The Application of Stigmatization and Fear Tactics in a Childhood Obesity Campaign: An Inappropriate Means to Prevention

Jillian L.S. Avis, BA. PhD Candidate, Department of Pediatrics, Faculty of Medicine & Dentistry, University of Alberta, Edmonton, AB

OBJECTIVE
Media is communicated through many forms (e.g., the Internet, print, radio, social media, television) and is used for a variety of purposes, including advertising, entertainment, and news. The media plays a particularly vital role in the distribution and uptake of health-related information as many individuals acquire this information from media sources. To understand and interpret educational health campaigns in the media, theoretical frameworks can be useful tools to apply. In this paper, communication theory will be used as an instrument to critically analyze a childhood obesity campaign, and theoretical components at both the micro- and macro-level will be explored.

THE ISSUE: CHILDHOOD OBESITY
Childhood obesity is an urgent public health issue. Approximately one-third of Canadian children are overweight or obese, and the proportion of children classified as such has more than doubled over the past twenty-five years. Due to the high likelihood that obesity will persist into adulthood, children with obesity are at increased risk for developing type 2 diabetes, coronary heart disease, hypertension, and other cardiometabolic illnesses. Additionally, childhood obesity has negative consequences in the short-term including physical functioning and psychosocial health.

Childhood obesity has a multifaceted etiology, and studies have highlighted the complex genetic, hormonal, perinatal, psychological, and social origins associated with the disease. Researchers have found both powerful predictors of childhood obesity, such as maternal obesity, and factors of less predictive strength including gestational weight gain, weight gain in early infancy, and maternal smoking during pregnancy. In addition to obesity's composite origins, several environmental factors are associated with obesity in children; in recent years, the proliferation of online technology coupled with the wide availability of inexpensive and highly palatable foods have contributed to an obesogenic environment that implicitly encourages sedentary behaviour whilst reinforcing unhealthy dietary habits in youth. Consistent with such pervasive environmental influences, it is not surprising that overweight and obese children exhibit sub-optimal lifestyle behaviours. Research has shown the majority of overweight children referred for pediatric weight management do not meet dietary or physical activity recommendations, with less than 15% of participants meeting guidelines for daily fruit and vegetable intake, and only 7% satisfying the daily threshold for moderate-to-vigorous activity.

Despite evidence which has chronicled obesity's complex etiology rooted in both biological and environmental origins, to date, the media has often portrayed childhood obesity in a biased manner. Contributing to this mis-representation of obesity is the depiction of stereotypical substandard lifestyle behaviours (e.g., lack of physical activity, overeating), an overemphasis on parental responsibility, and a reinforced association between social desirability and physical thinness. Consequently, many members in society believe that children with obesity just need to eat less and move more, an adage that undermines the complexity of obesity and is akin to suggesting a person with depression just needs to cheer up, which is the equivalent in terms of lack of understanding and empathy. Taken together, the media's biased representation of obesity has supported the perpetuation of an overly simplistic, subjective understanding of this complex disease.

GEORGIA'S CHILDHOOD OBESITY CAMPAIGN
According to the Centers for Disease Control and Prevention (CDC) based in the United States, approximately one-third of American children are overweight or obese, and the state of Georgia represents no exception. In 2011, in response to one of the highest rates of childhood obesity in North America, Georgia launched a multimillion dollar campaign entitled Strong4Life. A sample of messages from the campaign is shown in Figure 1; advertisements communicated various causes and consequences of childhood obesity whilst highlighting parent’s responsibility for children’s weight status. Messages of obesity causes related to children's suboptimal dietary habits, and messages of obesity consequences included adverse psychosocial impacts, risk of obesity in adulthood, risk of adverse events in the long-term (e.g., cardiovascular disease, diabetes, depression), and reduced lifespan and quality of life.

