



The Responsible Reporting of Obesity: Media Guidelines



Novo Nordisk has been involved in the content, funding and design of this document. Images used are from The Truth From Within project, which was created and funded by Novo Nordisk in collaboration with photographer Abbie Trayler-Smith



One in four adults in the UK now live with obesity.¹

The cause and management of obesity is still greatly misunderstood, causing people living with obesity to feel as though they are to blame, and they continue to face stigma, bias and discrimination.

We are committed to changing the obesity narrative, together with the media. In this document, we provide the truth behind obesity myths, and share insight into how you can join this movement through accurate reporting on obesity to help end weight stigma.

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As the Director of Obesity UK, I see it as part of my role to try to implement positive change on behalf of people with obesity. I am living with obesity myself and have struggled with my weight for most of my life, so I know what it feels like. I've also struggled with people's attitude towards me – and the way they pigeonhole me because of how I look.

To me, 'fat' isn't a simple adjective: it's a derogatory judgement. I suspect people hear 'fat' and think 'greedy' and 'lazy', and that they make assumptions about what I eat and how I spend my time. In the past, I've even had my work ethic questioned because of my body shape. That's why, for me 'obesity' works better: it's a scientific term describing a medical condition.

I genuinely believe that in 10 or 20 years we will look back at the way we have treated people with obesity and be absolutely horrified. But that time won't come unless we address public perceptions now – perceptions that are borne from misinformation and infect the public consciousness through the very words we use.

Stigma is insidious – it hides in nuance and breeds on ignorance. So, let's bring obesity out of the shadows. Let's educate and raise awareness. Let's strive to use words with absolute integrity. Because if we can do that, then we can start to stamp out stigma and replace it with informed, supportive conversations about weight.



Sarah Le Brocq
Director, Obesity UK



During the last 30 years I've worked at a range of publications, from broadsheet to tabloid, magazines to medical journals – and the one thing they have in common is that they are ALL fascinated with weight.

When it comes to pitching a story to the media, obesity is one subject where you can be guaranteed a reaction from the news or features editor. That emotional response can be helpful, meaning that the subject will be covered, and at length. But it can also cross over into the tone of the article, even in a news story. Columnists, whose job is to get a reaction out of readers, can be rude and judgemental. Headline writers, ever limited by the number of characters they need to fit into one line, often use the word 'fat' to get the message across, not just because of the brash style, but because, simply it's short.

Why does it matter? We've seen how language can affect people at risk of harming themselves through a fantastic campaign by Samaritans, and the media has taken this on board. Similar reporting guidelines on eating disorders and mental health have changed the landscape too. It's time for writers to look at the way they describe people with obesity, and recognise similar issues.

*Obesity is now recognised as a disease by leading health organisations, such as the Royal College of Physicians, given its complex individual biological and environmental causes. It's already stigmatising, and if we journalists frame it too simply, linking causes and solutions **only** to lifestyle, articles can be further stigmatising. This can make the situation even worse for people who may already feel ashamed. But if obesity is reported with compassion, it can help people overcome stigma and make them more likely to seek support and treatment.*

But it's not just about the impact on individuals. Media reporting can have a big influence on public attitudes to obesity, which in turn affect policy and the availability of treatment and services. I hope the evidence laid out in this guide, and the testimony of someone like Sarah, will help inform your writing in the future, as you are crucial to driving change.

Jacqui Thornton
Journalist

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Susie, 44
Dublin

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The bigger body wasn't my problem. My bigger body was a problem for everybody else and that's what the difficulty was.





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Around one in four adults in the UK are living with obesity¹

Around 19 million adults in the UK are living with obesity today.²⁻⁶ That's about one in every four people. So, if you're not one of the 19 million, it's likely that you know and possibly care about someone who is.

For a 5 ft 5 inch woman, she is defined as living with obesity if she weighs 13 stone or more.



Word associations can be unconscious

Given its prevalence, you'd have thought that, as a nation, we may have got to grips with the language of obesity. But we haven't. We're still calling people 'fat'. And for some reason, at some time and on some level, 'fat' became synonymous with some other words too. Words like 'slob' and 'undisciplined'. And there are phrases as well: 'lack of willpower' seems to be a favourite.



