Reporting obesity responsibly – a review of English-language media guidelines



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Acknowledgements

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Executive Summary

Weight stigma is a global problem and has been shown to have a range of negative impacts on the psychological and physical health of individuals who live with obesity. Stigmatising representations of people with obesity in the media are of particular concern. A number of organisations within and beyond the Australian context have published guidelines identifying stigmatising reporting practices and proposing non-stigmatising alternatives. However, despite a high degree of consensus on best practice between the guidelines, weight stigma in the media persists. This report reviews a range of guidelines and identifies the recommendations which are most widely supported. These include:

Framing

Choosing which aspects of the story to focus on:

- avoid single-narrative, personal responsibility stories
- avoid perpetuating negative stereotypes of people with obesity
- strive for nuance and balance, including a range of angles and voices

Language

Referring to and describing obesity and people with obesity:

- avoid pejorative and otherwise negative wordings
- use people-first references ("people with obesity") and medically-accurate size descriptors

Images

Illustrating story narratives with pictures:

- avoid depictions of 'problem behaviours' such as overeating or being sedentary
- avoid depersonalising compositions such as headless bodies, or close-ups of body parts
- show depictions of people with obesity who are well-groomed and active in professional life

Full report

Preamble

Weight stigma is widely recognised as a global problem. Potential effects of weight stigma on individual wellbeing range from increased likelihood of anxiety, depression, substance abuse and suicidal thoughts and behaviours, to reduced motivation to engage in weight-related health behaviours. (For a full discussion, see this rapid review of studies of weight stigma compiled by researchers at the Charles Perkins Centre in association with the Obesity Collective.) Despite a high degree of consensus about the prevalence of weight stigma in the media, reporting practices remain a particular concern. Negative and stigmatising portrayals of people with obesity are pervasive and perpetuated both through framing of (news) stories and through language and image choices. This report reviews the recommendations put forward within a range of reporting guidelines that have been published to attempt to redress this imbalance.

The guidelines

The surveyed reporting guidelines have been produced by Australian and international organisations which are active in improving perceptions and treatment of people with obesity. Details of the guidelines that are covered in this review are provided in Table 1. (Not included in this report is the Obesity Collective's quick guide.)

Organisation	Year	Country	Title	Link
Obesity Australia	2015	Australia	Rethink obesity: A media guide on how to report on obesity	https://static1.squarespace.com/static/57e9ebb16a4963ef7adfafdb/t/57ea17b0f7e0ab1a3449ef1b/1474959285344/A-media-guide-on-how-to-report-on-obesity.pdf
World Obesity Federation	2018	Global	Weight stigma in the media	https://www.worldobesity.org/resources/resource-library/world-obesity-day-2018-media-report
Western Australia Department of Health	2020	Australia	Shift: A guide for media and communications professionals	https://ww2.health.wa.gov.au/~/media/Corp/Documents/Health-for/Health-Networks/Healthy-Weight-Action-Plan/Shift-A-guide-for-media-and-communications-professionals.pdf
Rudd Centre, Obesity Society & Obesity Action Coalition	2014	USA	Guideline for media portrayals of individuals affected by obesity	https://uconnruddcenter.org/wp-content/uploads/sites/2909/2020/07/MediaGuidelines_PortrayalObese.pdf
NSW Centre for Overweight and Obesity	2007	Australia	Reporting obesity: A resource for journalists	https://ses.library.usyd.edu.au/bitstream/handle/2123/16807/2007_reporting_obesity.pdf?sequence=1&isAllowed=y
One Life Suffolk, Suffolk County Council & Leeds Beckett University	2020 (?)	UK	Media guidelines: Avoiding weight stigma and discrimination	http://obesitycanada.ca/wp-content/uploads/2020/02/WOF_Media_guidelinesDev1-1.pdf

Table 1. The surveyed guidelines

The recommendations

Broadly speaking, the guidelines aim to raise awareness of stigmatising reporting practices and provide alternatives which afford people with obesity dignity and respect. The recommendations tend to target practices at one of three levels: organisational practices around training and investment, journalistic practice concerning story selection and framing, and language and image choices. This report focuses on those recommendations that are most directly related to story construction: framing, language choices and image choices. (Recommendations related to organisational and industry practices can be found in the guide by the NSW Centre for Overweight and Obesity listed in Table 1.) As becomes clear, the guidelines from different organisations show varying degrees of consensus on particular recommendations (although a common spirit is shared) — areas of alignment are clearly visualised in the tables that we provide below.

