements during streamed or broadcast sporting events;
- and,
4. Ban alcohol sponsorship of sport altogether.

1.2 Rationale

Measuring public opinion towards the forum recommendations is important for a number of reasons. To shape policy and enlist support, those involved in the policy-making process should seek out those with vested interest (i.e., the pockets of receptivity) (Ingraham, 1988). In other words, the Government's policy makers can

use public opinion and other feedback mechanisms to make more informed decisions with regards to controversial and complex issues (McDaniel & Mason, 1999). Due to the crucial role public opinion has in a democratic society, new policies benefit from the public's acceptance and understanding (Seo et al., 2015).

This study will inform policy makers about the level of public support (and or opposition) to the forum's recommendations. While no study has been carried out in New Zealand looking at the public's opinion towards alcohol sponsorship, it is important as the proposed restrictions can have a widespread financial impact on the sporting community. Therefore being able to determine and preempt the public's reaction to the legislation would be of great benefit to lobbying groups and Government departments. Lastly this research will be able to indicate the influence of sporting involvement on public opinion towards the proposed restrictions. Sporting enthusiasts are the group most likely to be affected by the recommendations should they be implemented due to the financial repercussions of alcohol sponsorship restriction. Therefore gauging vested stakeholder's opinions towards the recommendations will further inform lobbying groups and Government departments.

1.3 Research Questions

This research is underpinned by 8 research questions:

RQ1: Are participants under the age of 40 more accepting of alcohol sponsorship than participants who are older?

RQ2: Do males and females differ in their acceptance of alcohol sponsorship in sport?

RQ3: Do attitudes differ towards policy restriction between rural and urban communities?

RQ4: Does frequency of alcohol consumption effect the level of acceptance of alcohol sponsorship?

RQ5: Does having children impact the level of acceptance towards alcohol sponsorship restriction?

RQ6: Does participation in sport impact the perception of alcohol sponsorship in sport?

RQ7: Is participant involvement related to acceptance of alcohol sponsorship in sport?

RQ8: Does perceived 'fit' of an industry impact on participant's preferences of sport sponsorship?

1.4 Methods Overview

The questionnaire comprised 26 items, which can be broken down into 7 subgroups. Those subgroups are demographics, alcohol consumption patterns, parental status, sport participation, involvement construct, policy statements and industry preference. Data were collected from a panel provided by market research company 3D Interactive (3Di). The survey was completed by 892 participants. The raw data was skewed towards female participants (70%) and an older population (Average age 52, Skewness = .341, Std. Error = .902, Kurtosis = -.787, Std. Error = .184). A weighting procedure was conducted to make the sample's gender and age characteristics more representative with the New Zealand population. The Statistics Package for Social Sciences (SPSS) was used to generate descriptive statistics and conduct means difference testing, one-way between groups analysis of variance (ANOVA) and factor analysis.

1.5 Delimitations

The delimitations of a study limit the scope of the inquiry as determined by the deliberate exclusionary and inclusionary decisions of the researcher. In essence, delimitations define the boundaries of the research and reflect what is not investigated. (Simon, 2011). This study focuses only on measuring the public's opinion towards the Ministerial Forums recommendations that affect alcohol sponsorship in sport. No attempt was made to measure the non-alcohol sport sponsorship policies that were recommended by the Ministerial Forum.

1.6 Findings and Contributions of this Thesis

Uncles (1998) recommends that a research thesis not be structured with the research results and findings presented at the end. Rather, results should be presented at the beginning of the report, providing the reader with a “mental framework” (p. 89) from which to read the remainder of the thesis. Consistent with these recommendations, the four primary findings of this thesis are:

1. The older the individual the more restrictive their views were towards alcohol sponsorship in sport
2. Females opposed to males were more restrictive in their views towards alcohol sponsorship in sport
3. Individuals who frequently consume alcohol were more opposed to alcohol sponsorship restriction in sport
4. Individuals who participate in sport were more opposed to alcohol sponsorship restriction in sport

1.7 Chapter Summary/Thesis Outline

Chapter One is an introduction to the study and a brief overview of the policies that have resulted in the need for this study, followed by further reasoning for carrying

out this research and the delimitations. Chapter Two is a review of previous research around sport sponsorship, the sport/alcohol nexus, the regulation of alcohol globally and nationally followed by factors that influence public opinion along with the involvement construct which is the theoretical construct of this research. Chapter Three is a description of the methods, which includes the procedure, participants, instruments and data analysis. Chapter Four is the presentation of the results. Chapter Five is the discussion of the research, which will be broken down into four sections. Firstly the results as presented in Chapter Four, will be discussed in relation to the outcome variables of gender, age, region, consumption patterns, children and participation, followed by a discussion around the theoretical construct of involvement. The third section is a discussion of the managerial implications, followed by the limitations and areas for future research. The Thesis will conclude with Chapter Six, which is a presentation of the conclusions of the study.

Chapter 2: Literature Review

Chapter 2 is a review of the relevant literature. The literature review starts by broadly describing and defining sport sponsorship along with the sport alcohol nexus. This is followed by a review of Government regulation of advertising and sponsorship and the constructs that are measured in this study that influence levels of acceptance and perceived effectiveness of the Ministerial Forum's policies. These include age, gender, region, consumption patterns, parental status, sporting participation and psychological and behavioural involvement.

2.1 Sport Sponsorship

Even though the term *sponsorship* has been around for a long time, only since the 1980s has it been recognized as an important communication tool within the contemporary marketing mix (Lamont, Hing, & Gainsbury, 2011). Sponsorship is defined as a company's investment in cash or kind, in order to gain publicity and awareness in a specific target group, via the support of an activity, not directly associated to their business (Koronios, Psiloutsikou, Kriemadis, & Koloros, 2016). Sponsorship is a key source of funding for many sporting organisations, from the elite to grassroots sport (Lamont et al., 2011). For elite sports organisations, sponsorship is one of the most important revenue streams alongside broadcasting, ticket sales and merchandise sales (Buhler, Hefferman, & Hewson, 2007).

Most definitions of sponsorship emphasize the mutual benefit that the two parties receive as a result of the exchange of resources (Walliser, 2003). McCarville and Copeland (1994) further define sponsorship as the exchange of resources (such as labour, product or cash) with the sponsored party with the expectations of yielding a return on investment. This mutual benefit therefore differentiates sponsorship from other forms of financial arrangements such as charity,

philanthropy and patronage, in which little or no return on investment is expected (Lamont et al., 2011). The purpose from the sponsor's perspective is to strategically position their brand with the sponsored property as advertising (Abratt & Grobler, 1989; Lamont et al., 2011). Examples of this are organizational logos on athlete's playing clothing and perimeter signage at sports stadiums.

Exchange theory explains much about the sponsor-sponsee relationship (Cousens, Babiak & Bradish, 2006; Giannoulakis, 2014). Exchange theory suggests when two or more parties exchange resources (e.g., labour, product or cash) this exchange must be of equal or reciprocating value (Crompton, 2004). However in certain circumstances this relationship may be biased to either the sponsor or sponsee. This tends to occur when the sponsee is more reliant and dependent on the sponsor than vice-versa (Maxwell & Lough, 2009). This highlights that even though fans and spectators see the alignment of sponsors with sporting events and teams to fulfill corporate need, the outcomes due to the vested interest in success of the sponsorship are usually not dyadic for both parties (Maxwell & Lough, 2009).

Sponsorship fits into two categories - relationship-based sponsorship and customer-based sponsorship. Relationship-based sponsorship focuses on the access that the sponsee obtains with other organisations within the business network, whereas customer-based sponsorship focuses on the outcomes via means such as customer relations (Chadwick & Thwaites, 2004; Cobbs, 2011). Relationship-based sponsorship maintains the consistent communication between the sponsee and the sponsor (Cobbs, 2011). This method is commonly found in the business-to-business industry.

As stated in the name, customer-based sponsorship focuses on the customers, which according to Kim, Smith and James (2015) has three outcomes;

conative, affective and cognitive (Degaris, 2015). Conative outcomes are the actual behaviours individuals make towards the sponsors. Affective is the feelings the individual has towards the sponsor. Cognitive is the thought processes that are undertaken by the individual with respect to the sponsors (Degaris, 2015). As a result the objectives of the customer-based sponsors include improving brand image (Koo, Quarterman, & Flynn, 2006), creating brand awareness (Lee, Harris, & Lyberger, 2011), decreasing brand proximity (O'Reilly, Nadeau, Seguin, & Harrison, 2007), increasing market share (Bovaird, Loffler, & Parrado-Diez, 2002) and increasing sales (Radicchi, 2014).

Numerous studies dating back to the 1980s investigate organizational sponsorship motives (Abratt & Grobler, 1989; Marshall & Cook, 1992; McCarville & Copeland, 1994). Early investigation found that the engagement in sponsorship by businesses initially was a reaction to organization and individual requests (Marshall & Cook, 1992). In the current age, corporate motives reflect the recognition, understanding and use of sponsorship as a means to achieve profit orientated objectives with relation to the business (Walliser, 2003; Lamont et al., 2011). By aligning an organization via sponsorship with a prestigious property, brand development and image enhancement are possible (Lamont et al., 2011).

Sponsorship expenditure has steadily grown in recent years particularly in events, arts and sport compared to others forms of media such as sale promotions and advertising (Lamont et al., 2011). This growth of sport sponsorship according to Cody and Jackson (2016) is due to six factors; (a) the change in policy towards tobacco and alcohol advertising; (b) the increasing costs to advertise via the media; (c) the proven success that sponsorship has; (d) the increase in leisure activity; (e) the increased coverage of sporting events by media; and (f) the ineffectiveness of

traditional media. Due to the cluttering of sponsors and the rising costs of advertising, sponsorship of sport has a logical attraction to it from a marketer's perspective (McDaniel & Mason, 1999).

With the proven success that sport sponsorship has as a form of marketing and as a mechanism to increase brand awareness, unhealthy industries such as fast food, soft drink and alcohol have taken advantage in order to reach their target markets, which for alcohol in particular is young males (McDaniel & Mason, 1999; Kelly et al., 2012). The following section will explore the sport-alcohol nexus, investigating the historical association between sport and alcohol, finishing with the alcohol industries sponsorship of sport.

2.2 Sport Alcohol Nexus

2.2.1 Historical embeddedness and institutionalization of sport-alcohol sponsorship. Sport's connection with the alcohol industry is long-standing, and even pre-dates tobacco. By the sixteenth century, the main area for hosting sports events was the local ale (public) house (Vamplew, 2005). Many football clubs in England were formed as a result of these pubic houses as it acted as a local gathering area (Dixon & Garnham, 2005). An example of this was the formation of the Liverpool Football Club due to an argument between a sponsoring brewer and the already established Everton Football Club (Dixon & Garnham, 2005). Sports such as cricket, darts, football and rugby initially used pubs to grow their sport and relied on the funds raised at the local houses to develop and expand (Collins & Vamplew, 2002). Besides the raising of funds by alcohol sales, pubs had a significant role in the hosting of sporting events. Land adjoining pubs was used to host events and would often attract crowds (Collins & Vamplew, 2002). By the mid 1800s prize fighting emerged in pubs, where dozens of alehouses across Britain

were known as 'Boxing Pubs' (Collins & Vamplew, 2002). During this time, pub's were the unofficial headquarters of sport. In essence the seeds for early commercial development were laid as a result of these public houses, where a location supplied by the pubs and the funding of the sport was established with the increased sales resulting from sporting events (Collins & Vamplew, 2002).

However with the rise in the industrial society in the early 1900s, the pubs role as the major social setting for sports began to decline (Collins & Vamplew, 2002). Other elements in daily life such as industrial work, time discipline and the role of church adjusted people's moral obligations and leisure pursuits (Hanson, 1995). With this decline in the pubs' role in sport, brewers and brewing companies began investing in sport. This relationship according to Collins and Vamplew (2002) came about due to the reliance brewers had on the agricultural industry with the need for the basic ingredients required to make beer and the agricultural industries close links to both rural life and recreation. Initially the support for sport by breweries was directed at rural sports such as horse racing and hunting. However by the mid-nineteenth century, the focus by breweries changed to sports beyond rural pastimes (Collins & Vamplew, 2002). An example of this was the building of Headingley sports ground by brewer Josh Tetley & Son in the 1930s. This close relationship of sport and alcohol exemplified when Tetley became the president of Headingley Rugby Union along with being the chairman of the Leeds Cricket, Football and Athletic clubs (Collins & Vamplew, 2002). By the 1960s, brewer Mitchells and Butlers boasted in England the largest sports club in the country, which housed two football fields, three cricket pitches, five bowling greens and nine tennis courts this highlighting the involvement that breweries had in sport (Collins & Vamplew, 2002).

With the development of nation-wide approaches to advertising, the relationship between alcohol and sport continued to advance. Sportspeople were drawn to alcohol as alcohol brands leveraged the traits that were commonly associated with sport (Vamplew, 2005). This type of advertising could be viewed as the onset of sponsorship by alcohol companies (Vamplew, 2005). Examples of this could be seen by the Irish beer brand Guinness in the 1930s. By using traits commonly associated with sport, the slogan at the time was that of “Guinness for strength” which directly appealed to those with sporting backgrounds (Collins & Vamplew, 2002, p.42). Furthermore Guinness claimed their beverage could enrich the blood, feed exhausted nerves and build strong muscles (Collins & Vamplew, 2002).

Given the long history between sport and alcohol, the sport-alcohol relationship is clearly institutionalized. Institutionalization is “the point at which human activities become sufficiently regular, reveal well-established systems that incorporate a set of norms and values, and acquire traditions, rationalized myths, and guidelines for their continuation” (Overman, 2011, pp. 143). According to McDaniel, Kinney and Challip (2011), alcohol enjoys an institutionalized social linkage to sport, where in society it is often hard to find one without the other. Due to this well-established relationship, policies that challenge this institutionalization are heavily resisted, as the alternatives literally become unthinkable (Tolbert & Zucker, 1996).

2.2.2 Sports-based masculinities. The nexus between alcohol, sport and gender is historically and culturally intertwined. In many Western cultures the transition from boyhood to manhood is underpinned by sporting participation and alcohol consumption during times of leisure (Lamont & Milatovic, 2016). As

explained by Wenner and Jackson (2009), “a complex set of historical forces has built a naturalized relationship between sport and the cultural definition of masculinity “ (p. 2), where “paralleling the promises that sport makes to the boy, the lessons of beer promises masculinity “ (p. 5). As a result of this, it is often found that images of “boys behaving badly” at events such as end-of-season celebrations and bonding sessions highlight the level of sport-related drinking (Palmer, 2015).

Due to the persistent narratives of male related drinking in sport, somewhat of a theoretical predilection has been formed with notions towards masculinity, similar to Connell’s formulation of hegemonic masculinity (Palmer, 2015). The notion of hegemonic masculinity still remains one of the dominant paradigms for theorizing and understanding men’s behaviours, attitudes and practices related to drinking in sporting contexts and elsewhere (Palmer, 2015; Anderson, 2009).

Hegemonic masculinity was introduced by Australian sociologist Raewyn Connell in the 1980s. This notion theorized intersections of gender, class, hierarchy and power and the different subjectivities reinforcing or contesting these normative orders (Hart, 2016). A hegemonic masculinity is regarded as the highest status in a certain context (Hart, 2016). In sport in particular, the ‘alpha’ of the group would exemplify the term hegemonic masculinity (Sonderlund et al., 2012).

Hegemonic masculinity has been researched in a sporting context in relation to the drinking practices of young men in a team setting (Anderson, 2009). Men’s team sport according to Anderson (2009) “was designed with the political project of promoting men’s hetero-masculine domination” (p. 5), and “remain a hierarchical driven enterprise whose members proudly boast its masculinized nature” (p. 4). Anderson (2009) found that expectations by members of the sporting team were to drink until intoxication to maintain a rank in the hierarchy, where those who chose

to drink moderately or not at all were deemed as subordinates and would therefore be dropped further down the ranks. Consistent with the dominant role alcohol plays with masculinities, Palmer and Thompson (2007) found in a team environment those who were not part of the “Grog Squad” where a sense of belonging, identity and social status were found, were often ridiculed or part of practical jokes as the level of masculine domination in a sporting environment was determined by alcohol consumption. In a New Zealand context, these behaviors are well established in sports considered masculine such as rugby, rugby league and cricket, three of the highest participated sports in the country (Cody & Jackson, 2016).

With the link that sporting culture has with alcohol consumption a sense of collective identity and social acceptance has been developed as a result of the normalization between the two activities, as such the term “Holy Trinity” (Wenner & Jackson, 2009, p. vii) is commonly noted when addressing sport, beer consumption and gender. Despite the growing body of literature, which describes the relationship between masculine sport and alcohol in the context of leisure as contradictory and uneasy, the complex set of historical ties and the cultural embeddedness that alcohol has with sport has led it in many western cultures to be socially accepted (Lamont & Milatovic, 2016). Due to this normalization that alcohol has with certain masculine sports such as american football, rugby and soccer, the alcohol industry has further developed the connection through the use of sponsorship (Sonderlund et al., 2014; Cody & Jackson, 2016).

2.3 Alcohol Sponsorship in Sport

It was not until the late 1970s and onwards with development in technology that the sport-alcohol relationship flourished (Sparks, Dewhirst, Jette, & Schweinbenz, 2005). This was mainly due to black and white television eventually advancing into

colour (Sparks et al., 2005). With the widespread use of television, breweries were able to reach large audiences by sponsoring sports and events such as the World Series of Baseball or the Super Bowl (Sparks et al., 2005). Commercial television also had great significance for breweries as it acted as a powerful mechanism for alcohol advertisements to reach vast audiences, and for breweries in particular, to target large male audiences (Sparks et al., 2005).