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The Equality Act 2010

We live in fairly tolerant times, in which policies are in place to stop us from making judgements about people based on their gender, sexuality or on the colour of their skin. The problem is, obesity isn't a 'protected characteristic' under equality legislation in the same way that age, disability, race and religion/belief are. And people – unwittingly or otherwise – actively discriminate against people with obesity. And one of the ways they do that is through language. Language that has become part of our vocabulary – accepted, ubiquitous and rife with negative undertone. Language that fuels stigma, breeds bias, and has been proven to significantly impact the health of people with obesity.

Our vision

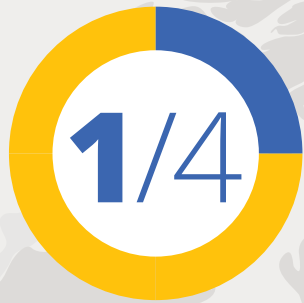
In recent years, huge leaps have been made in the understanding and reporting of mental health – from how people with mental health issues are perceived, to the ways in which their conditions are managed. It's our hope that people with obesity will one day be afforded similar levels of acceptance, and we see these media reporting guidelines as a first step in that direction.

These guidelines have been co-authored by Obesity UK and Novo Nordisk, including results from a recent survey Novo Nordisk have conducted. Health journalist Jacqui Thornton has also provided consultation. Inside, you'll find **facts and figures** about obesity, **new stats** from a recent UK-wide survey, **quotes and insights** from people with obesity, and **10 best practice** tips to promote the responsible representation of weight-related issues.



> These guidelines are not exhaustive or aiming to censor – but we hope they are helpful. We have also produced an accompanying royalty-free image library containing a selection of photos that portray people with obesity with positivity and sensitivity. You can download the images at www.ObesityUK.org.uk/our-work* and find further information and links to obesity support groups at: www.ObesityUK.org.uk*

* This website is not associated with Novo Nordisk



1/4 of adults in the UK are living with obesity¹

Obesity is a common condition

In the UK it affects 19 million adults²⁻⁶

We are also seeing an increase in the number of children with obesity. In England alone:⁷



> Nearly one in ten (9.5%) of 4-5 year olds are living with obesity



> One in five (20.1%) of 10-11 year olds are living with obesity

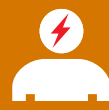
Obesity isn't going away

By 2025 – just five years from now – the prevalence of obesity in adults is predicted to increase to:⁸

- > **34%** in England
- > **37%** in Scotland
- > **28%** in Wales

The causes of obesity are complex

There are many factors at play when it comes to obesity



Our weight changes when energy intake is not equal to energy expenditure. This is referred to as our 'energy balance', and is influenced by many factors, some of which are outside of our control.

Biology:

- › Up to **70%** of the causes of obesity can be linked to genetics, family history and ethnicity⁹
 - › In some cases, genetics can increase the risk of a person developing obesity by **20–30%**⁹
- › Some medical conditions can cause people to gain weight – for example, conditions affecting the endocrine system can cause hormone imbalances that affect a person's energy balance¹⁰
- › Psychological wellbeing: some people eat more when they are tired, angry¹¹ or stressed,¹⁰ or as a result of some common medications, e.g. antidepressants¹²

Environment:¹⁰

- › Constant availability of unhealthy, high-fat and high-sugar foods, compared to a high price tag for healthy, fresh foods
- › Sedentary lifestyles
- › Fewer opportunities for physical exercise
- › A lack of access to healthcare

As a result, it's not surprising that...

- › Two people who exercise and eat equal amounts, will likely have different body shapes, and won't lose weight at the same momentum
- › Identical twins could have entirely different eating habits and levels of exercise, but ultimately similar body weights due to their near-matching genetic make-up

A portrait of Dr Stuart W. Flint, a man with short dark hair and a light beard, wearing a blue and white checkered shirt under a dark blue jacket. He is smiling slightly and looking towards the camera. The background is a solid yellow color.

