

Title: Public reaction to the UK government strategy on childhood obesity in England: a qualitative and quantitative summary of online reaction to media reports.

Authors: Rebecca Gregg^a, Ajay Patel^b, Sumaiya Patel^c, Laura O'Connor^d

^a Department of Health and Nutritional Sciences, Faculty of Health and Human Sciences, Manchester Metropolitan University, Manchester M15 6BH, United Kingdom r.gregg@mmu.ac.uk

^b Department of Health and Nutritional Sciences, Faculty of Health and Human Sciences, Manchester Metropolitan University, Manchester M15 6BH, United Kingdom A.K.Patel@mmu.ac.uk

^c Department of Health and Nutritional Sciences, Faculty of Health and Human Sciences, Manchester Metropolitan University, Manchester M15 6BH, United Kingdom s.patel@mmu.ac.uk

^d Department of Health and Nutritional Sciences, Faculty of Health and Human Sciences, Manchester Metropolitan University, Manchester M15 6BH, United Kingdom laura.oconnor@mmu.ac.uk

Corresponding author: Laura O'Connor, 2.24 Cavendish building, All Saints, Manchester Metropolitan University, Manchester M15 6BH, United Kingdom, laura.oconnor@mmu.ac.uk, 0044 (1) 61 247 2686

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ABSTRACT

This work aimed to summarise public real-time reaction to the publication of the UK government childhood obesity strategy by applying a novel research design method. We used a netnographic technique to carry out thematic analysis of user-generated comments to online newspaper articles related to the strategy. We examined likes/dislikes associated with comments as a proxy of agreement of the wider community with identified themes. To examine media influence on public reactionary comments we carried out thematic analysis of online media headlines published about the strategy, and compared these themes with themes identified from comments.

Three newspaper articles and 1704 associated comments were included. Three parent themes were identified: paternalism/libertarianism, lobbyist influence and, anecdotal solutions. The comments were largely negative (94%). Commenters were split as to individual responsibilities and the role of the government, some felt that lobbyist influence had won out over the nation's health and others offered non-evidence based solutions. The ten most liked and disliked comments reflected themes identified in our main analysis. There was parity between themes that emerged from comments and from headlines. This summary of the public's reactions to the obesity strategy publication may aid translation of public views and receptiveness into practice and inform subsequent government action and policy. Furthermore, the process applied herein may provide a means of informal public engagement.

1 INTRODUCTION

2 Nearly a third of children in England aged 2 to 15 years are overweight or obese. (1) By 2050 Britain is
3 predicted to be a mainly obese society with 25% of its children affected. (2) In a bid to halt the increasing
4 burden of obesity, the UK government have published their strategy to reduce childhood obesity in England,
5 “Childhood obesity: a plan for action”. (3) This strategy was developed following recommendations of the
6 Health Select Committee in 2015.(4) Previous measures to tackle obesity have not been specifically focused on
7 children and have focused on single initiatives e.g. food labelling or provision of physical activity and healthy
8 eating guidance (5). These strategies however are lacking in effective approaches exemplified by the increasing
9 prevalence of obesity. The childhood obesity strategy aims to provide more appropriate intervention and support
10 by opening the discussion to stakeholders.

11 The strategy outlines 14 action areas relating to the following areas: changes and mandates for the food industry
12 including food labelling; supply of healthy food in public sector, school and home settings; improving
13 opportunities for physical activity and; support for families and individuals. The strategy is presented as the “the
14 start of a conversation” and an integral feature is for the active engagement of schools, communities, families
15 and individuals to achieve long-term sustainable change. Yet, although this call acknowledges the crucial
16 contribution the public can make in reducing obesity, the views and ideas of these acknowledged stakeholders
17 have not been sought (6) and thus have not informed the strategy and cannot inform subsequent government
18 actions.

19 It is important to ensure that public health strategies, policy, services and practice are aligned with the beliefs
20 and priorities of the public.(7) Translating public views into strategies and policy could help create services,
21 practice and interventions that are more effective.(8) Furthermore, gauging the reactions of the public is
22 important to ascertain understanding of and receptiveness to strategies and may also be a source of novel ideas
23 and alternative perspectives.