Framing

Framing refers to the way certain aspects of a story can be foregrounded to support particular interpretations. For example, the most common frame in obesity reporting, according to the guidelines, is 'personal responsibility and blame' which centres factors like diet and sedentary behaviour, while minimising or backgrounding other societal contributors. The reviewed guidelines discuss frames that should be avoided, as well as those that can be adopted *more* to redress the existing (overly negative) imbalance (as visualised in Table 2 on page 7).

Avoid

- **Shame and blame** around lifestyle factors like diet and lack of exercise—centring these aspects as the main (or only) cause for problems with weight is unanimously reported as being stigmatising.
- A **problem-focussed approach** in general is also criticised. For example, focussing only on factors like the scale and economic costs of obesity, without including the context on the complexity of obesity, is stigmatising. While scale/cost should not be the sole focus, if such information is included it needs to be reported with accurate dollar amounts and be discussed alongside other aspects.
- Negative **stereotypes** contribute to stigma and should be avoided. Common stereotypes relate to laziness and poor productivity, negative character and moral judgements, low intelligence and abilities, and unattractiveness.
- **Humour and ridicule** are very damaging and considered unethical.
- Foregrounding the **aesthetic aspects** of the condition also receives criticism. Journalists are advised to avoid focussing on either obesity or weight loss as issues of image.

Adopt

- Foregrounding **complexity** and striving for **balance** is strongly recommended. There are many contributors to and means of addressing obesity beyond individual control, and coverage should include thoughtful discussion of a range of each.
- **Scientific, public health and holistic wellbeing understandings** should be the predominant frames adopted. Experts in these areas should be interviewed. Public health measures should not be demonised. The benefits of losing weight to clinical health should be balanced with those for mental and social wellbeing.

- Journalists should interview key **government and industry actors** about their public health responsibilities, as well as making space for the **personal experience** of people living with obesity. Choice of sources should go beyond the health and medical frame.
- **Social diversity** and the inclusion of people of a range of weight/size groups, genders, ages, ethnicities, interests and opinions help avoid stereotypical portrayals. Journalists should avoid illustrating obesity news with people with extreme BMIs.
- Highlighting the **expertise, authority and skills** of people with obesity helps combat inaccurate stereotypes of laziness and low intelligence.
- **Solutions and help seeking** are important for balancing coverage of problems and barriers and, ultimately, for encouraging behavioural change. Discussions should be framed around support, possibility and opportunity, and should provide links to further help or information

Language

Stigma is perpetuated through both action and language, and the language used in the media is considered particularly influential for forming attitudes. The guidelines provide recommendations on examples of specific terminology and wordings to adopt and avoid (as visualised in Table 3 on page 8).

Avoid

- **Pejorative and condition-first language** are widespread concerns within the guidelines. Examples of terms to avoid include: “fat”, “fatty’, “obese people”, “chubster”, “flab”, “supersized” and “mammoth”.
- **Negative adjectives and adverbs** are also discouraged. This includes descriptors of people with obesity, such as “lazy”, and terms for degrees of overweight (including medical classifiers) such as “severely” and “morbidly”.
- **Negative reference to obesity**—terms such as “curse”, “strain”, “plague” and “epidemic” have strong negative connotations, as does the term “suffer” in constructions such as “people who suffer obesity”.
- **Combative language**—like “war on obesity”, “fight obesity”, “obesity crisis”—positions people with obesity as adversaries of others.
- **Prohibitive language** around public health measures is counterproductive, eg. “policing”, “banning” and “nanny state”.
- **Medical jargon** can be a barrier to understanding obesity and lead to further stigma. Coverage of medical and scientific factors should use plain language wherever possible.

Adopt

- **People-first language**—such as “people with obesity” as is used throughout this report—is recommended by all the guidelines. Other options include “people living with obesity”, “people affected by obesity” and “people with a BMI in the obese range”.
- Using the **preferred descriptors** of the individuals being discussed is also considered good practice.
- **Scientific descriptors** such as BMI scores or numerical obesity classes (I, II and III) are preferable to outdated labels such as “morbidly obese”. However, these should only be included where *explicitly* relevant.
- **Accurate and specific statistics and figures** help position obesity as a quantifiable and therefore manageable social challenge.

