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The Use of Stigmatizing Messaging in Anti-Obesity Communications Campaigns: Quantification of Obesity Stigmatization

Monique Mitchell Turner, Lindsay Ford, Victoria Somerville, Donna Javellana, Kelsey Rothera Day, & Maria Knight Lapinski

Weight stigma may contribute to stress, binge eating, and suicidal ideation. Public health campaigns may perpetuate weight stigma; however, the prevalence of stigmatizing tactics in campaign messages is unknown. This study quantified the extent to which obesity-prevention campaigns in the U.S. include stigmatizing elements in print materials. A content analysis of all print advertisements (N = 182 posters) derived from 25 obesity-prevention campaigns shows 13.2% included stigmatizing elements. These stigmatizing advertisements were found in almost half (44%) of the 25 obesity-prevention campaigns analyzed. Further research is needed to establish the prevalence of stigmatizing messaging across mediums and message effects.

Keywords: Campaigns; Obesity; Social Marketing; Stigma; Stigmatizing Tactics

Approximately 19% of children in the United States between the ages of 2 and 19 years, and 40% of adults older than 20 years, have obesity (Ogden, Carroll, Kit, & Flegal, 2014). Given the relationship between having obesity and the development of

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co-morbidities, including cancer, type II diabetes, and heart disease, scholars and practitioners alike have focused efforts on decreasing levels of obesity among children and adults (Centers for Disease Control and Prevention [CDC], 2011). Social marketing and mass-communication health campaigns (henceforth “campaigns”) have been launched to encourage lifestyle behaviors that aid in weight reduction. However, such campaigns may not be effective in decreasing rates of obesity as desired and may even be associated with adverse effects among target audiences (Puhl, Luedicke, & Peterson, 2013; Walls, Peeters, Proietto, & McNeil, 2011), particularly campaigns using stigmatizing tactics.

Stigmatizing messages do not lead to positive health changes among persons with obesity compared to more emotionally neutral campaign advertisements (Puhl et al., 2013). But, they can decrease exercise intentions and increase binge eating (Vartanian & Shaprow, 2008). Despite the apparent negative impacts of stigmatizing messaging, particularly in medical contexts (Foster et al., 2003), the tactic remains popular: A content analysis of obesity-related news stories found that almost three-quarters of photos of people with obesity were stigmatizing and had a negative connotation (Heuer, McClure, & Puhl, 2011). Although Smith’s work (2007a) shows stigmatizing tactics can be found in health campaigns generally, to date, it is unclear how common such tactics are in public health obesity campaigns.

Smith (2007b) defined stigma as a “simplified, standardized image of the disgrace of certain people that is held in common by the community at large” (p. 464). Stigma messages have four common attributes: (a) content cues (visuals and language) to mark the stigmatized, (b) categorization of the stigmatized as a separate social entity, (c) linkages of the stigmatized with “physical and social peril,” and (d) placement of personal responsibility on the stigmatized (e.g., “It is their own fault”; Smith, 2007b, p. 464). Likewise, Heuer, McClure, and Puhl’s (2011) research culled out specific language and visual cues for obesity stigma, such as highlighting the overweight torso and dehumanizing individuals with obesity by cutting off their heads in photos. Importantly, including these kinds of cues in messaging encourages negative stereotypes, causes negative discrete emotions like fear or anger, and aids in the formation of negative attitudes. Thus, if people are exposed to such messaging, they may be more apt to share them with others in their in-group because it “provide(s) for in-group solidarity and differentiation from others” (Smith, 2007b, p. 463).

Obesity stigma is a pervasive, socially acceptable prejudice in the U.S. (Puhl & Brownell, 2001; Puhl & Heuer, 2009). Messages in news media, television programming, and campaigns may use verbal and/or visually stigmatizing messages to convey people with obesity as weak-willed, unmotivated, lazy, and unkempt (Schvey, Puhl, Levandoski, & Brownell, 2013)—perpetuating stereotypical views (Bresnahan, Zhuang, Anderson, Zhu, & Viken, 2017; Pearl, Puhl, & Brownell, 2012). In short, campaigns may be use stigmatizing strategies with the incorrect belief that such strategies are effective at curbing this national health crisis.