It is unusual to view a sporting event without some form of event signage or a commercial for an alcohol brand (McDaniel & Mason, 1999). This is because sport has long been viewed as an effective vehicle in which to promote a product such as alcohol (Howard & Crompton, 1995). As of 2011 more than \$12 billion was spent on sport sponsorship in North America alone, a dramatic increase from the \$8.3 billion spent in 2005 (McKelvey, Sandler, & Kevin, 2012). According to McDaniel and Mason (1999) sponsorship has now become the most prolific form of marketing. The increasing globalization of sport, and the emergence of multinational ‘super-breweries’ have combined to make advertising and marketing campaigns cheaper and simpler (Palmer, 2011).

Alcohol aligns itself with sport mainly because of the entertainment it produces and the fact it can be sold live at the sporting venues. Even though it is ironic to consume alcohol in the presence of athleticism and physical excellence, it does highlight the success of sponsorship, as embedded brands such as alcohol have become an integral component of sporting and cultural events (Wenner, 1991). Another reason alcohol companies sponsor sport is because of the goodwill that is built towards the company compared to other forms of marketing like advertising (Maher, Wilson, Signal, & Thompson, 2006).

Alcohol companies are wary of the stigma attached to their products and their advertising. Corporate Social Responsibility (CSR) initiatives are attempts by companies to give back to the community and to be seen as following through on their moral and ethical duties (Batty, Cuskelly, & Toohey, 2016). Alcohol companies commonly adopt CSR-based sponsorship as a countermeasure to offset the negative connotations that are associated with their product (Batty et al., 2016). With increasing public pressure and scrutiny towards alcohol companies, adopting CSR initiatives in the form of sponsorship helps counteract the adverse public responses to their products (Batty et al., 2016). Sport sponsorship is a popular CSR-based relationship with the public as sport unifies the community and reflects societal values (Babiak & Wolfe, 2009). However an important commercial benefit that alcohol companies can exploit through sport sponsorship is the association sport provides with healthy positive images, something that is of particular importance with regards to alcohol, which is a product that poses risks to health (Maher et al., 2006). This association that alcohol companies exploit helps obscure the health risk issues related to the product along with promoting the consumption of alcohol (Maher et al., 2006).

Corporate social responsibility messages are often considered token gestures that do little to address the real issues (Daube, 2012; Jernigan, 2008). Despite alcohol companies attempting to do the ‘right thing’ through CSR initiatives, it can often be seen as an advantageous marketing scheme (Jones & Gregory, 2009). While the financial benefits that the CSR-based sponsorship gives the community helps significantly towards sport especially in the grass-roots community, alcohol companies are still able to associate their brand with the sport they are sponsoring and as a result continue influencing people to engage in alcohol consumption (Batty

et al., 2016). Despite the attempts by the alcohol industry to build ‘goodwill’ through CSR-based sponsorship, growing support is building towards the regulation and restriction of alcohol sponsorship in sport in order to reduce the burden and cost of alcohol on society.

2.4 Regulation

It is well recognized that there are two broad systems through which goods and services are distributed: markets and the government (Stewart, 2015). In practice a combination of both the market and the government operate together in most economies. Considerable debate about the appropriate mixture of both the systems as the effectiveness and efficiency of the mixture can affect the delivery of specific goods and services (Stewart, 2015). This mixture of both systems can be seen as the government’s efforts to regulate and in some cases create or destroy specific markets (Stewart, 2015). The nature of a government’s intrusion into the market place is dependent on their objectives.

Historically, political and legal barriers have limited the effectiveness and efficiency of government and agency regulation of food and beverage advertising, especially to children (Mellow, 2010). However with the ever-increasing level of public concern about food and beverage advertising, government intervention through regulation is becoming more and more common (Mellow, 2010).

The attitude of the public towards an intervention is a key consideration by the government. This is not only due to the acceptability and effectiveness as perceived by the public of the intervention, but also due to the accountability of the government to make the correct decisions in the eyes of the public (Diepeveen, Ling, Suhrcke, Roland, & Marteau, 2013). This is important as while implementing rules and regulations for the common good is necessary, maximizing their chances

of being re-elected by having the public's support is also relevant (Diepeveen et al., 2013).

A common argument for the restriction of sports-related promotions (mainly sponsorship) has been that of associating images of healthy athletes and sporting activities with unhealthy products (McDaniel & Mason, 1999). This is due to the association that unhealthy products have with sport, where the health risks have been obscured while also providing another marketing avenue that induces consumption (McDaniel & Mason, 1999). This argument resulted in sweeping regulations by governments worldwide with relation to tobacco sponsorship of sport in the 1990's (McDaniel & Mason, 1999). When combined with some self-regulation restrictions, tobacco sponsorship was forced out of the market (Howard & Crompton, 1995).

Parallels can be drawn between what happened to the tobacco industry in the 1990s and the current regulations to restrict alcohol advertising in sport that have been proposed by the Ministerial Forum. These parallels include the banning of all streamed and broadcast sport sponsorship by alcohol companies, the banning of alcohol sponsorship at all sporting venues and ultimately the banning of all alcohol sponsorship of sport. The following section will briefly review government regulations towards alcohol sponsorship in sport.

2.5 Regulation of Alcohol Sponsorship in Sport

France's Loi Evin is an example of a statutory law that was implemented to restrict alcohol sponsorship and advertising both at cultural and sporting events (Anderson, 2004). Implemented in 1991, Loi Evin is considered the most comprehensive effort to restrict alcohol advertising (Anderson, 2004). Other elements of this law focus on preventing alcohol advertising to children and banning alcohol advertisements on

television (Rigaud & Craplet, 2004). Countries such as the United States have also restricted alcohol advertising on television whenever more than 30% of the audiences are children (Rigaud & Craplet, 2004).

Rigaud and Craplet (2004) summarized the key aspects of Loi Evin that related to alcohol and sport: (a) No advertising should be targeted at young people; (b) No alcohol advertising on television or in cinemas; and, (c) No sponsorship of cultural or sporting events. The sporting aspect of the implementation of the law became a major point of dispute with numerous football matches from overseas broadcasts being cancelled as the retransmission showed alcohol advertising from foreign channels (Rigaud & Craplet, 2004). Due to this provision in the newly implemented law, any alcohol brand on television that included team kits and stadium surroundings were banned (Casswell & Maxwell, 2005). In 1998, this law, despite the lobbying from Anheuser-Busch resulted in the American brewer being unable to sponsor the FIFA World Cup (Rigaud & Craplet, 2004). Another example was during the Rugby World Cup in 2007 hosted by France where Heineken were court-ordered to remove all advertising that was linked to the alcohol brand as it breached the policies of Loi Evin (Cody & Jackson, 2016). While Heineken was technically still the major sponsor, due to Loi Evin, there was no way for the alcohol brand to express that (Cody & Jackson, 2016).

Other countries besides France and the United States regulate sport sponsorship. In Norway, beverages containing more than 2.5% alcohol cannot be promoted via sport sponsorship (Osterburg & Karlsson, 2002). In both Spain and Portugal, there are restrictions to limit the association between sporting activities and alcohol consumption. In Spain, consumption of alcohol is forbidden in sporting arenas or areas where sport can take place (Osterburg & Karlsson, 2002). In New

Zealand, alcohol advertising and sponsorship is still permitted through means of broadcast media, however there are still minimum codes of compliance that are monitored by the Advertising Standards Authority (ASA) (Heather & Stockwell, 2004). The following section will now review the factors that influence citizen attitudes towards government policy.

2.6 Citizen Factors

This section will firstly review the literature around the effect of intrusive interventions on citizen's attitudes followed by seven important factors that were used in this study to measure citizen attitudes towards the recommendations by the Ministerial Forum. These factors are age, gender, region, consumption patterns, parental status, sporting participation and involvement.

2.6.1 Intrusiveness of the intervention. Interventions can be classified according to their degrees of intrusiveness. The three types of interventions are the providing of information (the least intrusive), followed by guiding of choices and the restriction or elimination of choice (the most intrusive) (Diepeveen et al., 2013). An important consideration for Governments when deciding if or how to intervene is to gauge the level of intrusion a policy will have on an individual (Diepeveen et al., 2013).

It is commonly found in the "self interest" literature that people perceive that they know what is best for them and as a result tend to reject any public policy interventions that can interfere with their daily lives (Diepeveen et al., 2013). Therefore, when interventions are proposed, typically members of the public prefer policies that, at best, indirectly affect them, such as education or public awareness campaigns (Diepeveen et al., 2013). This concept of 'self interest' is best highlighted in the work by Green and Gerkin (1989) who studied the political and

social attitudes of smokers towards intrusive restrictive policies. Green and Gerkin (1989) found significant differences between smokers and non-smokers on the opinions towards smoking policies. People that are directly affected, in this case smokers, tend to be more strongly opposed as the policies would impact elements of their daily lives. The self-interest concept in this case highlights when policies target the behaviours of an individual and are intrusive, the citizen is more likely to oppose it, even when the policy stands to benefit the individual.

Consequently, Green and Gerkin (1989) along with other literature suggest that self-interest related to alcohol preferences along with other forms of self-interest (involvement and participation in sport) and socio-demographic factors (e.g. age, gender, residency) may explain the public's opinion towards alcohol sponsorship in sport, as a result the following section will review the several variables used to explore the acceptance and perceived effectiveness of the Ministerial Forum's recommendations.

2.6.2 Age. In the public opinion literature, older people have been found to be more supportive of alcohol-related restrictions than younger people (Diepeveen et al., 2013; Lund, Halkjelsvik & Storvoll, 2016; Anglin, Kavanagh & Giesbrecht, 2001; Anglin, Kavanagh & Giesbrecht, 2002; Wilkinson, Room & Livingston, 2009; Tobin, Moodie & Livingston, 2011; Ialomiteanu, Giesbrecht, Adlaf & Wettlaufer, 2014). Diepeveen et al. (2013) posits that this could be due to the greater awareness of the burden of disease with age or alternatively it may be because with age, people are more trusting of Government interventions.

Another possible reason for this could be the protecting nature of older adults towards their children or grandchildren with regards to alcohol advertisements on television (Lund et al., 2016). Lund and colleagues (2016) found

the strongest support for banning television advertising by alcohol companies occurred in people aged over 60 years. This indicating that perhaps elderly citizens not only have a greater awareness of the impacts of alcohol on them and society, but perhaps are also mindful of the younger generations growing up that are being exposed to these advertisements (Lund et al., 2016). Despite these theories it is uncertain why the acceptability of intrusive policies increases with age, as such further study is warranted investigating these differences.

2.6.3 Gender. Studies consistently report that women are more likely to support alcohol-related restrictions than men (Diepeveen et al., 2013; Lund, Halkjelsvik & Storvoll, 2016; Anglin, Kavanagh & Giesbrecht, 2001; Anglin, Kavanagh & Giesbrecht, 2002; Wilkinson, Room & Livingston, 2009; Tobin, Moodie & Livingston, 2011; Ialomiteanu, Giesbrecht, Adlaf & Wettlaufer, 2014). These findings are intriguing given that women tend to consume less alcohol and might therefore be expected to have less resistance to restrictive policies that do not affect them (Diepeveen et al., 2013). Diepeveen et al. (2013) further argues that women's support for alcohol restrictions could also be a result of direct experiences to the adverse results of alcohol related harm such as personal intoxication or violence. Smith (2010) also adding that women tend to provide informal care to partners and friends, which could be a reason for the strong preference for alcohol restriction. In the study by Anglin et al. (2002), women were more likely to support alcohol restriction compared to males. This is perhaps due to the general pattern of gender differences with regards to opinion, where women are more likely to see a pattern between alcohol-related issues and the availability of alcohol (Anglin et al., 2002). As women are less likely to be binge drinkers, perhaps their opinions reflect

the concern that alcohol consumption has on their male counterparts (Anglin et al., 2002).

2.6.4 Region. The rural versus urban analysis towards government policy has been studied in many different contexts. While there is no research of regional versus city attitudes to sport alcohol sponsorship, there are studies that look at citizen attitudes towards government intervention with regards to drink driving (Rakauskasa, Ward, & Gerberich, 2009) and tobacco regulation (Patwardhan, McMillen, & Winickoff, 2013). In the study by Rakauskasa et al. (2009), psychological and attitudinal behavioural differences were found between rural and urban drivers with regards to the perceptions of risk factors and safety interventions by the Government. These differences were due to the prevailing culture within the rural areas, the attitudes and behaviours were engendered towards any external influences, which included Government interventions (Rakauskasa et al., 2009). Despite the proposed government policies focusing on improving driver safety of urban drivers in particular, due to the distrustful perception that the Government has in the eyes of the rural culture, the results indicated any proposed intervention by the Government was rated poorly for its utility and as such was deemed as being superfluous (Rakauskasa et al., 2009).

When gauging public support towards tobacco restrictions in the United States, significant differences were found between rural and urban communities (Patwardham et al., 2013). Those residing in the Midwest and Southern regions of the United States which are defined as the more rural communities were found to be the least likely to support any restrictive or banning policies towards tobacco (Patwardham et al., 2013). This could be due to the higher rates of smoking found in these areas or perhaps due to the low cigarette taxes and control policies that are

found in rural areas (Patwardham et al., 2013). The study posited that perceptions could have been influenced by the higher societal norm(s), such as the general tendency to resist Government regulations, which as a result would affect the perceived acceptability of tobacco regulations (Patwardham et al., 2013).

While the rural versus urban differences in opinion has not been thoroughly explored in the context of alcohol restriction, studies by Wilkinson et al. (2009), Anglin et al. (2001) and Ialomiteanu et al. (2014) have measured the variables. In the research by Anglin et al. (2001) and Ialomiteanu et al. (2014), the results indicate that there were no significant differences between those who resided in rural or urban communities towards alcohol-related policy measures. An Australian study by Wilkinson et al. (2009) provided contrasting results. They reported differences between city and countryside respondents, however overall the differences were not large with regards to sample size, and not consistently significant across the alcohol policy items. In their study, respondents residing in New South Wales were more in favour of alcohol control policies compared to those of the Northern Territories and Western Australia, however as previously mentioned the differences were not large or consistent (Wilkinson et al., 2009). As a result, this study will add to the literature in the context of alcohol restrictions, as previous literature is inconclusive. The following section will review the effect consumption patterns have on attitudes towards Government policy.

2.6.5 Consumption patterns. It is consistently found in public opinion and alcohol policy literature that alcohol consumption patterns significantly impact perceptions towards restrictive alcohol policy (Lund et al., 2016; Ialomiteanu et al., 2014; Tobin et al., 2011; Wilkinson et al., 2009; Anglin et al., 2002; Diepeveen et al., 2013; Seo et al., 2015; Anglin et al., 2001). In the study by Diepeveen et al.

(2013) people who engage in unhealthy behaviours (e.g. alcohol consumption) are more likely to reject restrictive policies. This is consistent with the conclusion that people's preferences for interventions and policies are determined by self-interest (Diepeveen et al., 2013). The directness of a restrictive policy to the individual has been found to be a significant determinant of how frequent drinkers react (Tobin et al., 2011). Frequent drinkers are more likely to support indirect controls (i.e., regulation of licensees and awareness campaigns) than direct controls (i.e., availability at pubs and sport clubs) (Tobin et al., 2011). It was found in this study of the Australian public that the division between control of 'others' and the control of the 'self' differed in support. So whilst participants recognized the issues with alcohol and the rationale for the intervention, there was little support if it directly impacted their consumption patterns (Tobin et al., 2011). This is consistent with Diepeveen et al. (2013) who found that people tend to know what is best for them and as a result are reluctant to accept any restriction policy that interferes with their own decisions. Instead people tend to accept interventions that are distal or indirectly affecting them, such as education.

There is evidence that as alcohol consumption increases, the perceived effectiveness of the policies will decrease (Anglin et al., 2002). Goldstein and Buka (1997) also found that 'binge drinkers' perceived strategies to be less effective if there was a realistic potential for the strategy to personally impact them. As previously mentioned, this is consistent with the findings by Green and Gerkin (1989) with respect to tobacco restrictive policy, where to preserve their self-interest, smokers were the least supportive of policies affecting tobacco consumption.

Similar to the concept of self-interest, the Theory of Cognitive Dissonance suggests that people will adapt their existing cognitions and attitudes to match their previous behaviours to avoid unpleasant discrepancies between behaviours and cognitions (Festinger, 1957). van der Zwalau, Kleinjan, Lemmers, Spijkerman and Engels (2013) found that citizens who frequently engage in binge drinking over time adopted a more lenient attitude towards the behavior to rationalize (at least to themselves) their own heavy alcohol use.

Self-exempting beliefs and Neutralization theory have been conceptualized as manifestations of Cognitive Dissonance Theory and have been studied in other risk-denial situations such as smoking and cannabis use. Smokers consider themselves to have higher perceived personal immunity as a result exempting themselves despite the conclusive health impacts of smoking (Chapman, Wong, & Smith, 1993). Smokers tend to underestimate the risks associated with their own smoking behavior, and through this, they reduce the dissonance produced by knowing that they smoke and that smoking is a health hazard (Glatz, Stattin, & Kerr, 2012). Cannabis users psychologically neutralize the dissonance in order to protect the individual from self-blame by modifying their beliefs about the drug and its impacts (Peretti-Watel, 2003). Similar to the behavior of smokers, by underestimating the risks and detrimental effects cannabis use can have, users are reducing the dissonance that is exposed to them (Peretti-Watel, 2003).