COMMUNICATION THEORY
Communication occurs via an array of media, and the twenty-first century has been characterized by an increasing use of innovative and online forms, especially for health information. Communication does not occur in isolation, and rather entails dynamic, complex processes at and between individuals, groups, organizations, and society. At all levels, the following components are pivotal to the communication process: the sender or information source (encodes and transmits information), the message (content), the medium or channel (means of message transmission), the audience (receives and decodes information), and the effect (impact and outcome of the message). Figure 2 demonstrates the Shannon-Weaver model of communication, which is used to represent this communication process. In this model, noise refers to factors that potentially interfere with accurate message dissemination (e.g., static on the radio), and in updated versions, feedback...
accounts for the adjustment of messages by producers and senders in response to receivers' reactions and responses. Although the Shannon-Weaver model has formed the foundation of communication theories to date, limitations include its simplicity and lack of accountability for bidirectional influences.

Though no single, coherent models exist, frameworks in communication theory encapsulate the idea of information flow and interaction. Deriving concepts from political science, psychology, and sociology, such theories have framed analyses from “micro” to “macro” levels, representing small- (e.g., communication between individuals) to large-scale (e.g., communication between groups and organizations) processes, respectively. To date, research using both frameworks has investigated two main areas—message production, which refers to the production of media content as determined by societal and organizational factors, and its counterpart, media effects, which refers to the translation and dissemination of media, and how it affects individuals, groups, institutions, and/or communities. At the micro-level, theories (e.g., elaboration likelihood model and social cognitive theory) explain media effects on individual information processing and how this leads to behaviour change. At the macro-level, theories focus on implications to public health and social change, and include the knowledge gap (a model which addresses the unequal distribution of knowledge across the population), agenda setting (a mechanism which implies a strong correlation between salience of topics in the media and the importance society places on such topics), and cultivation analysis (the study of biased representations in the media and receiver’s perceptions of reality).

THEMES OF ANALYSIS

Message Production. Message producers are powerful actors in the communication process as they specify what information is brought to the public and encode and transmit this information, which is not often devoid of subjectivity. In Georgia’s campaign, advertisement messages would likely have differed dramatically if message producers were government officials or multidisciplinary healthcare clinicians; while message producers in government may have highlighted economic and societal consequences of childhood obesity, clinicians may have focused on children’s quality of life and long-term health outcomes. The Strong4Life campaign was developed by the Children’s Healthcare of Atlanta, led by business-oriented directors and multidisciplinary clinicians, the former consistent with the campaign’s focus on parental responsibility, and the latter with messages pertaining to long-term health outcomes and risk of premature mortality.

Modeled after conventional anti-smoking campaigns, using fear tactics and an aggressive, high-intensity fear appeal, Georgia’s anti-obesity campaign was not well-received by the public. Two factors contributed to the campaign’s fruitless message production: first, the message ignored childhood obesity factors not under volitional control (e.g., epigenetic influences, hormonal factors, genetic predispositions) which contributed to the shame and blame attitude toward parents of obese children. Second, producers of this message focused on only one lifestyle behaviour associated with childhood obesity (diet) and disregarded well-established obesity-related behaviours (e.g., physical activity, sedentary living, sleep). Such a heavy emphasis on dietary behaviour overshadows obesity’s multifaceted etiology despite that high-quality studies and reviews have demonstrated the complex biological, epigenetic, hormonal, psychological, and social origins of obesity. Taken together, although the campaign intended to communicate a pithy and powerful message, the result was a subjective and biased representation of obesity.

Framing. Framing refers to the processes by which message producers conceptualize an issue in which positive outcomes are associated with either enacting a healthy behaviour or abstaining from an unhealthy behaviour; issues may be "loss-framed", in which negative outcomes are associated with either enacting an unhealthy behaviour or abstaining from a healthy behaviour. Gain-framed messages are best suited to increase preventative behaviours (e.g., condom use, sunscreen use) and restorative behaviours (e.g., medication use), and loss-framed messages are most effective to motivate detection and screening (e.g., HIV testing, cancer screening). Georgia’s campaign utilized a loss-framed message, in which youth were depicted as at risk for a variety of imminent and long-term adverse events by enacting stereotypical obesogenic behaviours (e.g., overindulging at the buffet, eating big meals). Messages demonstrating the loss-frame include, “fat kids become fat adults”, “chubby kids may not outlive their parents”, and “obese kids are a good bet for type 2 diabetes” (Figure 1).