The adverse effects of obesity stigma are well-documented. Obesity stigma is particularly harmful when directed toward children as it has detrimental
consequences, including decreased self-esteem and body-image satisfaction, negative effects on dating and relationships with peers, and, in severe cases, increased depression and suicidality (Puhl & Latner, 2007). Additionally, in any age group, obesity stigma may decrease intentions to exercise (Vartanian & Shaprow, 2008). Clearly, obesity stigma has harmful effects on target audiences, yet it remains a part of campaign messaging. Although past studies have indicated obesity news has a high prevalence of stigma (Heuer et al., 2011) and messages with stigmatizing content are viewed as stigmatizing (Puhl et al., 2013), the pervasiveness of these strategies in obesity-related campaigns is unknown.

The purpose of this study was to examine, via a quantitative content analysis of obesity-related campaign print materials, the prevalence of stigmatizing strategies in obesity-related campaigns and the degree to which campaign materials are stigmatizing. We also examined target audience features of these campaigns to assess the prevalence to which these strategies appear to target children or adolescents.

Method

Sample and Inclusion Criteria

To ascertain the corpus of U.S.-based obesity related campaigns running at the time of the data collection (2010–2013), we employed the following steps. Google was searched for obesity-related social marketing and mass communication campaigns by various combinations of the terms “obesity,” “nutrition,” and/or “physical activity” along with the terms “media campaign,” “health marketing,” “social marketing,” “campaign,” “PSA,” “ads,” “communication program,” and “health promotion.” This search was replicated using a second large search engine, Bing, to provide validation that no campaign was missed or skipped. This second search did not reveal any additional campaigns. Each search combination also was run including the names of all 50 U.S. states to ensure state-wide campaigns were found. We specifically focused on campaigns that included a persuasive goal (a call to action). Campaigns not related to reducing obesity, not a media campaign (e.g., if the program was solely a health-education program), or not available on the Internet were excluded.

For the campaigns included, all print advertisements used by each campaign were downloaded to control for the fluid nature of online materials (McMillan, 2000). Print advertisements, this study’s unit of analysis, were chosen for two key reasons. First, because we wanted to include a range of campaign sizes, including small-scale campaigns that may not have a budget for televised or radio messaging. Second, because campaign message tactics and branding are regularly communicated through print materials, this format can yield an understanding of the prevalence of stigmatizing strategies. Therefore, print advertisements were collected from the websites of included campaigns. If a campaign website did not post print advertisement materials, requests for copies of materials were sent directly to the campaign staff. Campaigns were excluded from the analysis if they lacked print materials or
did not respond to the request for materials. Several advertisements in this study did not mention, explicitly, weight reduction or obesity. Print advertisements promoting healthy eating/drinking or physical activity, but not explicitly mentioning obesity, were included if the main campaign purpose was interpreted as obesity prevention and/or health promotion (e.g., reducing comorbidities).

Overall, there were 56 unique obesity prevention-focused campaigns running at the time of the study; 25 of which used print materials (Table 1). The final sample included 182 unique posters.

**Coding**

All print advertisements were coded for the three demographic elements highlighted in the visual content of the messages: the biological sex (male, female, both men and women pictured), age (elementary school-aged children, teens/adolescents, adults, all ages, unclear), and a crude estimate of race and ethnicity (White, Black, Latinx, Native American or Pacific Islander, Asian, ethnically ambiguous/multiple races pictured, or no people pictured) of the people visually depicted in the advertisement. We created codes that would be exhaustive. For example, when individuals pictured in the campaign were people of color, but it was unclear to the human eye (based on our coders) what ethnicity the individuals might be, they were coded as “ethnically ambiguous”. Because this coding was based on visuals, coders had to rely on pictorial cues such as facial maturity, height, and other contextual hints (e.g., kids on a