2.6.7 Parental status. People are more likely to support Government interventions in controversial areas if the policy provides clear benefits to children (Tobin et al., 2011, Chapman & Storey, 2008; Carter & Chapman, 2006). Evidence for this is available from tobacco control studies, where policies were aimed at protecting innocent third parties from second-hand smoke (Tobin et al., 2011).

These findings are consistent in the context of children's exposure to the marketing of high fat foods and soft drinks (Kelly, Baur, Bauman & King, 2011). Due to the unhealthy nature of these products and the bad eating habits that can be developed at a young age, the public is more supportive of interventions to regulate marketing practices of these products (Kelly et al., 2011).

Cognitive Dissonance Theory asserts that dissonance is an aversive state in which people experience discomfort, and to reduce this discomfort, people must change one of their cognitions (Festinger, 1957; Glatz et al., 2012). In the study by Glatz et al. (2012), when parents who were opposed to youth drinking encountered their own child intoxicated, it resulted in the adult experiencing dissonance between their own personal opposition to youth drinking and the knowledge that their own youth has been intoxicated. In accordance with cognitive dissonance theory the results of this study found that the parents eliminated their dissonance by becoming more tolerant of youth drinking instead of trying to change their children's behaviours (Glatz et al., 2012).

Kelly et al (2012) found that parents provide strong support for restrictive policies that limited the ability of companies promoting unhealthy food and drinks, as well as alcohol, from sponsoring sport. This is because sport sponsorship is a significant component of the marketing environment through which children are exposed (Kelly et al., 2012). As a result, support was highest for the restriction of alcohol sponsorship across all levels of sport (Kelly et al., 2012). Parental support for the restriction of unhealthy sponsors was strong, as evidenced by the willingness to bear the extra costs of participation if such restrictions lead to an increase in participation costs (Kelly et al., 2012). These findings summarizing the considerable

influence parental status has towards harmful products that could influence the youth.

2.6.8 Sporting participation. The self interest of participants and sport managers concerned with the survival of their events, and of the media concerned with protecting advertising revenue has resulted in a dependence on alcohol companies to sponsor sport (Crompton, 1993). Similar to tobacco companies, many managers and participants believe sport would be less financially viable without alcohol sponsorship (Crompton, 1993).

In the United States more than \$540 million is spent by the alcohol industry on advertising and sponsorship of sport (Jones, 2011). In Australia from an estimated \$600 million per year sport sponsorship market, \$50 million comes from the alcohol companies (Jones, 2011). As a result of so much investment by alcohol companies, one of the main arguments by lobbyists is who will fill the financial void if bans on alcohol sponsorship were to be implemented (Jones, 2011; Crompton, 1993).

There are numerous instances where countries have attempted to regulate alcohol sponsorship of sport, but to no avail. In Australia in the 1990s a bill was mooted as the regulatory and organizing authorities were too hesitant to regulate alcohol sponsorship due to the high-income dependence that sport had towards the industry (Howard & Crompton, 1995). In the United Kingdom in 2006, a bill was rejected that intended to ban alcohol sponsorship of all sporting and music events as the ministers argued that the cut in funding would disproportionately impact grassroots sport, as alcohol companies not only sponsor/fund elite sport but also provide funding for youth based programmes (Jones, 2011).

However the dependence by sporting codes on alcohol sponsors is not ubiquitous as many sports thrive in the absence of alcohol sponsors (Jones, 2011). Many major sports, such as rugby, cricket, football and motor racing however are still dominated by alcohol sponsors.

The issue therefore is given the financial benefits that alcohol sponsorship has in sport, as a participant and manager in sport, are individuals willing to turn a blind eye to alcohol sponsorship due to the financial benefits, or are the public willing to feel the brunt of increased membership fees and sporting ticket prices (Jones, 2011).

In the study by Tobin et al. (2012) attitudes and behaviors regarding alcohol restriction differed between those who were involved and participated in community sports clubs compared to those that did not. Respondents in this study who were participating in community sport reported consuming alcohol above the drinking guidelines, held pro-alcohol attitudes, and expressed high levels of support for sale and sponsorship by alcohol companies at the sports club (Tobin et al., 2012). These findings suggest a relationship between participants in community sports clubs and the behaviours and attitudes towards alcohol sale and sponsorship. It was posited by Tobin et al. (2012) that these pro-alcohol attitudes were due to the recognition of financial benefits not only from alcohol sponsorship, which made participation fees cheaper, but also with the subsidized drinks at the bar, whose profits benefitted the sport club. The next section will review the psychological and behavioural theoretical construct of Involvement, which will be used in this study.

2.7 Sport Involvement

The origin of involvement research started with the works of Sherif and Cantril (1947) on ego involvement and Social Judgment Theory (Sherif, Sherif, &

Nebergall, 1965). Ego-involvement, although rarely acknowledged, goes further back than Sherif and Cantril (1947) to work by Allport (1943). Early conceptualization of ego-involvement differed between the two papers, and it is argued by contemporary researchers that the work of Allport (1943) is more conceptually appropriate due to the focus being on ego-involvement instead of that of socius as Sherif had done (Beaton et al., 2009).

Ego as suggested by Sherif and Cantril (1947) is considered as “a constellation of attitudes which can be designated as ego attitudes “ (p.92). The ‘I’, ‘me’, ‘mine’ experiences are associated with ego-attitudes (Beaton et al., 2009). Early researchers focused on self-relevant attitudes, with research looking at how an individual’s judgment with respect to issues in society could have an affect (Beaton et al., 2009). It is from here that scholars such as Krugman (1966), Zaichkowsky (1985) and Mittal (1995) have interpreted the perceived personal importance or relevance as being reducible and equivalent to involvement (Beaton et al., 2009).

The value set of ego attitudes which shape ego-involvement varies in importance and priority (Sherif & Cantril, 1947). These attitudes are activated when a connection is made between the cognitive processes of the ego and a chosen stimuli (Kyle & Mowen, 2005). The strength of these cognitive connections is determined by the individual’s response to the chosen stimuli (Kyle & Mowen, 2005; Sherif & Contril, 1947). To account for the motivational properties of the ego, Social Judgment Theory was developed (Kyle & Mowen, 2005; Sherif & Hovland, 1961). Social Judgment Theory assumes that exposure to a disagreeing stimuli will create little incongruity or tension in an individual who is uninvolved, but for an ego-involved person a great deal of discomfort (Sherif & Sherif, 1967; Kyle & Mowen, 2005). Therefore the anchoring effects of an individual’s attitude

prior to being exposed to chosen stimuli are strengthened by ego-involvement (Kyle & Mowen, 2005). Hence the higher the level of involvement, the more likely his/her prior attitudes will act as a cognitive reference point towards the judging of the stimuli (Kyle & Mowen, 2005).

Allport (1943) contrasted the importance of not making the mistake of confusing socius (personality) with the concept of the ego, as stimuli, which is perceived as relevant to the person, or individual doesn't automatically mean its ego-involvement (Beaton et al., 2009). "Activity alone is not participation" (Allport, 1943, p. 126). Involvement is proposed as only becoming present for an individual when the activity or stimulus is perceived as providing a combination of a central component of their life, provide a symbolic value and provides a pleasure value (Allport, 1943; Beaton et al., 2009). Therefore it is reasonable to expect that an activity/stimuli may be perceived as relevant or important to the person, however not be sufficient nor indicative of involvement as it may not satisfy two or more of either the centrality, pleasure or symbolic value components of involvement (Allport, 1943; Funk & James, 2006).

A key debate in the literature is whether or not involvement is a uni-dimensional construct, as originally theorized by Zaichkowsky (1985). The Consumer Involvement Profile (CIP), was the first multidimensional approach to involvement (Laurent & Kapferer, 1985). The CIP represents a deeper understanding of involvement, which allows for segmentation (Laurent & Kapferer, 1985; Beaton et al., 2009). The CIP proposes that involvement has three dimensions - attraction, centrality and sign. Attraction is defined as the combined enjoyment, interest and importance associated with an activity; centrality is defined as how central the activity is to the individual's lifestyle; and, sign is defined as the self

expression value or level of symbolism that the activity represents (Beaton et al., 2011). These three facets when collectively used are able to create involvement profiles, which can be used to examine each individual's level of involvement in an activity, and thus indicate the overall relevance or meaning of that activity in the context of the individual's life (Beaton et al., 2011).

With reference to self-interest and involvement, under high involvement scenarios (i.e. ego-involving), people tend to be more strongly motivated to protect their attitudes and beliefs when related to a specific service element's (Kyle & Mowen, 2005). Empirical evidence provided by Sherif and Cantril (1947) illustrated that highly involved individuals are more likely to reject disparate positions that contrast from their own (e.g. prohibition). Whereas low-involved individuals were found to be more accommodating of a variety of policies and opinions towards a said object as they tended to have more of a broad latitude of acceptance towards something that didn't effect them (Sherif & Cantril, 1947; Kyle & Mowen, 2005).

The involvement construct has featured in sport and leisure research contexts for decades (Beaton et al., 2009; Kyle & Mowen, 2005). It is conceptually robust and its instrumentation is psychometrically sound. As such it should continue to be measured as an independent or moderating influence on a variety of outcomes.

2.8 Hypothesis Development

The following section is a synthesis of literature, which has allowed for the development of the eight hypotheses that are to be explored in this study.

2.8.1 Age. One of the key demographic variables that determine opinions about alcohol restrictions according to the literature is age. According to Wilkinson et al. (2009) and Giesbrecht and Greenfield (1999), it has consistently been found that the older a respondent gets the more restrictive their attitudes are towards

alcohol restriction. Wilkinson et al. (2009) in their own study found a steady upward gradient in the level of restrictive support across the 10-year age groups. Holmila et al. (2009) also found statistically significant differences between the age groups when measuring the public's support for alcohol restriction. Holmila et al. (2009) concluded that opponents of restrictive alcohol-related policies were 39 years or younger. As a result of these previous studies, the following hypothesis is proposed:

H1: Participants under the age of 39 will be accepting of alcohol sponsorship

2.8.2 Gender. According to Burnet, Menon and Smart (1993), females were more supportive of the removal of tobacco and alcohol brand advertising on television. Burnet et al. (1993) therefore argued that females would be more opposed to alcohol sport sponsorship. Seo et al (2015) found that there were significantly greater levels of support for alcohol control policies from females, individuals over the age of 30 and people who were married. Wilkinson, Room and Livingston (2009) also indicated that women were more supportive of alcohol control policies than men. In light of this the following hypothesis is proposed:

H2: Males will be more accepting of alcohol sponsorship than females.

2.8.3 Region. According to both Anglin et al. (2001) and Ialomiteanu et al. (2014) results indicated that there were no significant differences between those who resided in rural and urban communities towards alcohol-related policy measures. Results however according to Wilkinson et al. (2009) have contrasting findings reporting small differences between city and countryside respondents. These findings were however, not consistent across all restrictive policy items. Due to the inconsistency in the results the following hypothesis has been proposed:

H3: Participant residency will not impact attitudes towards alcohol sponsorship in sport.

2.8.4 Consumption. According to Wilkinson and Colleagues (2009), a significant difference was found between abstainers of alcohol and those who drink with regards to restrictive policies, where in their study, being classed as an abstainer was one of the strongest predictors towards supporting restrictive alcohol policies. Alcohol consumption patterns are significant predictors of people's attitudes towards alcohol restrictive policy (Wilkinson et al., 2009). After controlling for age and gender, Seo et al. (2015), found those who drink daily/weekly were the most likely to oppose any restrictions. Holmila and colleagues (2009) concluded that abstainers and those who do not drink to intoxication are the groups most likely to support alcohol-restrictive policies. On this basis, the following hypothesis is proposed:

H4: Those who drink more than 2-4 times per month will be more accepting of alcohol sponsorship

2.8.5 Parental Status. There is building evidence linking alcohol advertising with under-age drinking (Cairns, Angus, & Hastings, 2008). A study conducted by Kelly et al. (2012) examined parents' views towards alcohol sponsorship of elite and children's sport. The results indicated high levels of support for restricting alcohol sponsorship of both elite and children's sport. Parents further supported the restriction of alcohol sponsorship even if it was to result in increased fees for their children to play sport (Kelly et al., 2012). As a result I put forward the following hypothesis:

H5: Participants with children will be more supportive of the proposed restrictions

2.8.6 Sporting participation. The attraction to sports clubs by members is mainly due to the social aspect of participating in a team environment, where the value in drinking is as much a priority as the physical activity (Eime, Payne, & Harvey, 2008). With sports cultural and historical ties with alcohol, the assimilation of sport identification may encourage the shaping of peoples' attitudes and beliefs towards alcohol (Zhou, O'Brien, & Heim, 2014). Since sport provides a context for alcohol consumption and sociality, sports players more than others find themselves in situations that promote the use of alcohol and the opportunity to consume it (Zhou et al., 2014). Given that according to McDaniel, Kinney and Chalip (2001), social and cultural norms have a positive mediating effect on attitudes towards alcohol restriction, the attitudes of those involved in sport compared to those who are not involved could be expected to differ.

In addition to this, a normalizing effect has been developed between sportspeople and alcohol due to the sponsorship that breweries and alcohol brands have with local sports clubs (Sonderlund, et al., 2014). Sports clubs often run by volunteers and not-for-profit organisations rely heavily on the revenue raised by alcohol sales (Sonderlund, et al., 2014). As a result with the revenue raised and the social and cultural norms developed between alcohol and sport the following hypothesis has been developed:

H6: Participants who play sport will be more accepting of alcohol sponsorship.

2.8.7 Sport involvement. Involvement is caused by the interest one has in a specific activity, which stems from the genuine enthusiasm and the perceived relevance the activity has to the individual's life (Grohs & Reisinger, 2014; Zaichkowsky, 1985). As the level of involvement in the activity increases, the

awareness the individual has of the event sponsors and the knowledge of the sponsor-event link increases (Grohs, Wagner & Vselecka, 2004),

A positive moderating effect can be found with involvement as the level influences the relationship between sponsor image and event-sponsor fit (Grohs & Reisinger, 2014). A high level of involvement in the activity increases the understanding of the event and its contents, which includes the event sponsors (Grohs & Reisinger, 2014). As a result if there are pre-existing attitudes towards certain sponsors the individual will either accept or reject the sponsorship of the event or sport (Grohs & Reisinger, 2014). Therefore according to Priester and Petty (2003), those individuals who are involved in the sport or an event at a high level will scrutinize any sponsor that has a negatively perceived fit with the sport, in this case alcohol brands. In light of this the following hypothesis is proposed:

H7: Highly involved participants will be more supportive of the proposed restrictions to alcohol sponsorship

2.8.8 Industry acceptance. Despite the restrictions that already apply to both alcohol and tobacco sponsorship in New Zealand and worldwide, the fast food and gambling industries have far more lenient regulations despite the social concerns they cause (Hing, Vitartas, & Lamont, 2013). Where gambling sponsorship in sport could be seen to convey a safe activity message which can lead to problematic and risky gambling behaviours which effect the individual and their family (Hing et al., 2013). Whereas the conveyance of fast food sponsorship to children and adults evidently results in obesity, diabetes and other health conditions (Fortin & Tazbeck, 2015). According to Maher and Colleagues (2006), globally the key health concerns revolve around gambling, alcohol misuse and poor nutrition, which includes high sugar foods, excessive calories and high saturated fats. It would

therefore be ironic that there would be an association between these health risk industries and something that promotes healthy activity (i.e. sport).

In light of this with regards to industry acceptance the following hypothesis has been suggested:

H8: The least favoured brands to sponsor sport will be from the alcohol, gambling, soft drink and fast food industries.

2.9 New Zealand Context

2.9.1 Overview of alcohol related harm in New Zealand. It is estimated that the harmful use of alcohol results in approximately 2.5 million deaths worldwide each year (WHO, 2015). Available estimates suggest that between 600 and 800 New Zealanders die each year from alcohol-related causes (Health Promotion Agency , 2014). This does not capture the full extent of alcohol-related harm with many more people affected by non-fatal alcohol-related accidents, injury, illness, disability, crime, violence, and property destruction (New Zealand Law Commission, 2010).

The Law Commission Report estimated that the cost of alcohol-related harm in New Zealand is up to \$16.1 billion per annum (New Zealand Law Commission, 2010). Further, nearly one-fifth of all deaths for males and one-tenth of all deaths for females aged between 20 and 24 are attributable to alcohol use (Ministry of Health, 2014). Through direct experience or costs to taxpayers, alcohol-related harm is a burden impacting on the majority of New Zealanders. Importantly, people younger than 15 years are understood to be at greatest risk of experiencing lifetime harm from drinking alcohol (Ministry of Health, 2014).

2.9.2 Alcohol regulation in New Zealand. Starting with the 1989 Sale of Liquor Act, successive NZ governments liberalized alcohol policies (MacLennan, Kypri, Connor, Potiki, & Room, 2016). The deregulation left by the liberalized laws left the alcohol market to regulate themselves and determine the number of permitted licensed premises for the sale of wine and beer (MacLennan et al., 2016). As a result alcohol outlets increased in number from 6000 to 14000 in less than a decade (Casswell & Maxwell, 2005). Due to the saturated market heavy competition resulted with discounting of the price of liquor (MacLennan et al., 2016). Other liberalized law changes included advertising of alcohol via broadcasts, extending trading hours for alcohol outlets, the sale of alcohol on Sundays and the minimum purchasing age of alcohol dropping to 18 from 20 (Casswell & Maxwell, 2005; MacLennan et al., 2016).