Dr Stuart W. Flint


Associate Professor of the
Psychology of Obesity,
University of Leeds

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Scientific evidence demonstrates the complexity of obesity. It's not the case that a slim person has more willpower than someone with obesity, or that diet and exercise can provide a universal panacea. Messaging that panders to either myth is simply unhelpful. Obesity is a complex, multifaceted health condition that can be caused by, for instance, genetic, environmental, and social factors.

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It's very hard to educate people when it's so technical and complicated. Somebody who eats less doesn't necessarily lose weight if they've already lost weight 20 times over in their lifetime. It's not as simple as that.

A profile portrait of Susie, a woman with short brown hair, looking out towards the left. The background is a blurred outdoor scene with a blue sky and some greenery. The lighting is soft and natural.

Susie, 44

Dublin

Weight loss is complex too¹³



- When a person loses weight, many hormones change levels to alter their physiology
- These hormones can remain imbalanced months and years later after initial weight loss
- This imbalance can cause people to feel unusually hungry and more lethargic to compensate for the weight loss, causing them to overeat and regain weight
- The result of this is that two out of three people fail in successfully maintaining their weight loss



Wynford, 58
Dorset

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I'm fed up with people who tell me to eat less and do more exercise. I'm doing as much as I can; three gym sessions a week, cycling twice a week, walking every other week, don't eat rubbish food, I cook all my own meals. I'm giving it my best shot.

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I started putting weight on around 17 or 18. I was considered overweight by 23 or 24. I had obesity by the time I was 30. During that time, I'd lose weight temporarily and put it back and more every time.

Susie, 44
Dublin



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Susie, 44
Dublin

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There's more to obesity than meets the eye

On top of the day-to-day challenges of obesity, and being exposed to hurtful, stigmatising comments, there may also be comorbidities – or associated conditions – to consider. Obesity is linked to around 200 other diseases.¹⁴ Some of those diseases are life-altering; others are life-limiting. Here in the UK, one in 20 cancers are caused by excess weight.¹⁵

People assume that those living with overweight or obesity are lazy or do little to help themselves. For myself, that wasn't true. I loved exercise. When I was 35 that was the year that my health spiralled out of control. I was diagnosed with diabetes. I had polycystic ovaries. I had an umbilical hernia and serious back pain. I was fully in denial and self-blame. How did I let it get to this, why didn't I try harder, why did I have to have such food issues, why couldn't I just eat vegetables like anybody else?

One of the greatest impacts can be on mental wellbeing

Like other forms of stigmatisation (e.g. race, class, gender, ability etc.), weight stigma has been shown to increase the likelihood of developing mental health issues such as depression and low self-esteem.¹⁶

In fact, there is a reciprocal link between obesity and depression: people living with obesity exhibit a 55% increased risk of depression, and adults who have been diagnosed with depression have a 58% increased risk of developing obesity.¹⁷

Living with obesity, you go through days anticipating, fearing, expecting and preparing for the worst. Stares, comments, suggestions, judgements. It takes up every ounce of your emotional energy. I spent so many years not living... Depression set in and with that very low self-esteem.

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A way forward

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We are gradually seeing an increased recognition of the seriousness of obesity within the UK. With the support of Government and healthcare systems, it is my hope that in line with our societal value of equality, people with obesity will receive fair access to healthcare akin to anyone else. Isn't that what we all want and expect when we need healthcare support? However, change is needed at all levels: there needs to be a groundswell. And for that to happen, we need to improve public understanding of the complexity of obesity and to end stigmatising attitudes and discriminatory behaviours towards people based on their weight status.

Dr Stuart W. Flint

Associate Professor of the
Psychology of Obesity,
University of Leeds

66%

Nearly two thirds of the general public view obesity as a lifestyle choice¹⁸

A new UK-wide survey, ran by Novo Nordisk and completed by 2,000 people, has delved into the reality of living with obesity and explored the public's attitudes to the disease. It's revealed that almost two in five admit that they think people with obesity are lazy or greedy or both.¹⁸

It goes on to show that nearly a fifth of people would stop using public transport if they were living with obesity, with only 27% thinking public life – including seating on buses, trains and planes – should better cater to the needs of those with obesity.¹⁸

25%

Nearly a quarter of people believe those with obesity are selfish and lack self-control¹⁸

When we make assumptions about people with obesity, they are rarely positive. And because the causes and management of obesity are still greatly misunderstood, people can often leap to conclusions about how much control they have over their obesity. The result is that those people can start to feel stigmatised. In fact, a third of people questioned in this survey who are living with obesity say they've experienced public name calling, and 85% of people who have experienced bullying or harassment say it has impacted their mental health.¹⁸



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At the moment people feel it's a lifestyle choice and that we've chosen to be this way. We absolutely haven't, no one would choose to be this way.