Georgia’s campaign highlighted the causes of childhood obesity using an individual and family responsibility frame, and in doing so, broader social-ecological influences of obesity were disregarded. Consequently, children’s overweight status was largely attributed to parental and family factors, implying that healthy behaviour change is controllable within the home environment. By framing in this manner, accountability is displaced away from society whilst reinforcing public misperception that childhood obesity is a shameful condition that arises due to lack of parental and individual discipline. In response, researchers have advocated for a shift toward shared responsibility of obesity. By reframing childhood obesity accordingly, public support for government-level interventions may be prompted.

In addition to the advertisement’s loss-frame, Georgia’s campaign did not provide parents with clear, explicit recommendations on how to improve children’s obesogenic lifestyle behaviours. Consistent with theories that emphasize emotions and coping responses (e.g., protection-motivation theory [PMT]), it is imperative for fear-appeal messages to provide recipients with clear guidance on how to plan or take action. According to Witte and Allen (2000), fear appeals tend to produce two effects amongst receivers – threat perception associated with a specific behaviour and...
Thus, in order to be effective, messages using fear appeals need to provide the receiver with explicit resources and direction to protect against the threat. Accompanied by a lack of clear recommendations for healthy behaviour change, fear appeal messages (e.g., “big bones didn’t make me this way, big meals did”) can potentially distress the receiver and produce maladaptive coping responses; when means to facilitate the coping response are not apparent, receivers may engage in activities that either exacerbate current behaviours (e.g., parents increase emotional eating, a behaviour potentially modeled by children) or reduce fear without actually addressing the specific threat (e.g., ignoring the adverse outcomes of obesity in children)32.

Media Effects at the Micro-Level. In considering media effects, which refers to the outcomes of media exposure on individuals, groups, organizations, and society, Georgia’s campaign created controversy and debate among parents and health experts alike. A preliminary analysis of the campaign reveals three factors that contributed to the campaign’s undesirable media effects at the micro-level: first, the advertisements portrayed unhappy, sullen, and lifeless-looking children, and unsurprisingly, parents did not respond favorably to such morose representations of children, particularly when marketed as a ‘warning’. Second, all advertisements were in black-and-white with colour used solely for red warning labels, ultimately facilitating receiver’s processing of this urgent, startling message. Lastly, the messages included negative, emotionally-charged words, such as fat, obese, and chubby, and research has shown that parents believe such terms stereotype their children33,34; rather, parents prefer terminology that is neutral and non-judgmental (e.g., heavy or unhealthy weight)33.

MEDIA EFFECTS AT THE MACRO-LEVEL

Knowledge Gap. To date, research has shown that public knowledge of different areas, such as healthy lifestyle behaviours for children, is not equally distributed across the population18. Knowledge distribution and uptake across the population is positively associated with socioeconomic status (SES); according to the knowledge gap hypothesis34, higher SES groups are more likely to benefit from the flow of information (Figure 2) in society in comparison to lower SES groups. In a recent study, Kim et al.35 found that of families with overweight or obese children in the lower-income bracket, mothers tended to be heavier and children tended to have lower self-esteem and more depressive symptoms compared to their middle- to high-income bracket counterparts. Furthermore, suboptimal lifestyle behaviours relating to diet and television watching were more prevalent among overweight children whose parents’ had lower levels of education and were in the lower income bracket35. It is not surprising that such disparity is mimicked by parental misperceptions of children’s weight status (communicated by Georgia’s campaign video entitled, “Why am I fat?”); studies have found that lower parental education and household income are significantly correlated to parent’s underestimation of obese children’s weight status36,37.