With the increases in alcohol promotion and availability as a result of the 1989 law, alcohol-related harm also increased (Huckle, Pledger, & Casswell, 2006). With the growing harm and public concern, a comprehensive review was conducted looking at the alcohol laws across New Zealand (Huckle, Pledger, & Casswell, 2006). The appointed Law Commission produced a substantial legislative document for the Government to consider which included research evidence along with more than 3000 public submissions (MacLennan et al., 2016, NZLC, 2010).

As a response to the Law Commissions review, named Alcohol in our lives: curbing the harm, the Government passed the Sale and Supply of Alcohol Act (2012). This act covers the safe and responsible sale, supply, and consumption of alcohol and the minimisation of harm caused by its excessive or inappropriate use (Parliamentary Counsel Office, 2013). Other key aspects of this Act include the increased protection of young people, the inclusion of local communities into policy

adoption, restrictions of promoting alcohol along with other alcohol trading restrictions (Parliamentary Counsel Office, 2013).

In 2014 a Ministerial Forum was asked to consider the need to amend the Sale and Supply of Alcohol Act 2012 (Ministry of Health, 2014, p.iii). The forum provided fourteen recommendations aimed at reducing the exposure of minors to alcohol advertising and sponsorship along with proposed improvements for the regulation system. These recommendations were broken into three groups and include:

Reducing Youth Exposure Through Sponsorship

1. Ban alcohol sponsorship of all streamed and broadcast sports
2. Ban alcohol sponsorship of sports (long term)
3. Ban alcohol sponsorship (naming rights) at all venues
4. Ban alcohol sponsorship of cultural and music events where 10% or more of the participants and audiences are under the age of 18
5. Introduce a sponsorship replacement-funding programme
6. Introduce a targeted programme to reduce reliance on alcohol sponsorship funding

Reducing Youth Exposure Through Advertising

7. Ban alcohol advertising during streamed and broadcast sporting events
8. Ban alcohol advertising where 10% or more of the audience is younger than 18
9. Further restrict the hours for alcohol advertising on broadcast media
10. Continue to offset remaining alcohol advertising by funding positive messaging across all media
11. Introduce additional restrictions on external advertising on licensed venues

and outlets

Strengthening the current system of co-regulation

12. Establish an independent authority to monitor and initiate complaints about alcohol advertising and sponsorship
13. Establish a mechanism to identify and act on serious or persistent breaches of advertising standards
14. Establish a multi-stakeholder committee to periodically review and assess Advertising Standards Complaints Board decisions and pre-vetted advertising

Gauging the public's opinion towards the policies that target alcohol sponsorship of sport (Policies 1, 2, 3 & 7) is the key focus of this study.

Chapter 3: Methods

The purpose of this research is to examine factors impacting citizen attitudes towards banning sport-alcohol sponsorship in New Zealand. Four sport-related alcohol sponsorship policies were proposed by the Ministerial Forum. The four policies are; banning alcohol sponsorship of sport that is streamed and broadcast, banning alcohol sponsorship and advertising at sport venues, banning alcohol advertising during breaks in sport broadcasts, and in the long term banning alcohol sponsorship of all sport. This chapter explains the procedures of the data collection, the instruments used in the design of the questionnaire, followed by the processes used during the data analysis.

3.1 Data Collection Procedures

Market research company 3D Interactive (3Di) facilitated the collection of data by accessing their membership database. 3Di utilize the Great Sites membership database, which includes detailed demographic, lifestyle and purchasing data of consumers in New Zealand. Great Sites, formally known as ‘The Great New Zealand Survey’ was developed in 2004 and is owned by Beyond International Limited. Members of the Great Sites database were contacted via email by 3Di and invited to complete the questionnaire. A Non-probability sampling technique such as convenience sampling in the form of an online questionnaire was used to obtain data. As an incentive to complete the questionnaire, participants earn reward points that can be redeemed for products and services. Multiple dispatches of the questionnaire were sent to members of the Great Sites database until the quota of completed questionnaires was reached. A response rate of 78.78% was recorded during data collection procedures. A pilot questionnaire was used to test validity, reliability and clarity.

3.2 Instrumentation

3.2.1 Demographics. Three demographic items featured in the questionnaire – age, gender and region. This allowed the analysis of sub-groups within the population and an exploration of differences between the groups on the constructs of interest (Carmichael, 2016). Age groups, gender and region were created in line with the frameworks of Statistics New Zealand to best explore the impact each variable had on attitudes toward alcohol sponsorship in sport.

3.2.2 Alcohol consumption patterns. One item was used to measure alcohol consumption patterns, which was taken from Seo et al. (2015). The item was “How often do you have a drink containing alcohol?”. This item was presented alongside five ordinal consumption options ranging from *never* (1) to *4 or more times a week* (5).

3.2.3 Children. Two items were used to measure parental status. These items were taken from Kelly et al. (2011). The items were: “Do you have any children?” and “How old is your youngest child?”. The first item was a closed question (*Yes/No*), the second item was presented along five ordinal age options ranging from *0-5* (1) and *20+* (5).

3.2.4 Participation of Adults. One item was used to measure participation in sport, which was also taken from Kelly et al. (2011). The item was: “In the past year, how often have you participated in organized sport?” This item was accompanied by parenthetical content, which explained the interpretation of “organized”. The item was measured on a 6-point scale anchored by *More than twice per week* (1) and *I don't play sport* (6).

3.2.5 Sport involvement. Nine items measured the involvement construct, which were taken from Beaton, Funk and Alexandris (2009). The only change to the original items was to make them contextually specific to the respective activity. In the current study this change was in the term “playing rugby league” to “sport”. The nine items represent three dimensions: Pleasure, Centrality and Sign. The Pleasure dimension was measured using three items including “sport is very important to me”, “sport offers me relaxation when pressure builds up” and “participating in sport is one of the most satisfying things I do”. The Centrality Dimension was measured by three items including “I find a lot of my life is organized around sport”, “sport has a central role in my life” and “a lot of my time is organized around sport”. Finally the Sign Dimension was measured by “participating in sport says a lot about who I am”, “when I participate in sport I can really be myself”, and “when I participate in sport, others see me the way they want to see me”. All items used a 7-point Likert scale anchored by *Strongly disagree* (1) and *Strongly agree* (7).

3.2.6 Policy statements. The wording of the Ministerial Forum recommendations was used as a basis to create eight items measuring people’s acceptance of the recommendations and whether they would be perceived as effective. The four acceptance items were used verbatim from the Ministerial document. These four acceptance items were: “ban alcohol sponsorship of all sport”, “ban alcohol sponsorship of sport that is streamed and broadcast”, “ban alcohol sponsorship and advertising at sport venues”, “ban alcohol advertising during breaks in sport broadcasts”. The wording of the anchors of the four effectiveness items was slightly modified in order to measure effectiveness instead of acceptance.

All eight items were measured using a 7-point Likert scale. The four acceptance items were anchored using *Strongly disagree* (1) and *Strongly agree* (7), the four effectiveness items were anchored using *Totally ineffective* (1) and *Highly effective* (7).

To enable participants to evaluate the Ministerial Forum's recommendations against their stated objectives, the following statements preceded the effectiveness items:

According to the New Zealand government's Ministerial Forum on Alcohol Advertising and Sponsorship (MFAAS) the objectives of the previously mentioned policies are to: Reduce the harm caused by alcohol use, including crime, disorder and negative public health outcomes; Target the key drivers of harm, with a focus on reducing heavy drinking and the impact on young people; Implement an efficient and sustainable solution to addressing alcohol related harm; Minimize the regulatory impact of alcohol law reform on New Zealand's economic performance overall; Minimize the impact of alcohol law reform on low and moderate drinkers. Assuming that all the proposed policies were implemented, how effective do you think the policies would be in achieving any of the five objectives?

3.2.7 Industry preferences. The industry preference item measured the preferred sponsors of sport. Preference list was drawn from Kelly et al. (2011) of 11 industry alternatives. The item read: "From the following list please rank the sponsors in order of most appropriate to least appropriate to sponsor sport; electronic games companies (e.g. Xbox, Playstation); Fast Food Companies (e.g. McDonalds, KFC); Sporting Goods Companies (e.g. Rebel Sport, Sterling Sport); Health Insurance Companies (e.g. Southern Cross); Alcohol Companies (e.g. Tui,

Heineken); Soft Drink Companies (e.g. Coca-Cola); Supermarkets (e.g. Countdown, Pak'n'Save); Gambling Companies (e.g. TAB, Skycity Casino); Sports Drinks Companies (e.g. Powerade, Gatorade); Banks (e.g. ASB, ANZ, TSB); Telephone Companies (e.g. Vodafone, Spark). The only adjustment to the original list from Kelly et al. (2011) was the inclusion of New Zealand examples for each industry.

3.3 Participants/Sample

3Di provided 892 completed questionnaires. No participants were excluded on the basis of age because age filters were applied by 3Di in their recruitment process.

3Di only provided completed surveys. 1131 questionnaires were sent out, 892 were completed resulting with a 78.78% completion rate.

3.3.1 Raw Sample Data. Table 1 indicates that 20.2% of participants were aged between 18-39, 47.3% were aged between 40-59 and 32.5% were 60 years of age and older. These ages are inconsistent with the population age groups according to Statistics New Zealand. Weighting was carried out to generate statistics, which were more reflective of the age and gender balance of the NZ population.

Table 1
Age Groups

	n	%
18-39	180	20.2
40-59	422	47.3
60+	290	32.5
Total	892	100.0

Table 2 indicates that 30.3% of the participants in this study were male, and 69.7% were female. This is inconsistent with the New Zealand population according

to Statistics New Zealand, as a result a weighting procedure was carried out to get a more representative sample.

Table 2
Gender

	n	%
Male	270	30.3
Female	622	69.7
Total	892	100.0

Table 3 indicates that 27% ($n = 241$) of participants live in Auckland, 13% ($n = 116$) live in Canterbury and 12% ($n = 107$) live in Wellington.

Table 3
Region

	n	%
Northland	35	3.9
Auckland	241	27.0
Waikato	95	10.7
Bay of Plenty	71	8.0
Gisborne	6	.7
Hawkes Bay	38	4.3
Taranaki	33	3.7
Manawatu/Wanganui	56	6.3
Wellington	107	12.0
Tasman	8	.9
Nelson	14	1.6
Marlborough	3	.3
Otago	41	4.6
West Coast	3	.3
Christchurch	116	13.0
Southland	25	2.8
Total	892	100.0

Table 4 indicates that when grouping the various regions together 52% ($n = 464$) of participants are from the three main cities (Auckland, Wellington &

Christchurch), with 48% ($n = 428$) making up the rest of the participants from the other regions of the country.

Table 4
Big Cities vs. Rest of Country

	n	%
Big Cities	464	52.0
Rest of Country	428	48.0
Total	892	100.0

Table 5 indicates that 26.6% ($n = 237$) consume alcohol monthly or less, 24.7% ($n = 220$) consume alcohol 2 to 3 times a week and 21% ($n = 187$) consume alcohol 2 to 4 times a month.

Table 5
Consumption of Alcohol

Amount	n	%
Never	129	14.5
Monthly or Less	237	26.6
2 to 4 times a month	187	21.0
2 to 3 times a week	220	24.7
4 or more times a week	119	13.3
Total	892	100.0

Table 6 indicates that 71% ($n = 634$) of the participants have children and 28.9% ($n = 258$) do not.

Table 6
Parental Status

Response	n	%
Yes	634	71.1
No	258	28.9
Total	892	100.0

Table 7 indicates that of the 634 participants with children 54.7% ($n = 347$) had children aged over 20 years of age, 13.1% ($n = 83$) had children aged 0-5 and 12.9% ($n = 82$).

Table 7
Youngest child's age

Age	n	%
0-5	83	13.1
6-10	57	9.0
11-15	82	12.9
16-20	65	10.3
20+	347	54.7
Total	634	100.0

Of the 634 participants who indicated they had children, 59.3% ($n = 376$) of participants' children do not participate in sport, 40.7% ($n = 258$) of participants' children do participate in sport.

Table 8
Child Participation

Response	n	%
Yes	258	40.7
No	376	59.3
Total	634	100.0

Table 9 indicates that 66.6% ($n = 594$) of participants have not participated in sport in the last year, 11.8% ($n = 105$) participate once or twice per week and 10.2% ($n = 91$) participate less than once per month

Table 9
Adult Participation

	n	%
More than twice per week	54	6.1
Once or twice per week	105	11.8
Once per fortnight	23	2.6
Once or twice per month	25	2.8
Less than once per month	91	10.2
I don't play sport	594	66.6
Total	892	100.0

Table 10 depicts respondents mean scores for the nine-involvement items.

Table 10
Mean scores for involvement items

SportImportance	4.14
SportRelaxation	3.90
SportSatisfaction	3.55
SportOrganisation	3.02
SportCentrality	3.04
SportTime	2.87
SportIdentification	2.99
SportBeMyself	3.24
SportSeeMe	3.04

Involvement items ranged from 4.14 (SportImportance) - 2.87 (SportTime). Highest scores were found for the three pleasure items (SportImportance, SportRelaxation, SportSatisfaction).

Table 11
Mean Scores for Involvement Dimensions

Pleasure	3.86
Centrality	2.97
Symbolism	3.09

Table 11 indicates that the pleasure dimension of the Involvement construct had the highest mean score (3.86), followed by Symbolism (3.09) and Centrality (2.97).

3.3.2 Data analysis. The Statistics Package for Social Sciences (SPSS) was used to generate the descriptive statistics, which included the frequencies, mean scores and standard deviations. After original data analysis, data was found to be skewed towards female participants (70%) and an older population (Average age 52, Skewness = .341, Std. Error = .902, Kurtosis = -.787, Std. Error = .184). As a result, a weighting procedure was conducted to establish a more representative sample of the New Zealand population. Weights were determined according to the 2013 National Census from Statistics New Zealand. Independent means *t*-tests were carried out to explore group differences (e.g. male and female, North island residents and South Island residents, participants with children and adults without children) for the different outcome variables (i.e. acceptance and effectiveness for each of the four proposed policies).

A one-way between-groups analysis of variance (ANOVA) explored the impact of age groups, alcohol consumption behaviours and adult participation on the level of acceptance and effectiveness of the proposed restrictive policies by the Government. Effect sizes were classified according to Cohen (1988), where .01 was considered a small effect, .06 as a medium effect and .14 as a large effect. A Pearson product-moment correlation coefficient test was used to determine the relationship between the Involvement Construct Dimensions and the Government Policies. Guideline values for determining the strength of the correlation coefficient relationship were small ($r = .10$ to $.29$), medium ($r = .30$ to $.49$), and large ($r = .50$ to 1.0) (Cohen, 1988).

Chapter 4: Results

The following section starts by indicating the overall perceptions of the data, which includes the weighted and unweighted samples. This is followed by the demographic and behavioural variables that were used to analyze the level of acceptance and perceived effectiveness of the Ministerial Forum's policies.

4.1 Overall Perceptions

Tables 12 and 13, having weighted the sample to accommodate for the gender imbalance, it was noted that the weighted mean scores for respondent's acceptance and perceived effectiveness of the policy statements were lower than the unweighted scores. It should be noted that descriptively, the differences were very small. A second observation about the initial weighted sample is that mean scores across the eight policy statements were very close.

Table 12

Mean scores for Acceptance of Policies: Gender Weighted and Un-weighted Samples

	Weighted	Un-Weighted
AllSportBan	4.06	4.17
Streamed/BroadcastBan	4.23	4.35
SportVenuesBan	4.22	4.35
AdvertBreaksBan	4.41	4.50

Table 13

Mean scores for Perceived Effectiveness of Policies: Gender Weighted and Un-weighted Samples

	Weighted	Un-Weighted
AllSportBan	3.81	3.88
Streamed/BroadcastBan	3.93	3.98
SportVenuesBan	3.98	4.05
AdvertBreaksBan	4.02	4.08

Tables 14 and 15 depict respondent's acceptance and perceived effectiveness of the policy statements having this time weighted the sample based on age. The mean scores for the unweighted data were higher than the weighted (representative) data. Next, perceptions of the ministerial forum statements are further analysed in the context of several demographic and behavioural variables.

Table 14
Mean scores for Acceptance of Age Group Weighted and Un-weighted Policies

	Weighted	Un-Weighted
AllSportBan	4.06	4.17
Streamed/BroadcastBan	4.23	4.35
SportVenuesBan	4.20	4.35
AdvertBreaksBan	4.37	4.50

Table 15
Mean scores for Perceived Effectiveness of Age Group Weighted and Un-weighted Policies

	Weighted	Un-Weighted
AllSportBan	3.87	3.88
Streamed/BroadcastBan	3.97	3.98
SportVenuesBan	4.02	4.05
AdvertBreaksBan	4.09	4.08

4.2 Age

A one-way between-groups analysis of variance (ANOVA) was used to explore the impact of age on the acceptance and perceived effectiveness of the Forum's recommendations. The results of the analysis for acceptance are presented in Table 16.

Table 16

Acceptance of recommendations: Group Differences for Age:

	18-39 (n = 180)	40-59 (n = 422)	60+ (n = 290)	
	M (SD)	M (SD)	M (SD)	Sig.
AllSportBan	3.86 ^a (1.87)	4.18 ^b (1.88)	4.33 ^b (1.98)	.03
StreamingBan	3.98 ^a (1.87)	4.39 ^b (1.87)	4.53 ^b (1.93)	< .01
VenuesBan	3.85 ^a (1.89)	4.42 ^b (1.87)	4.54 ^b (1.95)	< .01
AdBreaksBan	3.99 ^a (1.88)	4.57 ^b (1.87)	4.71 ^b (1.94)	< .01

Superscripts indicate homogeneous subgroups

Participants were divided into three groups according to their age.