Sarah, 37
Yorkshire

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Name calling at school made me super sensitive as a kid and often made me unkind and not so nice to be around. I didn't trust anyone. If you're fat, you're told you eat too much, you're not attractive, you're slow. You're not.

Elroy, aka Spoonface, 39
London

Almost two thirds of people living with obesity face discrimination every day.¹⁸

Deltapoll survey of 1,553 adults in UK, carried out between 19–24 February 2020. These survey questions were funded by Novo Nordisk. Novo Nordisk produced the questions with input from Deltapoll

Nearly a third of people think employees with obesity are not as effective as employees of a healthy weight¹⁸

A lack of knowledge can also mean people with obesity are often subject to other stigmatising attitudes too, which can lead to inequalities at every life stage – from school through to the workplace.



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I didn't think it would have affected my career, but one of my bosses said to me quite recently, 'I thought, when I first saw you, that you'd better be a bloody good sales rep'.

Sarah, 37
Yorkshire

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I was cast in a show to be a nurse. I got called two days before the shoot and was told that I was getting dropped. When I asked why, they said, 'It's because we realised that the nurse's uniform won't fit you'. I was absolutely devastated and shocked. I thought how cheap it is because you booked me, you have all my measurements. I don't want to feel like I'm forced to lose half my weight in order to get a TV role, or a film role or stage role.

Abigail, 29
London

That's really not acceptable. But inequality can also seep into healthcare settings. And that's frankly scary – because it can affect the quality of care people with obesity receive, with only 26% believing their healthcare providers treat them with dignity and respect.¹⁹

And that's if they even seek medical support in the first place: 42% of people with obesity admit they don't feel comfortable talking with their GP about their condition,¹⁹ which is all the more troubling when you consider it takes an average of six years for someone with obesity to speak to a healthcare professional.²⁰

Deltapoll survey of 1,553 adults in UK, carried out between 19–24 February 2020. These survey questions were funded by Novo Nordisk. Novo Nordisk produced the questions with input from Deltapoll

"Feeling bad about your size may be sabotaging your attempts to shape up."

"Our weight can be affected by a combination of factors – including genetics, responses to childhood trauma, a lack of available healthy food and sedentary lifestyles."

"People with obesity aren't simply lacking in willpower."

"Stigmatising obesity only makes the problem worse."

"We need to talk about fat privilege."

"The gruesome discoveries include a 'paper'-thin heart and an abdomen full of 'yellow greasy fat'."

"For obese people, the 'switch' stays on all the time, the researchers said."

"Why being chub by could help you live longer."

Moving the needle

The media can play a positive role in educating the public on the realities about weight, and by positioning obesity like any other disease. This in turn could help reduce stigmatising behaviour.

We have come a long way – but there is still much to be done. Some writers are already beginning to adapt the way they report on overweight and obesity: a recent audit showed that while stigmatising topics and language appear frequently in the media, improvements in language are evident – with more facts and scientific terms being used in the past three years, versus the three years before that.²¹

But it's not happening quickly enough, and if you look in today's papers, chances are you won't have to look very hard to find stigmatising language.

Popular demand:

➤ New survey data revealed that 41% of people, and more than half (58%) of people living with obesity, think the media's portrayal of obesity over the past year has been negative¹⁸

➤ Over half of people surveyed (54%) would like to see improvements in the media's representation of obesity. That figure rises to nearly two thirds (60%) in people who are living with obesity¹⁸

A picture tells a thousand critical words

While writers can't control picture desks, it's worth acknowledging that shock imagery used to attract readers can sometimes be more influential – and damaging – than the words next to them. Indeed, the same media audit showed that the use of negative stock photography is rife.²¹



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When the papers print photos of people with their faces cropped out, it's dehumanising. People living with obesity have faces too, and we should not be afraid to show them.