| Table 1 Breakdown of Stigmatizing Visual Attributes within Print Advertisements Picturing People with Overweight or Obesity |
|------------------|---------------------------------------------------------------------------------|-----------------|
| Criteria | Attribute | % Advertisements |
| 1 | Lacks a head of an overweight person or a person with obesity, but includes the rest of the body | 32.3% |
| 2 | Highlights the abdomen or stomach of an overweight person or a person with obesity’s body | 25.8% |
| 3 | Illustrates a nude midriff of an overweight person or a person with obesity’s body | 19.4% |
| 4 | Illustrates ill-fitting clothing on a person with obesity’s body | 9.7% |
| 5 | Shows an unhealthy beverage or food being consumed by an overweight person or person with obesity | 12.9% |
| 6 | Documents a sedentary behavior engaged in by an overweight person or person with obesity | 22.6% |
| 7 | Characterizes the focus of the advertisement on an object-like quality of the overweight person or person with obesity | 9.7% |
| 8 | Use of the phrase “morbidly obese” | 0% |
| 9 | Use of the word “obese” | 0% |
| 10 | Use of the word “fat” | 4.9% |
playground). This measure was used to assess the likely target audiences for the advertisements. Coders were instructed to examine the appearance of any people in the posters in conjunction with the language used (e.g., a reference to “Latinas”) to discern the race/ethnicity of the people portrayed in each advertisement. We coded the advertisements for visual elements, versus the campaign designers stated target audience (which was mostly unavailable at any rate), because these are the elements that the public sees and interprets. Thus, we wanted to include elements that are perceived by the public.

Individual print advertisements from each campaign were each coded for the extent to which they used stigmatizing strategies. Our codebook was informed by Smith (2007b) and Heuer et al. (2011) who provided an operational definition of advertisement-related obesity stigma as containing the following elements (singular or in combination [in parentheses find Smith’s language]):

1. Lacks a head of an overweight/obese person but includes the rest of the body (mark).
2. Highlights the abdomen or stomach of an overweight or obese person’s body (mark, peril).
3. Illustrates a nude midriff of an overweight or obese person’s body (mark).
4. Illustrates ill-fitting clothing on an obese body (mark, peril).
5. Shows an unhealthy beverage or food being consumed by an overweight or obese person (responsibility).
6. Documents a sedentary behavior engaged in by an overweight or obese person (responsibility).
7. Characterizes the focus of the advertisement on an object-like quality of the overweight or obese person (mark).
8. Advertisement includes the phrase “morbidly obese” (group labeling).
9. Advertisement includes the word “obese” (group labeling).
10. Advertisement includes the word “fat” outside of describing a food’s nutritional composition, such as “high in saturated fat” (group labeling).

Notably, items 1–7 comprise stigmatizing visuals while items 8–10 comprise stigmatizing language.

Coder Reliability

To gauge the reliability of the coding instrument, four independent individuals coded a random sample of 20% of all the collected advertisements to determine inter-coder reliability using Krippendorff’s guidelines (Krippendorff, 2004). Between March 2013 and July 2013, coders completed training and conducted sample coding sessions to clarify coding units. All differences in coding were discussed for clarification and determination of coding decision rules. For variables with alphas below .80, coders completed remedial training and variables were re-coded. Inter-coder reliability (Krippendorff’s alpha) was above .80 for each category coded.
Data Analysis

Each advertisement was coded for the presence or absence of each stigmatizing element (yes/no). Thus, for each poster, there is a count of the number of stigmatizing elements included. In this study, we consider messages with more stigmatizing elements as more stigmatizing (here, a score from 0 to 10). As such, the data compiled for this study include: (1) a stigma score for each individual print advertisements, (2) a stigma score for a given campaign (taking into account the number of messages created), and (3) the percentage of advertisements per campaign that had any stigmatizing elements.