There were statistically significant differences at the ($p < .05$) level for the three age groups in relation to their acceptance of the four policies:

AllSportBan $F(2, 889) = 3.480, p = .03$, StreamedBan $F(2, 889) = 4.846, p <$

.01, VenuesBan $F(2, 889) = 7.973, p < .01$, AdBreaksBan $F(2, 889) = 8.592,$

$p < .01$. Despite reaching statistical significance, the actual difference in mean

scores between the groups was quite small (Cohen, 1988). The effect size,

calculated using eta squared, was .007, .01, .017 and .019 respectively. Post-

hoc comparisons using the Tukey HSD Test indicated that Group 1 was

significantly different from both Group 2 and Group 3 across all four

acceptance policies. Group 2 and Group 3 were homogenous subgroups across

all four acceptance items. The conclusion is that people aged 18 to 39 years are

less supportive of the Forum's recommendations compared to older age

groups.

The results of the analysis for Perceived Effectiveness are presented in

Table 17.

Table 17
Perceived Effectiveness: Group Differences for Age

	18-39 (n = 180)	40-59 (n = 422)	60+ (n = 290)	
	M (SD)	M (SD)	M (SD)	Sig.
AllSportBan	3.78 (1.62)	3.94 (1.74)	3.84 (1.73)	.51
StreamingBan	3.86 (1.70)	4.01 (1.71)	4.02 (1.70)	.53
VenuesBan	3.92 (1.70)	4.09 (1.70)	4.07 (1.74)	.55
AdBreaksBan	3.96 (1.69)	4.11 (1.73)	4.11 (1.73)	.59

Table 17 indicates no significant age-based differences regarding any of the four Perceived Effectiveness items. The conclusion is that Perceived Effectiveness of these recommendations is consistent across all age groups.

4.3 Gender

An independent-samples *t*-test was used to compare the acceptance and perceived effectiveness of the Forum's recommendations for males and females. The findings for the analysis of the acceptance items is presented in Table 18.

Table 18
Acceptance of recommendations: Group Differences for Males and Females.

	Male			Female			<i>t</i>
	n	M	SD	n	M	SD	
AllSportBan	270	3.76	1.95	622	4.34	1.87	-4.18***
StreamingBan	270	3.89	1.92	622	4.55	1.85	-4.87***
VenuesBan	270	3.87	1.97	622	4.55	1.86	-4.91***
AdBreaksBan	270	4.16	1.96	622	4.65	1.87	-3.60***

Note: * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

For all four acceptance items there were significant statistical differences between males and females. Females ($M = 4.34$, $SD = 1.87$) reported higher levels of acceptance for banning all sport sponsorship from alcohol companies than Males ($M = 3.76$, $SD = 1.95$; $t(890) = -4.18$, $p < 0.01$, two-tailed). Females ($M = 4.55$, SD

= 1.85) reported higher levels of acceptance for banning alcohol sponsorship during streamed and broadcast sport than Males ($M = 3.89$, $SD = 1.93$; $t(890) = -4.87$, $p < 0.01$, two-tailed). Females ($M = 4.55$, $SD = 1.86$) reported higher levels of acceptance for banning alcohol sponsorship at venues than Males ($M = 3.87$, $SD = 1.87$; $t(890) = -4.91$, $p < 0.01$, two-tailed). Females ($M = 4.65$, $SD = 1.96$) reported higher levels of acceptance for banning alcohol sponsorship during advertisement breaks than Males ($M = 4.16$, $SD = 1.96$; $t(890) = -3.60$, $p < 0.01$, two-tailed). The conclusion is that females are more accepting than males when it comes to restricting alcohol sponsorship of sport.

Table 19 presents the findings from the gender analysis of the effectiveness items.

Table 19
Perceived effectiveness: Group Differences for Males and Females.

	Male			Female			<i>t</i>
	n	M	SD	n	M	SD	
AllSportBan	270	3.61	1.86	622	3.99	1.64	-2.89**
StreamingBan	270	3.77	1.80	622	4.08	1.65	-2.43*
VenuesBan	270	3.81	1.86	622	4.15	1.64	-2.59*
AdBreaksBan	270	3.87	1.84	622	4.17	1.66	-2.30*

Note: * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Table 19 indicates that gender differences were also evident for all four effectiveness items. Females ($M = 3.99$, $SD = 1.637$) reported higher levels of perceived effectiveness for banning all sport sponsorship from alcohol companies than Males ($M = 3.61$, $SD = 1.855$; $t(458.927) = -2.888$, $p < 0.01$, two-tailed). Second Females ($M = 4.08$, $SD = 1.637$) reported higher levels of perceived effectiveness of banning streaming and broadcasting of alcohol

sponsorship than Males ($M = 3.77$, $SD = 1.795$; $t(475.381) = -2.431$, $p = 0.02$). Thirdly, Females ($M = 4.15$, $SD = 1.64$) reported higher levels of perceived effectiveness of banning alcohol sponsorship at sporting venues than males ($M = 3.81$, $SD = 1.861$; $t(457.618) = -2.586$, $p < 0.01$). Finally, Females ($M = 4.17$, $SD = 1.659$) reported higher levels of perceived effectiveness of banning alcohol sponsorship during televised ad breaks than Males ($M = 3.87$, $SD = 1.840$; $t(467.295) = -2.304$, $p = 0.02$). The conclusion is that females believe the policies will be effective more than males.

4.4 Region

4.4.1 Big cities vs rest of country. An independent-samples t -test compared the impact of region on the acceptance and perceived effectiveness of the Forum's recommendations. The findings for the analysis of the acceptance items are presented in table 20 below.

Table 20

Acceptance of recommendations: Group differences for Big Cities and Rest of Country

	Big Cities			Rest of Country			t
	n	M	SD	n	M	SD	
AllSportBan	464	4.22	1.95	428	4.11	1.88	.84
StreamingBan	464	4.37	1.92	428	4.34	1.88	.22
VenuesBan	464	4.37	1.92	428	4.32	1.91	.45
BreaksBan	464	4.48	1.92	428	4.53	1.90	-.35

Note: No Statistical Significance

For the four acceptance items there was no significance difference between participants living in the main cities (Auckland, Wellington & Christchurch) versus the rest of the country. In conclusion levels of acceptance to the Ministerial Forum's policies are consistent across both the major cities and the rest of the country

participants. Table 21 presents the findings for Big Cities and Rest of Country analysis of the effectiveness items.

Table 21

Perceived Effectiveness: Group differences for Big Cities and Rest of Country:

	Big Cities			Rest of Country			<i>t</i>
	n	M	SD	n	M	SD	
AllSportBan	464	3.90	1.73	428	3.85	1.70	.46
StreamingBan	464	3.95	1.73	428	4.01	1.68	-.52
VenuesBan	464	4.03	1.72	428	4.07	1.71	-.39
BreaksBan	464	4.05	1.73	428	4.11	1.71	-.50

Note: No Statistical Significance

For all four Perceived Effectiveness items no significance difference could be found between participants living in the main cities and those living in the rest of the country. In conclusion there were no differences for people living in cities versus those living in the country on beliefs that the recommendations would be effective.

4.4.2 Auckland vs. rest of country. An independent-samples *t*-test was conducted to compare the acceptance and perceived effectiveness of the proposed Government policies between New Zealand's biggest city – Auckland (AK) and the rest of the country. The findings of the acceptance items are presented in table 22.

Table 22

Acceptance of recommendations: Group differences for AK vs. Rest of the Country:

	AK			Country			<i>t</i>
	n	M	SD	n	M	SD	
AllSportBan	241	4.18	1.94	651	4.16	1.91	-.12
StreamingBan	241	4.27	1.93	651	4.39	1.89	.84
VenuesBan	241	4.32	1.90	651	4.36	1.92	.28
BreaksBan	241	4.46	1.89	651	4.52	1.92	.47

Note: No Statistical Significance

There was no significant difference in scores for Auckland and the rest of the country across all four acceptance items. This indicating that acceptance levels to the Ministerial Forum's policies are consistent with no difference across the country. Table 23 presents the findings for the effectiveness items.

Table 23

Perceived Effectiveness: Group differences for AK vs. Rest of the Country:

	AK			Country			<i>t</i>
	n	M	SD	n	M	SD	
AllSportBan	241	3.89	1.68	651	3.87	1.73	-.15
StreamingBan	241	3.97	1.67	651	3.99	1.71	.13
VenuesBan	241	4.05	1.65	651	4.05	1.74	.02
BreaksBan	241	4.07	1.68	651	4.08	1.74	.10

Note: No Statistical Significance

No statistical significance could be found between the two groups with regards to Perceived Effectiveness. This indicating that attitudes are consistent across the country with regards to the Perceived Effectiveness of the Ministerial Forum's policies.

4.4.3 North Island vs. South Island. For the purpose of further assessing any regional differences that may exist related to the variables of interest, a comparison was made between the North Island of New Zealand and the South Island in order to further explore the perceptions of alcohol sponsorship. An independent-samples *t*-test was conducted to compare the acceptance and perceived effectiveness of the proposed Government policies for New Zealand's North and South islands. Below are the findings of the analysis of the acceptance items.

Table 24

Acceptance of recommendations: Group differences between the North Island (N.I) and the South Island (S.I)

	N.I			S.I			<i>t</i>
	n	M	SD	n	M	SD	
AllSportBan	682	4.09	1.91	210	4.43	1.92	-2.28
StreamingBan	682	4.27	1.89	210	4.63	1.89	-2.41
VenuesBan	682	4.27	1.90	210	4.59	1.93	-2.09
BreaksBan	682	4.42	1.91	210	4.77	1.88	-2.30

Note: No Statistical Significance

There was no significant difference in scores for the North Island and the South Island. In conclusion these results indicate that levels of acceptance are consistent across both the North and South Island with regards to the Ministerial Forum's policies. The following table presents the findings for the analysis of the Effectiveness items.

Table 25

Perceived Effectiveness: Group differences between the North Island (N.I) and the South Island (S.I)

	N.I			S.I			<i>t</i>
	n	M	SD	n	M	SD	
AllSportBan	682	3.86	1.70	210	3.93	1.76	-0.49
StreamingBan	682	3.98	1.68	210	4.01	1.77	-0.26
VenuesBan	682	4.04	1.70	210	4.08	1.78	-0.33
BreaksBan	682	4.07	1.71	210	4.10	1.77	-0.20

Note: No Statistical Significance

For all four Perceived Effectiveness items no significance could be found between the two groups. This indicating that levels of Perceived Effectiveness towards the Ministerial Forum's policies are consistent across both the North and South Island.

4.5 Consumption Behaviour

ANOVA examined the impact of alcohol consumption on the levels of acceptance and perceived effectiveness of the Forum's recommendations. The results of the analysis for acceptance are presented below in Table 26.

Table 26

Acceptance of recommendations: Group differences for consumption patterns of alcohol

	Never (n = 129)	Monthly (n = 424)	Weekly (n = 339)	
	M (SD)	M (SD)	M (SD)	Sig.
AllSportBan	5.33 (1.76)	4.26 (1.83)	3.61 (1.86)	< .01
StreamingBan	5.40 (1.74)	4.48 (1.81)	3.79 (1.86)	< .01
VenuesBan	5.44 (1.68)	4.45 (1.84)	3.80 (1.88)	< .01
BreaksBan	5.50 (1.70)	4.62 (1.83)	3.98 (1.91)	< .01

Note: For all variables, the three groups were statistically distinct.

Participants were divided into three groups according to their consumption patterns (Group 1: Never; Group 2: Monthly; Group 3: Weekly). There were statistically significant differences ($p < .05$) for the three groups across all four acceptance items: AllSportBan $F(2, 889) = 42.095, p < .01$; StreamingBan $F(2, 889) = 38.640, p < .01$; VenuesBan $F(2, 889) = 38.550, p < .01$; AdBreaksBan $F(2, 889) = 33.724, p < .01$. For all four-acceptance items, the effect size, calculated using eta squared was 0.08, which according to Cohen (1988) is a medium effect. Post-hoc comparisons using the Tukey HSD test indicated that the mean score for 'Never' was significantly different from 'Monthly' and 'Weekly'. 'Monthly' was also significantly different from 'Weekly'. The conclusion is that people who drink more regularly are more likely to oppose the Forum's recommendations. The results of the analysis for perceived effectiveness are presented in Table 27.

Table 27

Perceived Effectiveness: Group differences for consumption patterns of alcohol

	Never (n = 129)	Monthly (n = 424)	Weekly (n = 339)	
	M (SD)	M (SD)	M (SD)	Sig.
AllSportBan	4.57 (1.70)	4.01 (1.67)	3.44 (1.66)	< .01
StreamingBan	4.59 (1.69)	4.15 (1.63)	3.55 (1.69)	< .01
VenuesBan	4.74 (1.67)	4.18 (1.65)	3.61 (1.70)	< .01
BreaksBan	4.77 (1.71)	4.22 (1.66)	3.64 (1.68)	< .01

Note: For all variables, the three groups were statistically distinct.

Table 27 indicates statistically significant differences at the ($p < .05$) level for the three consumption groups in relation to their perceived effectiveness of the four policies: AllSportBan $F(2, 889) = 24.092, p < .01$; StreamingBan $F(2, 889) = 22.195, p < .01$; VenuesBan $F(2, 889) = 23.165, p < .01$; AdBreaksBan $F(2, 889) = 24.213, p < .01$. For the perceived effectiveness items despite reaching statistical significance, the actual differences in means scores between the groups was quite small with the effect size, calculated using the eta squared, was .05 across all four questions (Cohen, 1988). Post-hoc comparisons using the Tukey HSD test indicated that the mean score for ‘Never’ was significantly different from ‘Monthly’ and ‘Weekly’. ‘Monthly’ was also significantly different from ‘Weekly’. The conclusion is that people who drink more regularly are more likely to perceive that the Forum’s recommendations will be ineffective.

4.6 Parental Status

An independent-samples t -test explored the impact of having children on acceptance and perceived effectiveness of the proposed Government policies. The results of the acceptance items are presented in the table below.

Table 28

Acceptance of recommendations: Group Differences for participants with children and without

	Children			No Children			<i>t</i>
	n	M	SD	n	M	SD	
AllSportBan	634	4.20	1.89	258	4.09	1.98	.73
StreamingBan	634	4.40	1.87	258	4.25	1.96	1.06
VenuesBan	634	4.37	1.89	258	4.28	1.97	.70
BreaksBan	634	4.56	1.89	258	4.37	1.94	1.34

Note: No Statistical Significance

For all four-acceptance items there was no statistical significance between the two groups. This indicating that the levels of acceptance towards the Forum's policy recommendations are consistent between the groups. Table 29 presents the findings for the Parental Status analysis of the effectiveness items.

Table 29

Perceived Effectiveness: Group Differences for participants with children and without

	Children			No Children			<i>t</i>
	n	M	SD	n	M	SD	
AllSportBan	634	3.88	1.71	258	3.88	1.72	.02
StreamingBan	634	3.99	1.70	258	3.96	1.72	.25
VenuesBan	634	4.03	1.71	258	4.09	1.74	-.42
BreaksBan	634	4.09	1.72	258	4.07	1.73	.15

Note: No Statistical Significance

Across all four Perceived Effectiveness items no statistical significance could be found. Concluding that Perceived Effectiveness of the Forum's policies are consistent whether one has a child or not.

4.6.1 Age of youngest child. ANOVA procedure was conducted to explore the impact of the age of the youngest child on attitudes towards the Forum's recommendations. The results of the acceptance items are shown below.

Table 30

Acceptance of Recommendations: Group differences for age of youngest child

	0-5 (n = 83)	6-10 (n = 57)	11-15 (n = 82)	16-20 (n = 68)	20+ (n = 347)	Sig.
AllSportBan (M)	3.93	3.84	4.07	4.45	4.30	0.19
(SD)	1.86	1.74	1.80	1.66	1.98	
StreamBan (M)	4.01	4.09	4.29	4.71	4.50	0.08
(SD)	1.86	1.70	1.74	1.70	1.95	
VenueBan (M)	3.92	3.95	4.33	4.75	4.49	0.02*
(SD)	1.83	1.84	1.78	1.68	1.97	
AdBreakBan (M)	4.02	4.32	4.55	4.77	4.69	0.04*
(SD)	1.89	1.78	1.80	1.70	1.95	

Note: * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Participants were divided into five groups according to the age of their youngest child: (Group 1: 0-5, Group 2: 6-10, Group 3: 11-15, Group 4: 16-20, Group 5: 20+). There were statistically significant differences at the ($p < .05$) level in the scores of two acceptance questions: VenuesBan $F(4, 629) = 2.982, p = .02$, AdBreakBan $F(4, 629) = 2.504, p = .04$. Despite reaching statistical significance, the actual difference in mean scores between the groups was quite small (Cohen, 1988). The effect size, calculated using eta squared was .02 and .02 respectively. Post-hoc comparisons using the Tukey HSD test indicated that the mean score for Group 1 (M = 3.92, SD = 1.83; M = 4.02, SD = 1.89) was significantly different from Group 4 (M = 4.75, SD = 1.68; M = 4.77, SD = 1.70) and Group 5 (M = 4.49, SD = 1.97; M = 4.69, SD = 1.95). All other groups did not significantly differ. In conclusion the results indicate that the older the parents child, the more restrictive their acceptance is towards the Forum's policies. The following table presents the findings for the Perceived Effectiveness items.