Sarah Le Brocq

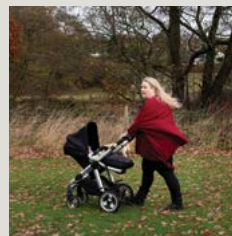
Director, Obesity UK

Using images reflecting the every day lives of real people with obesity can help remove the negative connotations associated with stigmatising and stereotypical images that are often published along side obesity articles. This will ultimately help to reduce stigma amongst readers.

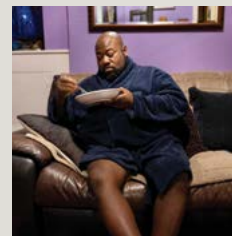
Abigail



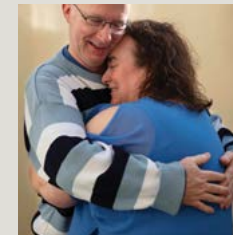
Sarah



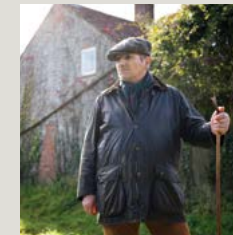
Elroy, aka Spoonface



Susie



Wynford



10 things to consider when reporting on obesity

- F**
- 1 Language matters:** try to use words that are non-stigmatising and free from negative connotations. 'Obesity' and 'overweight' work well. But if you're interviewing someone with obesity, and they use different terminology, go with their preference.
 - 2 People first:** put the person before a disease they are living with e.g. 'people with obesity'. The other way around can be dehumanising.
 - 3 You don't say:** certain sayings have become part of the accepted lexicon. Phrases like 'eat less, move more' can be demoralising and erroneously suggest there's a one-size-fits-all approach to weight loss.
 - 4 Proportional representation:** how many times do you see someone with obesity being interviewed about something completely unrelated to their weight? Probably not nearly enough.
 - 5 Don't keep it simple:** obesity is a complex condition. If it's oversimplified, writers miss valuable opportunities to inform their audiences and break down stereotypes.
 - 6 Being human:** whenever you're reporting a news story on obesity, think about colleagues or friends who are living with obesity – how would they feel about your use of language?
 - 7 Avoid the blame game:** there are many factors that increase a person's risk of obesity, and not all of them are within their control.
 - 8 Cut the connotations:** 'Bubbly'. 'Jolly'. 'A big personality'. We all know what the undertones are here, so let's shelve them.
 - 9 Control the controllable:** if you have any say over picture choice and/or headlines, try to ensure they're as respectful as your words.
 - 10 Don't stop:** no one said this was going to be easy. None of us can achieve change overnight, but if we keep chipping away, we can help improve the lives of around a quarter of the population.

Help us change the obesity narrative

Obesity is not going to go away. Whatever we've been doing to date doesn't seem to be working, so that means it's time for a change.

If we educate and raise awareness, if we change how we talk about people with obesity, then we can reduce stigma. And if we reduce stigma, more people may seek help, healthcare professionals will be in a better position to provide appropriate care, and – here's the really great thing – we may actually save some lives.

The development of these guidelines has been co-authored by Novo Nordisk, a company committed and determined to change the obesity narrative. Novo Nordisk is investing in research and development for obesity, with the ultimate goal of finding a cure one day. Their first priority is supporting the people who need it most. By working in partnership with the media, advocacy and other companies, to encourage informed discussions about weight, our ultimate goal is to improve the care and experiences of those with obesity.



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Thank you for taking the time to read our guidelines. We hope you take them in the spirit they've been written. We don't pretend that they're a panacea, but we've seen how the coverage around mental health issues, HIV and hepatitis C has, quite rightly, changed over the years – and it's our hope that together, and in partnership, we can achieve something similar for people with obesity.

Pinder Sahota

General Manager,
Novo Nordisk UK



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Regardless of what size I am, I am the same person. The same eyes, the same smile, the same heart, the same humour, the same brain, the same feelings. I may well change body size many times in the future, but I can only wish people will look and treat me the same regardless.

Susie, 44
Dublin

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