Georgia’s campaign attempted to bring awareness to parental misperception of children’s weight status (“75% of Georgia parents with overweight kids don’t recognize the problem”). This printed message, however, may not have been interpreted and used by the group it intended to target, as groups that obtain information from printed mediums are more likely to have formal education in comparison to nonreaders18. Additionally, lower SES groups are more likely to exhibit levels of motivation and interest in specific areas (e.g., improving lifestyle behaviours) that is subpar to mid- and high-SES groups38. Taken together, both reasons suggest that the advertisement might have reached a smaller proportion of lower SES parents in comparison to middle and high-SES parents, and of those parents reached, only a segment may have been sufficiently motivated to improve their children’s lifestyle behaviours. Theoretically, to attenuate the potentially low uptake of Georgia’s message by lower SES groups, the campaign should have provided information and strengthened receiver’s perceived ability, motivation, and self-efficacy39. To strengthen self-efficacy and skill development, the campaign could have employed modeling or vicarious performance (e.g., self-instructed performance of a parent cooking a simple, healthy breakfast for their children), or measures to reduce emotional arousal (e.g., provide parents with resources to mitigate stress40).

Agenda Setting & Cultivation Analysis. As the prevalence of childhood obesity has increased substantially over the past twenty-five years, media coverage of the causes and consequences of obesity has grown proportionately. Consistent with the agenda-setting theory21, childhood obesity is a salient topic in the media and in turn, many have come to regard this topic as important and worth considering. To date, obesity advertisements contributing to this dominance in the media have used gain-frames, demonstrating the benefits of children’s healthy lifestyle behaviors. Despite this, childhood obesity rates have steadily increased. In response, Georgia’s campaign took an aggressive, loss-framed response to shock and attenuate complacency among message receivers, particularly parents. Arguably, such an approach halted the public’s habituation to positive-framed messages regarding childhood obesity; however, this extreme approach placed blame on parents while leaving them unarmed in the fight against childhood obesity.

Along with salience in the media, stigmatization towards overweight and obese individuals is increasingly common41. Results from an analysis of printed media revealed that attributing negative characteristics to overweight people, exhibiting extreme characteristics of individual cases, and holding individuals responsible for unsuccessful weight management have contributed to the stigmatization of obesity42. The macro-level theory of cultivation analysis43 may help to explain why society tends to view obesity as a disease caused by overindulgence and lack of self-control. As media coverage tends to focus on individualistic obesogenic factors that contribute to childhood obesity, this fosters biased societal perceptions. As demonstrated by Georgia’s campaign, although communication of the consequences associated with childhood obesity was relatively accurate and encompassing, the campaign focused on only one contributor to obesity – diet – and disregarded hormonal, social, psychological, genetic, and epigenetic origins of obesity. Such a narrow focus on obesity aids in perpetuating a simplistic, subjective understanding of a complex disease.

CONCLUDING REMARKS

Utilizing aggressive, loss-framed messages, Georgia’s childhood obesity campaign mimicked conventional, anti-smoking advertisements typically used to shock the receiver. Emotionally-charged messages were not accompanied by explicit recommendations for parents to feasibly improve children’s lifestyle behaviours, and efforts to strengthen receiver’s self-efficacy were not employed. Consistent with the public’s reaction to the advertisements, the campaign was unsuccessful in encouraging healthy behaviour change among Georgian families.

Despite the increasing prevalence of childhood obesity across North America, message
producers need to be cognizant of empirically-supported factors that may facilitate parents in the uptake of healthy lifestyle behaviours for children. For example, in contrast to Georgia’s campaign, parents may have responded more favorably to non-judgmental advertisements with neutral terminology and a friendly aesthetic appeal. Although not recommended, if childhood obesity advertisements are loss-framed as opposed to gain-framed, it is crucial to provide receivers with information and clear recommendations and appropriate resources as to how the perceived threat can be reduced. Such messages also need to reinforce receiver’s self-efficacy to perform the behavior. Lastly, as the coverage of childhood obesity continues to increase in the media, a more holistic approach is warranted; a vast body of literature has demonstrated obesity’s composite origins, and message producers need to communicate this information in a more unbiased, objective manner via media accessible and available to a wide array of groups in the population.

References