Table 31

Perceived Effectiveness: Group differences for age of youngest child

	0-5 (n = 83)	6-10 (n = 57)	11-15 (n = 82)	16-20 (n = 68)	20+ (n = 347)	Sig.
AllSportBan (M)	3.78	3.68	3.71	4.26	3.90	0.28
(SD)	1.65	1.62	1.77	1.65	1.74	
StreamBan (M)	3.93	4.86	3.74	4.17	4.05	0.49
(SD)	1.74	1.62	1.72	1.60	1.71	
VenueBan (M)	3.94	3.81	3.88	4.28	4.08	0.48
(SD)	1.65	1.70	1.77	1.58	1.73	
AdBreakBan (M)	4.05	3.79	3.94	4.25	4.15	0.50
(SD)	1.75	1.69	1.81	1.53	1.73	

Note: No Statistical Significance

For all four Perceived Effectiveness items there was no statistical significance. In conclusion attitudes were consistent across the different ages of children with respect to the perceived effectiveness of the Forum's policies.

4.7 Sporting Participation

An ANOVA procedure was conducted to explore the impact of participation frequency on acceptance and perceived effectiveness of proposed Ministerial Forum's policies. The following table presents the results of the levels of acceptance items.

Table 32

Acceptance of recommendations: Group differences for frequency of participation in sport

	Don't play Sport (n = 594)	Weekly (n = 154)	Fortnight/ Monthly (n = 139)	Sig.
	M (SD)	M (SD)	M (SD)	
AllSportBan	4.31 (1.93)	3.82 (2.00)	3.96 (1.90)	< 0.01***
StreamingBan	4.49 (1.91)	4.05 (1.86)	4.12 (1.84)	0.01**
VenuesBan	4.51 (1.91)	3.92 (1.92)	4.12 (1.86)	< 0.01**
BreaksBan	4.63 (1.92)	4.19 (1.82)	4.32 (1.91)	0.02*

Note: * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Participants were divided into three groups according to their frequency of participation in sport: (Group 1: Weekly, Group 2: Fortnight/Monthly, Group 3: Don't play sport). There were statistically significant differences at the ($p < .05$) level in the scores for all four acceptance questions between the three groups: AllSportBan $F(2, 889) = 5.043, p < .01$; StreamBan $F(2, 889) = 4.593, p < .01$; VenueBan $F(2, 889) = 7.356, p < .01$; AdBreakBan $F(2, 889) = 4.035, p = .02$. Despite reaching statistical significance, the actual difference in mean scores between the groups was quite small (Cohen, 1988). The effect size, calculated using eta squared, was 0.01, 0.01, 0.02, 0.01 respectively. Post-hoc comparisons using the Tukey HSD test indicated the mean score for Group 1 was statistically different from Group 3. Group 2 did not differ significantly from either Group 1 or 3. These results therefore indicate that the more an individual participates in sport the less accepting they are of the Forum's policies. The following table presents the findings of frequency of participation effect on the Effectiveness items.

Table 33
Perceived Effectiveness: Group differences for frequency of participation in sport

	Don't play Sport (n = 594)	Weekly (n = 154)	Fortnight/ Monthly (n = 139)	
	M (SD)	M (SD)	M (SD)	Sig.
AllSportBan	4.00 (1.89)	3.59 (1.73)	3.68 (1.77)	< 0.01***
StreamingBan	4.09 (1.66)	3.69 (1.76)	3.87 (1.77)	0.02*
VenuesBan	4.18 (1.66)	3.74 (1.78)	3.86 (1.80)	< 0.01***
BreaksBan	4.17 (1.68)	3.86 (1.79)	3.93 (1.80)	0.07

Note: * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

There were statistically significant differences at the ($p < .05$) level in the scores for three of the four perceived effectiveness questions between the three groups: AllSportBan $F(2, 889) = 4.664, p < .01$; StreamBan $F(2, 889) = 3.778, p =$

.02; VenueBan $F(2, 889) = 5.192, p < .01$; AdBreakBan $F(2, 889) = 2.708, p = .07$. Despite reaching statistical significance, the actual difference in mean scores between the groups was quite small (Cohen, 1988). The effect size, calculated using eta squared, was 0.01 for all items respectively. In conclusion these results indicate that the more an individual participates in sport the less they perceive the Forum's policies to be effective.

4.8 Industry Preference

Table 34 indicates that Sporting Goods Companies were the most preferred industry to sponsor sport with a mean ranking of 2.46 (1 being lowest, 11 being highest), followed by Banks with a mean ranking of 3.97 and Health Insurance Companies on 4.47. Interestingly Gambling Companies were ranked the least preferred on 8.92 followed by Alcohol Companies with a mean ranking of 8.48.

Table 34

Industry Preference

Industry:	Mean Ranking:
Sporting Goods Companies	2.46
Banks	3.97
Health Insurance Companies	4.47
Telephone Companies	4.53
Supermarkets	5.29
Sports Drink Companies	5.71
Electronic Games Companies	6.38
Soft Drink Companies	7.85
Fast Food Companies	7.95
Alcohol Companies	8.48
Gambling Companies	8.92

The conclusion is that the four least preferred sponsors of sport are Soft Drink, Fast Food, Alcohol and Gambling companies. The four most preferred industries are Sporting Goods, Banks, Health Insurance and Telephone companies.

4.9 Sport Involvement

Table 35 depicts the relationship between the three involvement dimensions (i.e., pleasure, centrality and symbolism) on citizenship attitudes towards the Forum's recommendations was investigated using the Pearson product-moment correlation coefficient. Preliminary analyses indicated no violation of the assumptions of normality, linearity and homoscedasticity. There was a weak, negative correlation across all the dimensions and the Forum's recommendations. Acceptance items across all involvement dimensions had higher negative correlations than the effectiveness items. Pleasure and symbolism dimensions tended to be higher than the centrality dimension for the acceptance items. Most acceptance policies reached statistical significance of < 0.01 , whereas the Effectiveness policies reached 0.05 or no statistical significance.

Table 35

Pearson Product-moment Correlations Between the Involvement Dimensions and Government Policies

		Pleasure	Centrality	Symbolism
AccAllSprt	Pearson Correlation	-.12**	-.08*	-.10**
	Sig. (2-tailed)	< .01	.04	< .01
AccStream	Pearson Correlation	-.13**	-.09*	-.12**
	Sig. (2-tailed)	< .01	.01	< .01
AccVenues	Pearson Correlation	-.16**	-.13**	-.17**
	Sig. (2-tailed)	< .01	< .01	< .01
AccBreaks	Pearson Correlation	-.12**	-.09*	-.11**
	Sig. (2-tailed)	< .01	.02	.01
EffAllSprt	Pearson Correlation	-.08*	-.07	-.08*
	Sig. (2-tailed)	.04	.05	.05
EffStream	Pearson Correlation	-.08*	-.08*	-.09*
	Sig. (2-tailed)	.03	.03	.01
EffVenues	Pearson Correlation	-.09*	-.09*	-.09*
	Sig. (2-tailed)	.03	.02	.02
EffBreaks	Pearson Correlation	-.07	-.05	-.06
	Sig. (2-tailed)	.09	.19	.11

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

Chapter 5: Discussion

The purpose of this study was to explore New Zealanders attitude's towards increased regulation of alcohol sponsorship of sport. More specifically, the aim was to explore the relationship between (a) age, (b) gender, (c) region, (d) drinking behaviours, (e) parental status, (f) sporting participation, and (g) sport involvement and four of the Ministerial Forum's recommendations. The four policy recommendations were:

1. Ban alcohol sponsorship of all streamed and broadcast sports;
2. Ban sponsorship (naming rights) at all sporting venues;
3. Ban alcohol advertisements during streamed or broadcast sporting events;
- and,
4. Ban alcohol sponsorship of sport altogether.

Data were collected from 892 members of a market research panel. The key findings of this study were that age, gender, drinking behaviours and sporting participation were significantly related to citizen attitudes towards the proposed recommendations by the Ministerial Forum.

This section of the thesis is a discussion of the results that were presented in the previous chapter. The section will follow the same format as the previous results chapter, which was organized according to the seven outcome variables along with industry preference. Results relating to age will be discussed first followed by gender, region, drinking behaviours, parental status, sporting participation, sport involvement and industry preference. The chapter will conclude with the acknowledgement of limitations of the research, a provision of managerial implications and ideas for future research.

5.1 Age

Participants under the age of 40 were more accepting of alcohol sponsorship than participants who were older, which is in alignment with H1. No significant differences were found towards the level of perceived effectiveness of the proposed policies. Significant differences were found across the three age groups on proposed policy acceptance and banning alcohol advertising during commercial breaks was the most accepted policy.

With respect to levels of perceived effectiveness of the proposed policies, these results were unexpected and somewhat inconsistent with the literature. Previous research suggests that individuals under the age of 40 believe alcohol control policies are ineffective compared to other age groups (Goldstein & Buka, 1997). The underlying argument by Goldstein and Buka (1997) was that policies that are directly focused on alcohol control are more resisted by key populations such as young adults, whereas non-invasive broad-based policy interventions were considered more effective as they didn't directly affect them. There is insufficient research on the perceived effectiveness of alcohol policy according to age to draw any firm conclusions. This could be an area for further research.

The finding that older people are more accepting of alcohol-related restrictions compared to young people is consistent with previous studies (Diepeveen et al., 2013; Lund et al., 2016; Anglin et al., 2001; Anglin et al., 2002; Wilkinson et al., 2009; Tobin et al., 2011; Ialomiteanu et al., 2014). Diepeveen et al. (2013) claimed that with age came greater awareness of the burden of disease or perhaps with age an increased level of trust is formed with any government interventions. Due to the fact that older individuals are more likely to vote, this pattern of acceptability by age would be of significant interest to politicians

(Diepeveen et al., 2013). However, it should be noted that we collected no data as to whether their support (or opposition) for the proposed policies would influence their voting intentions at an election. There is overwhelming evidence to suggest that drinking is highest in the 18-40 age group (Tobin et al., 2012; Glatz et al., 2012; van der Zwaluw et al., 2013; Lund et al., 2016). With this heightened level of drinking, health and social problems such as binge drinking, violence and risk taking tend to be a result (Glatz et al., 2012). In the risk taking literature, the theory of Cognitive Dissonance is a way in which individuals avoid unpleasant discrepancies between their behaviour and their cognitions (Festinger, 1957). As such, in a study by van der Zwalaw et al. (2013) people who consumed alcohol had a more lenient attitude towards alcohol consumption to justify their own use. It is therefore plausible to argue that younger people will engage in dissonance reduction and dismiss the proposed recommendations. This Cognitive Dissonance Theory might explain why there were significant differences between the different age groups towards the proposed restrictive policies, as those who drink are more lenient towards alcohol than those who don't.

Interestingly across all three age groups, despite reaching statistical significance, group scores were highest for the acceptance towards banning advertising during commercial breaks. The findings by Lund et al. (2016) lend support to these results where high levels of support for the banning of advertisements by alcohol companies on television were found in their study. Along similar lines, Diepeveen et al. (2013) argued that this could be due to the less intrusive nature of the policy measure that banning alcohol advertising has on an individual compared to some other bans. For instance, in the current study 'banning all sport sponsorship by alcohol companies' would be hypothesized as being the

most intrusive policy option as the influence is wide spread through financial repercussions, whereas banning either advertising during television breaks or during streamed and broadcast sport doesn't impact the individual as directly. It is widely accepted in the public opinion literature that attitudes of people towards policy measures vary and are dependent on the type of intervention (Storvoll, Rossow & Rise, 2013). In general people tend to have a more positive attitude towards less intrusive interventions, while intrusive measures that effect the individual directly are less popular (Storvoll et al., 2013). In practical application, whilst the most effective policies to achieve the objectives laid out by Ministerial Forum would be the banning of sport sponsorship by alcohol companies altogether, it is however the most intrusive and as a result most resisted. It would therefore be important to find a way in which to implement policies that are effective which aren't heavily intrusive, which according to this study with regards to age, would start with restrictions on advertising during commercial breaks.

5.2 Gender

Females had significantly higher levels of acceptance and perceived effectiveness of the proposed policies compared to males. According to gender analysis, acceptance and perceived effectiveness scores were also consistently higher for banning alcohol advertisements during commercial breaks. These results are consistent with research on public opinion and alcohol policy. Studies have consistently reported that with respect to alcohol control policies, women have a higher level of support for restriction than men (Diepeveen et al., 2013; Lund et al., 2016; Anglin et al., 2001; Anglin et al., 2002; Wilkinson et al., 2009; Tobin et al., 2011; Ialomiteanu et al., 2014).

There is growing support for the claim that women in countries that are part of the Organisation for Economic Co-Operation and Development (OECD) have healthier lifestyles compared to males, especially regarding the consumption of alcohol (Diepeveen et al., 2013). As a result women in OECD countries have lower levels of resistance towards restrictive policies that target alcohol consumption. Diepeveen et al. (2013) propounds the view that women's support for alcohol restriction could be in response to the personal experiences that have resulted from intoxication or alcohol-related violence. Smith (2010) lends support to this claim finding that women tend to provide informal care for friends and partners compared to men, which could support a strong preference towards alcohol restriction. As women tend to be less likely to be binge drinkers themselves, it has been argued that perhaps their opinions reflect concern for their male counterparts with regards to alcohol consumption (Anglin et al., 2002).

As alluded to in the age section, with risky behaviours such as binge drinking, Cognitive Dissonance Theory asserts that those with unhealthy habits avoid disagreeable attitudes and look more favourably towards the behavior to justify their own (van der Zwalau et al., 2013). With the consensus that males more so than females tend to be binge drinkers in OECD countries, it could be argued that males are less restrictive in their views towards alcohol policies because the dissonance reduction measures allow males to have more lenient views to justify their own behaviours (Anglin et al., 2002).

Consistent with previous research the perceived effectiveness of the Forum's policies was statistically different between males and females. While perceived effectiveness towards restrictive policy is under-researched, the findings of Goldstein and Buka (1997) support the claim that males are more skeptical about

the effectiveness of restrictive policies compared to females. The underlying argument was that males perceive policies generally unacceptable when they threaten the individual's way of life (Goldstein & Buka, 1997). Along similar lines to the argument made in relation to age, control policies that are intrusive and directly impacting on individual's way of life, in this case males and drinking, were more heavily resisted compared to less intrusive measures (Goldstein & Buka, 1997). It could be argued that due to the dissonance reducing measures that males have with response to personal drinking, any restrictive policy that is intrusive would be perceived as being less effective in order to maintain the status quo with regards to personal consumption. By using these measures ultimately negating any direct threats.

Consistent with the argument around age, both males and females report the highest average scores for the acceptance and perceived effectiveness was for the banning of alcohol advertisements during commercial breaks. Lund et al. (2016) supports these results finding that the strongest support when considering gender was for the banning of alcohol advertisements during commercial breaks. This was attributed to the less intrusive nature of this form of restrictive policy along with the perceived awareness by both males and females that exposure of alcohol advertising could have on children (Lund et al., 2016).

5.3 Region

There were no differences between rural and urban participants on the proposed policies. These results were consistent across two other regional subgroup tests, which included the analysis between Aucklanders (Biggest city) versus the rest of the country and people residing in the North Island versus the South Island. There is no consensus in the literature on regional effects on citizen attitudes towards

restrictive policies. The findings of this study therefore add to the limited literature in a New Zealand context. Results gathered in this study are consistent with those from Ialomiteanu et al. (2014) and Anglin et al. (2001), who also reported no significant difference in a comparison of urban versus suburban attitudes towards alcohol policies. Wilkinson et al. (2009) argued that in an Australian study, results indicated differences between city and countryside respondents. The results however reported small effect sizes and were not consistently significant across all the alcohol policy items in the study. Findings indicated that respondents residing in New South Wales were more supportive of alcohol control policies compared to those in the Northern Territories and Western Australia (Wilkinson et al., 2009).

While studies about regional effects on alcohol policies are inconsistent there are some related studies that look at regional effects on citizen attitudes towards government interventions in drink driving (Rakauskasa et al., 2009) and tobacco regulation (Patwardhan et al., 2013) contexts. Rakauskasa et al. (2009) proposed that in the eyes of the rural community the Government is perceived as being distrustful and as a result any proposed policy even with the purpose of improving levels of driver safety would be rated poorly and be deemed as being superfluous. Along similar lines it was found that due to the alternative societal norms such as the tendency to resist Government regulations in rural communities, tobacco regulations were commonly resisted and perceived as being socially unacceptable despite the well-established detrimental health impacts consumption has on the body (Patwardham et al., 2013).

In a New Zealand context it could be argued that due to the relatively close proximity of rural communities to city centers, opinions and societal norms developed by remoteness would not be as significantly different compared to those

found in the studies based in the United States. Therefore the disparity between the two regional groups would be more consistent towards restrictive policy, explaining the current studies results.

5.4 Consumption

Frequency of alcohol consumption affects the level of acceptance of alcohol sponsorship. Results indicate significant differences across both levels of acceptance and perceived effectiveness of the alcohol policies, where the higher the level of consumption the more opposed participants were to alcohol restrictive policies. These results were expected and are consistent with the public opinion and alcohol policy literature as studies have consistently reported that alcohol consumption patterns significantly impact perceptions towards restrictive alcohol policy (Lund et al., 2016; Ialomiteanu et al., 2014; Tobin et al., 2011; Wilkinson et al., 2009; Anglin et al., 2001; Anglin et al., 2002; Diepeveen et al., 2013; Seo et al., 2015).