	ADOPT							AVOID				
	Complexity and balance	Science, public health, wellbeing	Solutions and help seeking	Social diversity	Gov and industry responsibility	Expertise, authority and skills	Personal experience	Shame and personal blame	Stereotypes	Humour and ridicule	Problems	Aesthetics
Obesity Australia	✓	✓	✓	✓		✓		X	X	X		X
World Obesity Forum	✓							X				
Western Australia Department of Health	✓	✓	✓		✓		✓	X			X	
Rudd Centre, Obesity Society & Obesity Action Coalition	✓	✓	✓	✓		✓		X	X	X		
NSW Centre of Overweight and Obesity	✓	✓	✓	✓	✓			X	X		X	X
One Life Suffolk, Suffolk County Council & Leeds Beckett University	✓			✓				X	X	X		

Table 2. Framing recommendations in the guidelines

	ADOPT				AVOID					
	People-first language	Scientific descriptors	Individuals' preferred descriptors	Accurate, specific language	Pejorative language	Negative adjectives and adverbs	Negative reference to obesity	Combative language	Prohibitive language	Excessive medical jargon
Obesity Australia	✓	✓	✓		X	X				
World Obesity Federation	✓	✓		✓	X	X	X			X
Western Australia Department of Health	✓	✓	✓		X	X		X	X	
Rudd Centre, Obesity Society & Obesity Action Coalition	✓	✓	✓		X	X				
One Life Suffolk, Suffolk County Council & Leeds Beckett University	✓	✓		✓	X			X		

Table 3. Language recommendations in the guidelines

Imagery

Several guides note that images accompanying news stories provide clues for how the story should be interpreted and understood, making them an important aspect of story framing. However, the images included within obesity stories are often as stigmatising as the language described above. This section summarises the kinds of images that should be avoided and those to be favoured (as visualised in Table 4 on page 10).

Avoid

- **Depersonalising compositions**—those depicting larger bodies as headless, from the side or rear, isolated body parts like the abdomen, and those using unflattering angles—are dehumanising and should be avoided.
- **Appearance shame** is perpetuated by images that show people with obesity without clothes, with a bare midriff, in ill-fitting clothing or with an unkempt appearance.
- Images picturing individual **'problem' behaviours**—such as eating or drinking unhealthy or junk foods, over-eating, engaging in sedentary behaviour by lying down or watching TV, or buying or selling unhealthy foods—reenforce the personal blame narrative.
- **Negative emotions** imagery accompanying news stories about obesity can communicate that obesity itself is the cause. Depictions of people with obesity with sad facial expressions or being excluded from a group (eg. a lone child) are to be avoided.
- Images of people with **extreme BMIs** should not be used to illustrate obesity.

Adopt

- **Professionalism** in obesity imagery helps combat assumptions that people with obesity are slovenly or under-productive. Examples of favourable images include people with obesity wearing professional, well-fitting clothing and with a well-kept appearance or portrayed as an expert, advocate or professional (e.g. teacher, health worker, business person).
- **Solutions** imagery—both individual, like exercising and eating healthy foods, and societal, like green spaces, playgrounds and public transport—are preferable to problems and causes.
- People with obesity should be shown engaging in **everyday activities** (e.g. walking down the street, buying healthy foods) and in stories about issues other than obesity.
- Images of **external drivers** are non-stigmatising alternatives to individual behaviours, e.g. obesogenic foods and beverages, congested streets and traffic, junk food advertising.
- **Diversity** in imagery can also combat stereotypes—depictions of people with obesity of diverse body sizes, ethnicities, genders, ages, as well as activities, roles, careers and lifestyles—especially if interacting—help dispel stigma.

A coalition of organisations has collaborated to provide a library of non-stigmatising images for use when reporting on obesity—access is available here.

	ADOPT					AVOID				
	Professionalism	Solutions	Everyday activities	External drivers	Diversity	Depersonalising composition	Appearance shame	'Problem' behaviours	Negative emotions	Extreme BMIs
Obesity Australia	✓	✓				X	X	X		
World Obesity Federation	✓	✓	✓	✓		X	X	X	X	
Western Australia Department of Health	✓	✓	✓	✓	✓	X	X	X		X
Rudd Centre, Obesity Society & Obesity Action Coalition	✓	✓			✓					
NSW Centre of Overweight and Obesity						X				X

Table 4. Imagery recommendations in the guidelines

Concluding remarks

The most widely supported framing practices are to avoid single-narrative personal responsibility stories, instead striving for nuance and balance within and across stories, as well as eschewing inaccurate stereotypical representations in favour of angles which are informed by quality research. At the level of language choice, the best supported practices are to avoid pejorative and generally negative wordings in favour of medically-accurate, people-first references, and only where particularly relevant. Similarly, for imagery, the most frequent recommendations are to avoid using images which depict 'problem' behaviours, especially using dehumanising compositions, in favour of representing people with obesity as well-groomed and active in professional life.

Public health, general public, and media understandings of obesity as a collective responsibility are key to countering narratives of personal blame, stereotypes and shame. Many of the guidelines point out that rates of obesity and the large volume of scientific research dedicated to understanding and addressing obesity, position it as an important societal topic and newsworthy. However, finding ways to report on these stories so that they do not dehumanise people who live with obesity is also important.