To calculate the stigma score for a campaign, we examined how many print advertisements, per campaign, included 0, 1, 2, 3, or 4 stigmatizing elements (4 was found to be the maximum for any advertisement in our sample; see Table 1). For example, in one campaign, 3 print advertisements employed 2 stigmatizing elements each, 3 advertisements had 3 stigmatizing elements, and 2 advertisements included 4 stigmatizing elements: (3*2) + (3*3) + (2*4) = 23. There were 9 total print advertisements in this campaign: 23/9 = 2.555. Hence, the total stigma score for the campaign is 2.56.5

Results

Individual Advertisement Attributes

Of the 182 anti-obesity print advertisements in the U.S., 24 (13.2%) were classified as including some stigmatizing tactics (at least 1 of the 10 possibilities). These advertisements represent 11 of 25 campaigns (44%) in the sample. The data included 9 print advertisements (5%) that used stigmatizing language but were not visually stigmatizing, and 15 advertisements (8.2%) that were visually stigmatizing but did not use stigmatizing language. Zero print advertisements used both stigmatizing language and stigmatizing visuals. Of the 182 advertisements, 158 advertisements (86.8%) used 0 stigmatizing strategies (see Figure 1 and Table 2).

Campaign Attributes

Overall, few campaigns employed a mix of stigmatizing and non-stigmatizing print advertisements (see Table 1). Fourteen campaigns had zero stigmatizing print advertisements (n = 128 advertisements), three campaigns used stigma as their primary branding strategy (i.e., 100% of their advertisements included stigma, n = 6 advertisements), and 8 campaigns used a mix of stigmatizing and non-stigmatizing advertisements (n = 30 non-stigmatizing advertisements, n = 18 stigmatizing advertisements). See Table 2.
Assessment of Demographic Elements

A Chi-square analysis of perceived demographic elements in the advertisements (i.e., age, race, sex) helped to determine the breakdown of the audiences potentially targeted by the stigmatizing advertisements. Table 2 Results indicated there was no statistical difference ($p = .237$) in the perceived race/ethnicities targeted by stigmatizing advertisements (relative to non-stigmatizing advertisements), but when particular races were portrayed, most (37.5%) were White people, followed by ethnically ambiguous individuals (20.8%), Black people (20.8%), no people pictured (16.7%), and Latinx people (4.2%) Figure 2. Regarding perceived age, results indicated a statistically significant difference: $\chi^2(4, N = 182) = 8.70, p = .03$, suggesting adults

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**Figure 1** Breakdown of advertisements by stigmatizing attributes.

**Figure 2** Breakdown of stigmatizing advertisements by target age ($p = .035$).
<table>
<thead>
<tr>
<th>Campaign Name</th>
<th>National Campaign?</th>
<th>Campaign Stigma Score</th>
<th>Number of Stigmatizing Attributes Per Ad</th>
<th>Total # of Ads</th>
<th>% of Ads in campaign with stigma</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-2-1-0 Campaign</td>
<td>No</td>
<td>0.00</td>
<td>12</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>Eat Smart, Move More</td>
<td>No</td>
<td>0.00</td>
<td>15</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td>iChoose600</td>
<td>No</td>
<td>0.00</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>It Starts Here</td>
<td>No</td>
<td>0.00</td>
<td>16</td>
<td>16</td>
<td>0</td>
</tr>
<tr>
<td>Life’s Sweeter</td>
<td>No</td>
<td>0.00</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>MyPlate</td>
<td>Yes</td>
<td>0.00</td>
<td>3</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Pick a Better Snack and Act - Iowa</td>
<td>No</td>
<td>0.00</td>
<td>51</td>
<td>51</td>
<td>0</td>
</tr>
<tr>
<td>Portion Size Matters</td>
<td>No</td>
<td>0.00</td>
<td>7</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Rethink Your Drink</td>
<td>No</td>
<td>0.00</td>
<td>3</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Rethink Your Drink Now Santa Clara County</td>
<td>No</td>
<td>0.00</td>
<td>4</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Sugar Smarts</td>
<td>No</td>
<td>0.00</td>
<td>4</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Think About Your Drink</td>
<td>No</td>
<td>0.00</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>We Can</td>
<td>Yes</td>
<td>0.00</td>
<td>7</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Time to Scale Back</td>
<td>Yes</td>
<td>0.00</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Active Life Movement</td>
<td>No</td>
<td>1.00</td>
<td>6</td>
<td>9</td>
<td>33%</td>
</tr>
<tr>
<td>Cut Your Portions</td>
<td>No</td>
<td>1.67</td>
<td>1</td>
<td>3</td>
<td>66%</td>
</tr>
<tr>
<td>Food Fit Philly</td>
<td>No</td>
<td>0.17</td>
<td>5</td>
<td>6</td>
<td>16%</td>
</tr>
<tr>
<td>Let’s Move</td>
<td>Yes</td>
<td>0.08</td>
<td>12</td>
<td>13</td>
<td>8%</td>
</tr>
<tr>
<td>Pouring on the Pounds</td>
<td>No</td>
<td>0.33</td>
<td>2</td>
<td>3</td>
<td>33%</td>
</tr>
<tr>
<td>Small Steps to Get Healthy</td>
<td>Yes</td>
<td>2.56</td>
<td>1</td>
<td>3</td>
<td>33%</td>
</tr>
<tr>
<td>Strong4Life</td>
<td>No</td>
<td>0.50</td>
<td>0</td>
<td>2</td>
<td>100%</td>
</tr>
</tbody>
</table>
You’re the Cure 0.67 Yes 2 0 1 0 0 3 33% Fat Smack 1.00 No 0 4 0 0 4 100% Once, Kids Played Like Their Lives 2.00 No 0 0 1 0 1 100% Depended on It 1.00 No 0 0 1 0 1 100%