There is ample support for the claim that people who tend to engage in unhealthy behaviours (such as alcohol consumption) are more likely to reject restrictive policies that would impact this behaviour (Diepeveen et al., 2013). This is consistent with the view that people's preferences for interventions or policies are determined by self-interest (Diepeveen et al., 2013). In the study by Tobin et al. (2011) the proximity or directness of a restrictive policy was a significant determinant of how frequent drinkers would react. Where frequent drinkers supported distal or indirect controls such as awareness campaigns and rejected proximal or direct controls such as availability of alcohol at pubs and sport clubs (Tobin et al., 2011). The basic premise of Tobin et al. (2011) argument was the division between the controls imposed on 'others' versus the controls imposed on

the ‘self’, where the Australian public recognized the issues related to alcohol and the interventions that were required, however no support was found if it directly impacted their own consumption patterns. This popular view is further accepted by Diepeveen et al. (2013) who found that people tend to be reluctant to accept any policies that impinge their own decisions as people tend to know what is best for themselves, as a result people tend to accept distal and indirect interventions such as education programmes.

The main theoretical premise behind both Tobin et al. (2011) and Diepeveen et al. (2013) arguments is the Theory of Cognitive Dissonance previously alluded to in both the age and gender discussions, where people adapt their existing cognitions and attitudes in order to avoid unpleasant discrepancies. High frequency drinkers according to this theory develop more lenient attitudes towards high levels of drinking to justify their own (van der Zwaluw et al., 2013).

Key manifestations of Cognitive Dissonance Theory, which have been studied in other related risk denial situations, are self-exempting beliefs and Neutralization Theory (Chapman et al., 1993; Peretti-Watel, 2003). The basic premise of self-exempting beliefs is the perceived personal immunity to the health impacts that result from the consumption of the product (Chapman et al., 1993). For example, smokers will underestimate the associated health risks. Similarly, Neutralization Theory protects the individual psychologically by belittling the detrimental and associated effects of consumption, as such modifying their beliefs (Peretti-Watel, 2003).

In the current study one of the ways to justify the results could be that participants who frequently drink are using dissonance-reducing techniques to justify their personal usage. By having a more lenient tolerance to alcohol,

individuals will be more opposed to any restrictive policy that further imposes unpleasant discrepancies to their personal cognitions and attitudes.

Non-drinkers had the highest acceptance and perceived effectiveness scores across all eight-policy items. These findings parallel the literature around gender differences, where people are least resistant to interventions that target a behavior of others and not themselves (Diepeveen et al., 2013). The theoretical premise behind these findings could be contributed to Self Interest Theory, where those who are indirectly negatively affected due to someone else's drinking behaviours, either due to violence, rowdiness or general disregard for others results in the attitude to restrict or prohibit the said behavior especially when the individual affected does not drink (Diepeveen et al., 2013).

As previously mentioned all four perceived effectiveness items reached statistical significance, which is congruent with the literature. The consensus view is that as alcohol consumption increases the convenience/effectiveness relationship for an individual and society as a whole clashes more frequently and severely (Anglin et al., 2002). Goldstein and Buka (1997) lend support to the claim finding that 'binge drinkers' perceived strategies less effective if there was a realistic potential for the strategy to personally impact them. In the present study it could be argued that the more direct the control policies (i.e. banning all sport sponsorship by alcohol companies) the heavier the resistance, whereas non-invasive restrictive policies (i.e. television break advertisements) are considered more effective.

In practical application these findings are of particular interest to policy makers as the strategies that are deemed 'ineffective' by 'binge drinkers' could be hypothesized as being the more effective with reducing the problems related to alcohol.

5.5 Parental Status

Being a parent did not impact the level of acceptance towards alcohol sponsorship in sport. Results however indicated group differences with regards to the age of the youngest child towards parent's attitudes towards alcohol sponsorship. These results with regards to parental status are unexpected and inconsistent with the literature. The available literature indicates that children are often considered and protected from un-healthy forms of advertisements and sponsorship, as a result the public often tends to agree with the proposed restrictions for the benefit of protecting the youth (Tobin et al., 2011; Tinworth, 2008; Freeman, Chapman & Storey, 2008). This is further supported by the work of Kelly et al. (2012) who also found particularly high support from parents with regards to restricting alcohol sponsorship across all sport. Parent support was further demonstrated in the study by the willingness to bear the costs of sport fee increases if the end result was the removal of alcohol sponsorship from sport (Kelly et al., 2012). This willingness to pay by parents was specifically mentioned as barriers to participation are significantly impacted by cost.

In the current study it could be argued that the contrast between the results and previous research could be as a result of the heightened awareness from parents with children under 18 towards the health risks concentrated on fast food and soft drink sponsors instead of alcohol due to the more direct impact those products have on their children. Considering the restrictions that are in place for alcohol purchase compared to fast food and soft drink, parents in the current study could be more worried about products their children can consume now, compared to products that are still legally restricted (Kelly et al., 2012).

When analyzing the group differences for the age of the youngest child the data appears to suggest significant group differences for parents with children aged 16-20 and 20+ compared to other younger groups. While there is insufficient research on age group breakdown of children and parent perceptions of alcohol restriction, this study does provide evidence highlighting how perceptions of parents become more restrictive as their child enters into the age of being able to legally purchase alcohol. There is a consensus view that adolescents and young adults are considered the most at risk to the consequences of alcohol consumption (Gomes, Nascimento, Silva, de Campos, & Pillon, 2014). It is therefore no surprise that in the article by Gomes et al. (2014) parents of adolescents who drink have a more protective view for their children with regards to alcohol consumption. A limitation of this article was that it did not look at proposed restrictive policy, however this protective view of parents could be reflected in the current study, as perceptions were more restrictive as children became older. A key limitation from these results could however link to the argument raised with regards to age, where as one gets older the more restrictive their views become towards alcohol policy. Therefore with older children despite the protective views of parents, perhaps these results are just heavily influenced by the skewed nature of the data set, where with an older population the number of parents with children in the 18+ range would be elevated resulting in a more restrictive group.

Research on Cognitive Dissonance Theory does not support the view that parents' perceptions become more restrictive as their children becomes older and able to drink. Glatz et al. (2012) put forward the view that when parents who were opposed to youth drinking encounter their own child intoxicated they tend to experience dissonance between their own personal opposition to youth drinking and

the knowledge that their own youth has been intoxicated. In accordance with Cognitive Dissonance Theory the results of the study found that parents in order to eliminate the dissonance became more tolerant of youth drinking instead of trying to change their youths' behaviour (Glatz et al., 2012). It was acknowledged this could be due to the avoidance of conflict that would be caused by such a conversation and the fact that most parents conceded that when they were that age they conducted in the same practices (Glatz et al., 2012). As previously alluded to, there is insufficient research on child age and parent attitudes to alcohol restrictive policy to draw any firm conclusions, as such this could be an area for future research.

5.6 Sporting Participation

Participation in sport does impact the perception of alcohol sponsorship in sport. As sporting participation increases the levels of acceptance and perceived effectiveness of the Ministerial Forum's recommendations decreases. The findings of self-interest and sport participation literature are consistent with these results where as participation increases, resistance to restrictive policies also increases (Crompton, 1993; Jones, 2011; Diepeveen et al., 2013).

There are two main arguments that can be advanced to support the findings of the current study, those being the self-interest of participants towards the survival of their sport and the social cohesion formed through alcohol.

According to seminal literature by Crompton (1993), the self-interest of participants and managers (both team and sport) were concerned with the survival of their sport, as such anything that hindered the 'survival' would be resisted by those most directly affected. While not all sporting codes in New Zealand are sponsored by alcohol companies, major sports such as rugby, cricket and football

who gross the highest participation rates in New Zealand are (Sport NZ, 2015). Considering that in New Zealand the alcohol industry invests more than \$21 million per year into sport, it could be argued that in terms of self interest, in order to avoid the financial implications of alcohol sponsorship restrictions, those who have vested interest in sport (the participants) will prefer the status quo, as the result would otherwise personally affect them (Plumb, 2015). Participants in the current study may therefore recognize the financial benefits of having alcohol sponsorship in sport and in a sense turn a blind eye to its health-related implications for the benefit of having cheaper participation fees. This hypothesized argument was argued along similar lines by Howard and Crompton (1995) and Jones (2011) where attempts to regulate alcohol sponsorship in sport were rejected due to the high-income dependence sport had on the alcohol industry. The impact of such regulation was argued to disproportionately impact those at the grassroots level and as such was heavily mooted (Jones, 2011). Considering a large percentage of the participating respondents in the current study are likely to engage in grassroots/recreational level sport, it could be argued according to Jones (2011) that as recreational participants are the most likely to be impacted by any restrictive changes these respondents prefer the status quo compared to having alcohol free sport sponsorship.

The second argument is the importance the social impact alcohol consumption has in a team environment where occasions such as post match celebrations or end of season parties tend to incorporate drinking alcohol (Jones, 2011). The social cohesiveness that alcohol provides could therefore be hypothesized as an important argument for why in the current study participants who frequently engage in sport are more strongly opposed to alcohol restrictive policies. This could either be due to the perceived self interest were people who

engage in unhealthy practices tend to be more likely to reject policies intended to restrict a personal behavior, or perhaps it is due to the institutionalized nature of alcohol and sport. It could be viewed as embedded common practice to celebrate sport with alcohol, where any alternative would be deemed unthinkable (Diepeveen et al., 2013; Tolbert & Zucker, 1996). As such there is compelling evidence to suggest that the level of participation in sport impacts the acceptance towards alcohol sponsorship restriction.

5.7 Sport Involvement

Participant involvement is related to the acceptance of alcohol sponsorship in sport. The findings indicate that as psychological involvement increases the level of acceptance and perceived effectiveness of the recommended policies decreases. Findings also suggest that the pleasure dimension of involvement construct indicates the strongest opposition towards the recommended restrictive policies. While insufficient research has been conducted looking at an individual's psychological involvement in sport and restrictive policies, related studies of involvement and self-interest are consistent with these findings (Sherif & Cantril, 1947; Kyle & Mowen, 2005; Beaton et al., 2011).

Sherif and Cantril (1947) put forward the view that individuals that are highly involved in a certain activity were more likely to reject any disparate positions that contrast their own such as restriction or prohibition. Whereas individuals who have low-involvement were found to be more accommodating of different policies as they have a broad latitude of acceptance to policies that don't directly effect them (Sherif & Cantril, 1947; Kyle & Mowen, 2005). These findings by Sherif and Cantril (1947) validate the results in the current research where highly involved individuals have shown greater opposition to the restrictive policies as the

recommendations illustrate differing positions to their own. Along similar lines, Social Judgment Theory assumes that exposure to disagreeing stimuli such as restrictions and regulations to a given activity will cause a great deal of discomfort to an individual who is highly involved in the given activity, where little tension or incongruity is created for an individual who is of low involvement (Sherif & Sherif, 1967; Kyle & Mowen, 2005). As such the consensus view seems to be that the higher the level of involvement, the more likely the attitudes of the individual will act as a cognitive reference point when disagreeing or disparate stimuli are introduced to the individual (Kyle & Mowen, 2005).

According to Cognitive Development Theory as individuals involvement in a specific activity increases the knowledge that is related to the activity also increases (James, 2001; Watson, Roggenbuck & Williams, 1991). As experience in an activity increases, individuals have greater awareness of other choices as they perceive more categories, therefore experienced or involved individuals are able to perceive the consequences of a choice and be able to make more definitive decisions (Kyle & Mowen, 2005). As a result involved individuals have more distinct preferences as they are more aware of the alternative services or options (Havitz & Dimanche, 1999). It could therefore be argued that according to the Cognitive Development Theory that participants in this study who were highly involved are aware of the consequences of restricting alcohol sponsorship from sport, therefore being more opposed compared to participants who were uninvolved. These consequences potentially being the loss of funding which in turn could result in subscriptions to play organized sport increasing.

Interestingly the pleasure dimension of the involvement construct reported the highest levels of opposition towards most of the recommendations by the

Ministerial Forum compared to the centrality and symbolic dimensions. Despite the correlation being small the results indicate that participants who describe themselves as someone who participates for the inherent pleasure of the behavior itself were the most opposed to the restrictions. There is insufficient research on the involvement construct to draw any firm conclusions about these results, however it could be hypothesized that the enjoyment factor that involvement provides is enough to form a strong enough psychological attachment to oppose any changes that would intervene on this cognitive emotion. As such further research in this area may include a deeper analysis into the three involvement dimensions and their impact on activities that are being restricted by the Government.

5.8 Industry Preference

The perceived 'fit' of an industry does impact participant's preferences of sport sponsorship. Results indicated that the least favored industries to sponsor sport were a combination of the fast food, soft drink, alcohol and gambling industries. The most preferred industries to sponsor sport were sporting good companies and banks. These results are congruent with the sport sponsorship and sponsor image fit literature (Kelly et al., 2011; Kelly et al., 2012; Close & Lacey, 2013; Koronios, Psiloutsikiou, Kriemadis, Zervoulakos & Leivaditi, 2016).

Sponsor image fit is an important aspect of sponsor-team or sport-event congruency. Sponsor image fit is the perceived link between a sponsor and the sponsee as deemed by a spectator (Close & Lacey, 2013). The greater the perceived 'fit' between the sponsor and the sponsee the greater the level of recognition and favoritism spectators have towards it (Koo, Quarterman & Flynn, 2006; Koronios et al., 2016). In contrast a misfit between a sponsor and sponsee can result in a negative outcome (Close & Lacey, 2013). If a sponsor is deemed incongruent, fans

and spectators often reject it. This incongruence can be further amplified if an unhealthy product is paired with a healthy event (Close & Lacey, 2013; McDaniel & Heald, 2000). The current study appears to validate these findings as the industries that are deemed as being ‘incongruent’ and of ‘poor fit’ have been rejected and ranked the lowest, whereas sporting good companies which would be perceived as having a ‘good fit’ have been ranked the highest. Given that according to Maher et al. (2006) globally the key health concerns revolve around gambling, alcohol misuse and poor nutrition, these findings highlight the ironic relationship that these health risk industries have with something that promotes healthy activity (i.e. sport).

Kelly et al. (2012) propounds the findings of the current research arguing that alcohol, fast food, soft drink and gambling industries had the highest levels of support to be restricted from sponsoring children’s sport. These results indicate that with regards to industry preference, the perceived sponsor fit has a large impact on the sponsors acceptability to sponsor sport, as sponsors deemed as having a ‘good fit’ between the sponsor and the sponsee are more preferred, whereas industries deemed having a ‘poor fit’ will be least preferred.

In terms of practical application these findings indicate to policy makers the most accepted industries to sponsor sport, however the issue to further consider would be whether these industries have an interest in becoming sponsors if alcohol sponsorship was restricted.

5.9 Limitations

A limitation according to Price and Murnan (2013) is the systematic bias that the researcher did not or could not control and which could inappropriately affect the

results. One limitation of the current study was the disproportionate representation of females and the elderly in the collected data. As such by using non-probability sampling techniques such as convenience sampling via an online questionnaire, it is hard to and therefore inappropriate to generalize these findings of the study for the whole population (de Leeuw, Hox, & Dillman, 2008). To make a more rigorous research design a stratified random sampling method would need to have been used. Stratified random sampling ensures that different groups within the population are sampled and represented in subsequent analyses (de Leeuw, Hox, & Dillman, 2008). This method would have allowed for more stringent analyses of gender, age and sports participation.

For the data collection procedure, we used an online questionnaire created in the web-based application Qualtrics. Online questionnaires are a cost effective and efficient method of disseminating the questionnaire, however there are some associated limitations (Mesch, 2012). These limitations include a low response rates and higher coverage rate errors when there is no control over who completes the questionnaire (Anfreda & Vehovar, 2008). In the current study these limitations were indicated with the multiple dispatches of the questionnaire to the market research panel instead of an ideal cross-sectional data collection. Coverage rate errors were also present with the over-representation of both females and the elderly. While the multiple dispatches were not spread over an extended period, it is important to make reference to the fact, as during this time a sport related alcohol incident might have taken place influencing public opinion.

5.10 Managerial Implications

The first aspect of the study was focused on the overall acceptance towards the four recommended policies by the Ministerial Forum along with their perceived

effectiveness. It was evident in this study that participants were relatively neutral towards both the acceptance and the perceived effectiveness of the policies, indicating to policy makers that there is a mixture of modest support and opposition to the policy recommendations. Perhaps the attitudes will become more decisive if the government was to propose adopting these policies, or actually implement them.

The second aspect of this study focused on the demographic, behavioural and psychological components that could influence attitudes towards alcohol policy. From a policy maker's perspective the results of this study indicate that the strongest opposers to the restrictive policies were young males who consumed alcohol and frequently participated in sport. This would suggest that policy makers should consider these key populations when making restrictive policies aimed at alcohol sponsorship in sport, as implementation may result in losing favour with these groups, which could be detrimental towards any party's chance of being re-elected come the next election.

The third aspect of interest to policy makers is the heavier resistance found towards the most intrusive, yet effective policy, banning all sport sponsorship. These results were evident across numerous demographic and behavioural variables. While this recommendation might cut to the chase and get right to the point of all the issues, this recommendation was however the most direct and as such the most opposed.

The final aspect of these results is that of industry preference to sponsor sport. From a sport managers and policy makers perspective, when considering the removal of alcohol sponsorship from sport the results of this study indicate the most preferred industries to take over, however it is important to recognize the sheer volume of money that alcohol companies put into sport sponsorship each year. As

such policy makers need to consider methods in which to introduce an appropriate sponsorship replacement programme so that sport doesn't suffer as a result of policy restrictions. By outlining a plausible programme to reduce the reliance on alcohol sponsorship funding, the transition towards more suitable sponsors will be less detrimental to sport as a whole.