Parents Step Up 1.00 No 0 1 0 0 1 100%

Total number of advertisements 158 9 7 5 3 182

Note. The percentage of total advertisements provides a sense of the number of campaign advertisements in a campaign that have some stigma. The stigma score considers how many stigmatizing elements were in each advertisement and, therefore, provides a continuous variable to operationalize how stigmatizing a campaign is.
are disproportionately portrayed in stigmatizing advertisements (79.2%) relative to non-stigmatizing advertisements. Adolescents were portrayed in stigmatizing messages 12.5% of the time. In 4.2% of stigmatizing campaigns, the age of the people pictured was unclear, and 4.2% of campaign messages portrayed all age groups. With regard to perceived biological sex, results indicated a statistically significant difference: $X^2(2, N = 182) = 125.66, p < .001$, suggesting males portrayed alone (rather than in groups) are more commonly portrayed in stigmatizing anti-obesity campaigns (46.7%) relative to females alone (20.0%) and both sexes (33.3%).

### Discussion

This study provides evidence regarding the use of stigmatizing elements in anti-obesity campaigns. Although prior research indicates that the news portrays people with obesity in a stigmatizing fashion (Puhl & Heurer, 2009) and people view messages including stigmatizing components as stigmatizing, it was unknown whether this was a prevalent strategy in public health’s fight against obesity (Heuer et al., 2011). This study quantified obesity stigma within print campaign messages by coding for stigmatizing elements and scoring printed advertisements based on the number of stigmatizing elements found within each one. Overall scores for specific campaigns were determined as were the individual scores for visual and verbal elements.

Nearly half of all campaigns (44%) coded in this study used at least one stigmatizing strategy. Several of the campaigns included more than one print advertisement, and taking the total number of print advertisements into account, we found 13.2% of all print advertisements were classified as stigmatizing. Yet, in the campaign world, the number of advertisements with stigmatizing components is not necessarily the critical outcome variable. Rather, it is important to consider “reach”. Many of these campaigns ran nationally, and potentially reached hundreds of thousands of Americans (a conservative estimate). It is unknown whether there is a dose effect of stigmatizing campaigns on negative health outcomes; however, given that research in other health contexts (HIV prevention and testing) has demonstrated stigma is a destructive force (Lapinski & Nwulu, 2008; Woods et al., 1999), this finding is disappointing. It also provides a possible explanation for the failure of such campaigns to see effects on individual behaviors and may explain broad social attitudes toward obesity. Indeed, for obesity prevention and reduction, research has shown that the use of stigmatizing messages is ineffective and may have wide-ranging negative effects. In particular, the use of stigmatizing language and images toward persons with obesity can result in many detrimental consequences, including decreased self-esteem and body-image satisfaction, negative effects on dating and relationships with peers, and the development of depression and suicidality (Puhl & Heuer, 2009). As such, the evidence of the use of stigmatizing messages provided in this study suggests the need for campaign designers to more carefully consider the unintended effects of obesity-related messages.
Although most of the advertisements featured adults, several messages featured adolescents. This is particularly dangerous to the mental and physical health of this young group in the throes of developing their identity and is likely to inadvertently reinforce social stereotypes among a group where peer influence is salient. In fact, obesity stigma can activate social identity threat that can lead to increased calorie consumption and other negative consequences (Hunger, Major, Blodorn, & Miller, 2015).