5.11 Directions for Future Research

In the current research further analysis of involvement could include the use of the Psychological Continuum Model (PCM) to further segment the participants into the four stages of psychological involvement. As such this would allow further analysis to determine the level of involvement according to the different stages and how they relate to attitudes towards alcohol restriction.

Another avenue for future research could include the effect of the child's age on parents' attitudes towards alcohol restrictive policy, as the results in the current study were inconsistent to those in the literature. By doing so it will give a greater understanding of the protective interests of parents in particular, as the key justification of the Ministerial Forum's recommendations was to protect the young from the exposure to alcohol sponsorship messages.

Chapter 6: Conclusions

In this study research questions were presented, explored and discussed in the context of alcohol sponsorship in sport. This section of the thesis will conclude with a brief summary of the key results of the study, which were that age, gender, consumption patterns, parental status and sporting participation were significant predictors of citizen attitudes towards the recommendations proposed by the Ministerial Forum.

6.1 Age

Participants under the age of 40 are more accepting of alcohol sponsorship in sport. These results were congruent with that of Diepeveen et al. (2009), Lund et al. (2016), Wilkinson et al. (2009) and Tobin et al. (2011). This suggesting that participants over the age of 40 are perhaps more aware of the burden of disease with age as a result of alcohol or alternatively it maybe because with age a growing trust is formed with government interventions (Diepeveen et al., 2013).

Unexpected and inconsistent with the current literature, no differences were found between the age groups for the perceived effectiveness of the Forum's policies. Evidence suggests that individuals under the age of 40 deem alcohol control policies as ineffective as they can directly impact their way of life (Goldstein & Buka, 1997). While limited literature has explored the impact of age on perceived effectiveness of restrictive policies, these results despite being contrary to previous research add context in a New Zealand setting.

The Theory of Cognitive Dissonance is a plausible explanation for the age group differences in opinions towards alcohol restriction. Previous literature has found that individuals in the 18-40 age range are the highest consumers of alcohol (Tobin et al., 2012; Glatz et al., 2012). As such, consistent with the Theory of

Cognitive Dissonance to justify their own consumption patterns, a more lenient view is taken towards alcohol restriction (Zwalaw, 2013). Using cognitive reduction techniques could explain why the younger age group had significant differences compared to the older age groups as in order to avoid unpleasant discrepancies between their behavior and their cognition they perceived alcohol consumption and sponsorship as less detrimental.

As expected banning advertising during commercial breaks was considered the most accepted and effective across the three age groups. This could be due to the less intrusive nature this policy has compared to the other recommendations, as theory indicates that individuals will oppose and deem ineffective policies that directly impact their way of life (Diepeveen et al., 2013; Lund et al., 2016; Storvoll et al., 2013). In a practical sense these results indicate that policies deemed ineffective by the public are often the most effective for achieving the objectives of the policy makers. These findings are relatable with the current study as the most effective policy: banning of alcohol sponsorship of sport altogether, was deemed the least effective and least accepted.

6.2 Gender

Males were found to be more accepting of alcohol sponsorship than females. These results were in alignment with public opinion and public policy literature (Diepeveen et al., 2013; Lund et al., 2016; Wilkinson et al., 2009). It is argued in the literature that due to the higher regard for health, the informal care and the lower likelihood of binge drinking, female's attitudes to alcohol policy are more restrictive than males.

In accordance with the literature, males perceived the Forum's recommendations as being less effective than females. This was argued as being due

to the perceived unacceptability and direct threat the enforced policies could have on male's way of life (Goldstein & Buka, 1997). Consistent with the Theory of Cognitive Dissonance, with males tending to binge drink more often than females in OECD countries, in order to justify personal consumption levels males compared to females have more lenient views (Anglin et al., 2002). Along with the emotional response citizens have towards intrusive policies, males in this study maintain the attitude of keeping the status quo with regards to alcohol sponsorship in sport.

6.3 Consumption Patterns

The findings of this study were expected in relation to the alcohol policy and public opinion literature where as alcohol consumption increases both the levels of acceptance and perceived effectiveness of restrictive policies decreased (Lund et al., 2016; Ialomiteanu et al., 2014; Tobin et al., 2011). Support indicates that people who tend to engage in unhealthy behaviours such as drinking alcohol are more likely to reject restrictive policies that impact the behavior (Diepeveen et al., 2013). The popular view is that people tend to know what is best for them. As such people are often reluctant to accept any policy that would impinge their own decisions.

Participants who were non-drinkers had the highest levels of acceptance and perceived effectiveness for the policies out of the three groups. Findings suggest that people are least resistant to restrictive policies that don't affect them. In the current study those who don't drink at all won't be directly affected by the policies, as a result because of the detrimental affects alcohol has on society, abstainers of alcohol were found to be more supportive of restrictions (Diepeveen et al., 2013).

'Binge Drinkers' perceived the restrictive policies as being less effective than other drinking frequency groups. Individuals who indulge in an unhealthy activity have been found to perceive any restrictions as being less effective as it

personally impacts them (Goldstein & Buka, 1997). These results are of particular importance as the strategies that are deemed ‘ineffective’ by ‘binge drinkers’ are actually the most effective in achieving the Forum’s objectives.

6.4 Parental Status

Results of this study indicated that parental status did not impact attitudes towards alcohol sponsorship, which contrasted with the literature. Considering the key objectives of the recommendations by the Ministerial Forum was to protect the youth from alcohol sponsorship in sport, these results in a sense put into question the perceived impact by parents that alcohol sponsorship has on their children. Instead it could be argued that perhaps other industries such as fast food and soft drinks are of greater concern as there is no legal restrictions on the purchasing and consumption of the goods by their children.

While attitudes of parents with children in the alcohol drinking range (16+) showed more restrictive opinions, overall opinions did not significantly differ between parents and non-parents.

6.5 Sporting Participation

Findings indicate that as participation frequency increases the levels of acceptance and perceived effectiveness of the recommendations decreases. Research indicates that these results could be due to the self-interest towards the survival of sport due to the financial benefits alcohol sponsorship has and the social cohesion benefits that are formed through alcohol and sport.

One of the key mooted points against alcohol sponsorship restriction has been the financial ramifications that regulation would have on sport. These ramifications have been argued to disproportionately impact those at the grassroots level, which in the current study would be the majority (Jones, 2011). In order to

maintain the financial benefits of alcohol sponsorship in sport, participants in the current study could be argued to have turned a blind eye to the health-related impacts in order to enjoy cheaper participation fees.

Alcohol's embeddedness in sport is well established where post match celebrations in a team environment are common practice (Jones, 2011). As such in the current study an important argument for why frequent participants are strongly opposed to the restrictive policies is the social cohesion that alcohol provides in a sporting scene. Due to the institutionalized nature that alcohol has in sport any alternative could be deemed unthinkable, which could be evident in the current study (Diepeveen et al., 2013; Tolbert & Zucker, 1996).

6.6 Concluding Remarks

The purpose of this study was to explore New Zealanders attitudes towards increased regulation of alcohol sponsorship of sport. More specifically, the aim was to explore the effect of: (a) age, (b) gender, (c) region, (d) drinking behaviours, (e) parental status, (f) sporting participation, and (g) sport involvement on four of the Ministerial Forum's recommendations.

With a total sample of 892, analyses were conducted for each of the seven variables in relation to the Forum's recommendations. Relationships were analysed with descriptive statistics including means difference testing, standard deviations and frequencies along with independent *t*-tests and correlation analyses.

In summary the research gauged New Zealanders levels of acceptance and perceived effectiveness of the Ministerial Forum's recommendations. The study was able to deduce that New Zealanders overall had rather neutral attitudes towards the recommendations. This study also found that young males who drink frequently and participate in sport are the strongest opposers to alcohol restriction, whereas the

elderly, females and abstainers from alcohol were the most supportive of the recommendations.

This study is able to add to the body of literature in both the sport sponsorship and public policy fields as it is the first study carried out in New Zealand looking at the public's opinions towards alcohol sponsorship restriction in sport. It is evident that policy issues related to sponsorship and other forms of promotion involving alcohol are controversial and complex. By examining one of the arguably neglected voices in the debate, this study has been able to present the public's attitudes towards the restriction of alcohol sponsorship in sport.

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Participant Information Sheet

Date Information Sheet Produced:

01/09/2016

Project Title

Citizen attitudes towards the restriction of alcohol sponsorship in sport.

An Invitation

My name is Lloyd Brooks, and I am studying for a Master of Business degree at AUT University. I invite you to participate in this research project. I am interested in what New Zealanders think about alcohol advertising, sponsorship and sport.

What is the purpose of this research?

The purpose of the research is to better understand the extent to which New Zealanders support recent policy recommendations to limit and in some cases prohibit alcohol sponsorship of sport. This research is the basis for my thesis. I also plan to publish the results of my research in a journal article.

How was I identified and why am I being invited to participate in this research?

You were identified because you are a member of the Great Sites database which market research company 3Di utilises. Great Sites has your contact details, including your email address. If you are under the age of 18 you cannot complete the survey as the minimum age requirements for alcohol consumption is 18.

What will happen in this research?

You will be asked to indicate your agreement with a number of statements.

What are the discomforts and risks?

There is a very low chance participants will experience any discomfort or embarrassment. I am not interested in your alcohol consumption patterns.

How will these discomforts and risks be alleviated?

The discomforts and risks associated with this study are negligible. If you do not want to answer any question(s), you have the right to decline answering any question or you may choose to withdraw from the survey any time prior to completing the survey.

What are the benefits?

The results of this study will guide future conversations between policy makers (i.e., the government) and industry (alcohol companies, sport organisations, event organisations and facilities). These conversations have the potential to affect how people watch and play sport. As a member of Great Sites, you will also earn points that can be used to enter monthly draws and the annual \$15k prize.

How will my privacy be protected?

The questionnaire is both anonymous (i.e. I do not know who you are) and confidential (i.e. I will not share the raw data with anybody outside the immediate research team). All data from these questions will be stored in a secured location at AUT. These files will be destroyed six years from now.

What are the costs of participating in this research?

Participation in this research is free.

What opportunity do I have to consider this invitation?

From the 15/03/2016 – 25/03/2016

How do I agree to participate in this research?

By clicking 'agree' you will be giving consent to participate in this research

Your involvement in the survey is entirely voluntary. Please note that withdrawing from the survey is only possible prior to submitting the online survey. This is because once submitted, I will have no way of identifying your survey responses.

Will I receive feedback on the results of this research?

You will be able to access my thesis at this website: <https://aut.researchgateway.ac.nz>

What do I do if I have concerns about this research?.

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, geoff.dickson@aut.ac.nz +64 9 921 9999 ext 7851

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTECH, Kate O'Connor, ethics@aut.ac.nz , 921 9999 ext 6038.

Whom do I contact for further information about this research?

Please keep this Information Sheet and a copy of the Consent Form for your future reference. You are also able to contact the research team as follows:

Researcher Contact Details:

Lloyd Brooks is the researcher for this project. For any queries please email Lloyd.brooks@live.com

Project Supervisor Contact Details:

geoff.dickson@aut.ac.nz
021834517

This research is being sponsored by The Association of New Zealand Advertisers Inc (ANZA).

Approved by the Auckland University of Technology Ethics Committee on *type the date final ethics approval was granted*, ATEC Reference number *type the reference number*.

Default Block

i. Please read the Participation Information Sheet, which is available for download below.

To indicate your willingness to participate, please click the continue button.

[Participant information sheet](#)

Q1. What is your gender?

- ☐ Male
- ☐ Female

Q2. What is your year of birth?

Q3. Where do you live?

- ☐ Northland
- ☐ Auckland
- ☐ Waikato
- ☐ BOP
- ☐ Gisborne
- ☐ Hawke's Bay
- ☐ Taranaki
- ☐ Manawatu/Whanganui
- ☐ Wellington
- ☐ Tasman
- ☐ Nelson
- ☐ Marlborough
- ☐ Otago
- ☐ West Coast
- ☐ Canterbury
- ☐ Southland

Q4. How often do you have a drink containing alcohol?

- ☐ Never
- ☐ Monthly or less
- ☐ 2 to 4 times a month
- ☐ 2 to 3 times a week
- ☐ 4 or more times a week

Q5. Do you have any children?

- ☐ Yes
- ☐ No (Skip to Q8)

Q6. How old is your **youngest** child?

- ☐ 0-5
- ☐ 6-10
- ☐ 11-15
- ☐ 16-20
- ☐ 20+

Q7. Have any of your children participated in **organised** sport outside of school hours in the past 12 months?

(Organised sports are adult-controlled and led programmes. Participants will typically participate in structured training sessions and some form of competition.)

- ☐ Yes
- ☐ No

Q8. In the past year, how often have you participated in **organised** sport?

(Organised sports are adult-controlled and led programmes. Participants will typically participate in structured training sessions and some form of competition.)

- ☐ More than twice per week
- ☐ Once or twice per week
- ☐ Once per fortnight
- ☐ Once or twice per month

☐ Less than once per month

☐ I don't play sport

Q9.

Please indicate the extent to which you agree with the following statements:

Sport is very important to me.

Strongly disagree

☐☐☐☐☐☐

Strongly agree

☐

Q10. Sports offers me relaxation when pressure builds up.

Strongly disagree

☐☐☐☐☐☐

Strongly agree

☐

Q11. Participating in sport is one of the most satisfying things I do.

Strongly disagree

☐☐☐☐☐☐

Strongly agree

☐

Q12. I find a lot of my life is organised around sport.

Strongly disagree

☐☐☐☐☐☐

Strongly agree

☐

Q13. Sport has a central role in my life.

Strongly disagree

☐☐☐☐☐☐

Strongly agree

☐

Q14. A lot of my time is organised around sport.

Strongly disagree

☐☐☐☐☐☐

Strongly agree

☐

Q15. Participating in sport says a lot about who I am.

Strongly disagree

☐☐☐☐☐☐

Strongly agree

☐

Q16. When I participate in sport I can really be myself.

Strongly disagree

☐☐☐☐☐☐

Strongly agree

☐

Q17. When I participate in sport, others see me the way they want to see me.

Strongly disagree

☐☐☐☐☐☐

Strongly agree

☐

Q18. The following alcohol advertising and sponsorship policies have been proposed. Please indicate the extent to which you agree with each.

Ban alcohol sponsorship of all sport

Strongly disagree

☐☐☐☐☐☐

Strongly agree

☐

Q19. Ban alcohol sponsorship of sport that is streamed and broadcast

Strongly disagree

☐☐☐☐☐☐

Strongly agree

☐

Q20. Ban alcohol sponsorship and advertising at sport venues

Strongly disagree

☐☐☐☐☐☐

Strongly agree

☐

Q21. Ban alcohol advertising during breaks in sport broadcasts

Strongly disagree

☐☐☐☐☐☐

Strongly agree

☐

Q22. According to the New Zealand government's Ministerial Forum on Alcohol Advertising and Sponsorship (MFAAS) the objectives of the previously mentioned policies are to:

- Reduce the harm caused by alcohol use, including crime, disorder and negative public health outcomes;
- Target the key drivers of harm, with a focus on reducing heavy drinking and the impact on young people;
- Implement an efficient and sustainable solution to addressing alcohol-related harm;
- Minimise the regulatory impact of alcohol law reform on New Zealand's economic performance overall;
- Minimise the impact of alcohol law reform on low and moderate drinkers;

Assuming that all the proposed policies were implemented, how effective do you think the policies would be in achieving any of the five objectives:

Ban alcohol sponsorship of all sport

Totally ineffective ☐ ☐ ☐ ☐ ☐ ☐ ☐ Highly effective

Q23. Ban alcohol sponsorship of sport that is streamed and broadcast

Totally ineffective ☐ ☐ ☐ ☐ ☐ ☐ ☐ Highly effective

Q24. Ban alcohol sponsorship and advertising at sport venues

Totally ineffective ☐ ☐ ☐ ☐ ☐ ☐ ☐ Highly effective

Q25. Ban alcohol advertising during breaks in sport broadcasts

Totally ineffective ☐ ☐ ☐ ☐ ☐ ☐ ☐ Highly effective

Q26.

Final question about alternative sport sponsors.

From the following list please rank the sponsors in order of **most** appropriate to **least** appropriate to sponsor sport.

Drag and drop your answer in order of preference.

Electronic Game Companies (e.g. Xbox, Playstation)

Fast Food Companies (e.g. McDonalds, KFC)

Sporting Goods Companies (e.g. Rebel Sport, Sterling Sport)

Health Insurance Companies (e.g. Southern Cross)

Alcohol Companies (e.g. Tui, Heineken)

Soft Drink Companies (e.g. Coca-Cola)

Supermarkets (e.g. Countdown, Pak'n'Save)

Gambling Companies (e.g. TAB, Skycity Casino)

Sports Drink Companies (e.g. Powerade, Gatorade)

Banks (e.g. ASB, ANZ, TSB)

Telephone Companies (e.g. Vodafone, Spark)

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If this survey has made you question your own alcohol use and you are concerned,
please contact one of the following agencies:
Alcoholics Anonymous - 0800 2296757
Life Line - 0800 543354

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Student ID No	1077953	Name	Lloyd Brooks
Faculty	Business, Economics and Law	School/Dept	Sport & Recreation
Programme	Master of Business	Year of submission (for examination)	2017
Research Output	Thesis <input checked="" type="checkbox"/> Exegesis <input type="checkbox"/> Dissertation <input type="checkbox"/>	Points Value	90
Thesis Title	Citizen attitudes towards the restriction of alcohol sponsorship in sport		

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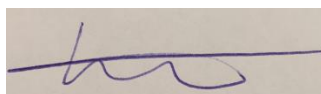
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