Our data cannot speak to the intent of the campaign designers who created the advertisements. It is assumed designers who use stigmatizing elements do not have malicious intent but use these content elements because of a false belief the elements are effective at countering behaviors that are predictive of obesity. Our findings suggest the unintended consequences of communication campaigns should receive more attention from both researchers and campaign designers. In particular, one implication of these data is that additional training on potential perverse effects of campaigns is vital in the social marketing and health communication community and could follow the typology described in Cho and Salmon (2007). This training could cover perverse campaign effects broadly as well as how it specifically relates to stigma across health contexts where there is robust research. Such training should include content on how stigma is defined, how it is created and perpetuated by campaigns (and other forms of mediated communication), the kinds of message elements that are tied to stigmatization, and the potential consequences of using stigmatized messaging. In addition, organizations, associations, and research centers might consider highlighting the importance of understanding obesity stigma, in particular, and its effects on their websites, newsletters, and social media outlets (see Rubino et al., 2020 consensus statement on obesity stigma). Our data also highlight the importance of conducting formative, outcome, and impact evaluation of communication campaigns to inform the development of future campaigns and curtail the usage of ineffective or counter-productive strategies, such as stigmatization.

Social marketers must strive to find non-stigmatizing ways to inspire people with obesity to seek help from professionals or lose weight on their own. Persuasive messages in the obesity context often present recommended behaviors or lifestyle modifications. If message receivers believe they can engage in the recommended behaviors and expect positive outcomes, they are more likely to take action. Perhaps more importantly, the national conversation about obesity should change altogether. Messages should be health-promoting and acknowledge the evidence that one can be healthy at any size (Tomiyama, Ahlstrom, & Mann, 2013); increasing vegetable intake and physical activity are the strongest predictors of health—not BMI (Farrell, Braun, Barlow, Cheng, & Blair, 2002). It seems clear that health communication needs to focus on these behaviors and health outcomes and not the body mass of individuals.

This study is not without limitations. Although an entire corpus of available print advertisements was coded, the study's time frame was limited to three years.
Therefore, the data do not imply long-term use of stigmatizing strategies nor do they provide a comparison of stigmatizing tactics used across timeframes. Additionally, the sample consisted of web-based searches for print materials and did not include television or radio spots or campaigns without a web-presence. Although it is assumed that messages used by a campaign in print advertisements are similar to those used by the same campaign for TV and radio advertisements, future research is recommended to confirm these findings and establish the existence of stigmatizing messages across advertisement mediums.

Conclusion

When designing public health interventions focused on obesity prevention, it is important to avoid stigmatizing campaign strategies. The prevalence of stigmatizing messaging in nearly half of all national obesity prevention campaign print materials implies a need for greater sensitivity training in the field. Professionals must be trained to recognize obesity stigmatization, to reduce usage of stigmatizing messaging and consider the unintended consequences of communication campaigns.

Notes

1. We did not use the terms “public health” and “intervention” to avoid weight loss interventions such as the diabetes prevention program or Weight Watchers™.
2. Bing, Microsoft’s search engine, was chosen as it is the second best rated search engine on the market and is considered a large search engine.
3. Health education was defined as an intervention with the sole purpose of informing and educating participants but did not have attitude change goals. If the campaign included a call to action, it was considered persuasive.
4. If an ad included the term “morbidly obese” the coders were trained to not double code it for also including the word “obese”. No ad included the term “morbidly obese”.
5. In this study, non-stigmatizing means an absence of the tactics coded in our analysis. Smith (2007a) distinguished stigmatizing frames with challenge frames, but we did not code for challenge frames.
6. Notably, the units of analysis (the poster) are not independent from their campaign. Thus, the interdependence created by the higher order structure (campaign) could create biases in results. This is a limitation to the analysis.

Disclosure Statement

No potential conflict of interest was reported by authors.

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