24 There is no pre-existing forum for the public to comment on this strategy directly. Traditional qualitative
25 interviews, focus groups and systematic reviews could be used to collect and summarise the public’s reactions
26 and views, however there is a plethora of user-generated data available in online fora that can be used for this
27 purpose. The public’s views on news publications about the strategy are recorded in comments areas of
28 newspaper websites. Using these as a data source can provide a more timely and cost effective alternative to the
29 more traditional methods and has been previously shown not to compromise on the breadth of views captured
30 and to parallel findings from focus groups.(9) Thematic analyses of these comments provides a flexible but
31 rigorous means of capturing the broad range of views in reflexive reactions of individuals.(10, 11) It can give us
32 timely insight into popular views, predominant interpretations and potentially novel concepts and perspectives.

33 The collation and analyses of user-generated comments in this way, is inspired by netnography, originally
34 developed for marketing research.(12, 13) The value that online media can have for exploring public health
35 issues is increasingly acknowledged.(9, 14-16) However, this is the first work to use this method and type of
36 data to provide timely thematic analysis of public comments to a core public health strategy.

37 The aims of this study is to present a novel research design method, netnography, by utilising it to summarise in
38 real-time, the public's reactions to the publication of the childhood obesity strategy with the purpose of
39 informing subsequent policy, practice and government action.

40

41 **METHODOLOGY**

42 **Study design**

43 We applied a netnographic technique of reviewing user-generated online content written by commentators on
44 mainstream media and social networking fora. In brief, we collated user-generated comments from selected
45 newspaper articles and to give context to the comments, headlines pertaining to the obesity strategy published in
46 online media. Using these data, we carried out a qualitative review of the headlines and comments and examined
47 the associated likes and dislikes as a proxy of resonance of views with the wider community.

48 **Ethics, consent, copyright, and data anonymisation**

49 Ethical approval was awarded by the Manchester Metropolitan University ethics committee prior to data
50 collection. We have followed the guidance for internet-mediated research from the British Psychological
51 Society (17) and adhered to copyright laws in conducting this work. Direct consent could not be attained
52 because of the nature of the data collection however; implicit consent was deemed to have been given by virtue
53 of posting in an open forum. No directly identifiable data were collected, comments were disassociated from
54 usernames prior to analyses.

55 **Data collection**

56 All headlines pertaining to the childhood obesity strategy published within 24 hours of publication were
57 collected using Google Alerts with the alert terms: "Online newspaper titles from which to collect comments
58 were selected using data from the National Readership Survey.(18) Our *a priori* inclusion criteria were national
59 titles only and PC and mobile readership above 1,000,000 per year. On this basis the following publications
60 were identified for inclusion: Daily Mail, Daily Telegraph, Daily Mirror, The Sun and The Guardian. Further
61 inclusion criteria applied on the day of publication of the childhood obesity strategy were, running a story on the
62 obesity strategy within 24 hours of publication, and allowing user comments on the article. Articles from
63 included newspaper titles were eligible for analysis if the obesity strategy was the main theme. Two researchers
64 (RG and LOC) independently selected the articles from which to collect comments. There were no discrepancies
65 between selections when compared. Comments along with the associated number of likes and dislikes were
66 collected on the 18th-19th August 2016. Comments submitted during the first 24 hours after the publication of the
67 strategy were included. As there was no time of publication published with the childhood obesity strategy we
68 applied a cut point of 7am on the 19th August to represent 24 hours.

69 **Data analysis**

70 Headlines were grouped according to the type of publication they appeared in (e.g. news/medical/food industry
71 publications).

72 Headlines and comments were imported into Excel where they were screened for personally identifiable content,
73 profanities and calumny. Two researchers (RG and LOC) agreed all comments identified for censoring prior to
74 redacting.

75 Headlines and comments were imported into NVivo (version 10, QSR International) for separate thematic
76 analysis. An inductive approach was taken for the identification of themes as such there were no predetermined
77 themes or frameworks applied. Themes were identified from the headlines and comments in a step-by-step
78 process.(10, 11) A thematic approach was used to firstly identify open codes, subsequently these were translated
79 into focussed codes. New themes were created when a comment did not fit with any of the previous identified
80 themes. A thematic map was created to illustrate relationships between the identified themes. One researcher
81 (RG) carried out the thematic analyses coding each headline/comment to one or multiple themes in an
82 interpretivist manner.(10, 11)

83 To ensure authenticity of meaning and rigour in the analysis, we developed a tiered auditing process based on an
84 audit trail and peer debriefing, two previously described methods for establishing validity in qualitative
85 research.(19) First, a second researcher (AP) reviewed that the themes identified reflected the coded data and
86 that the interpretation and assignment of each headline/comment to a theme was justified. Secondly, the agreed
87 themes were presented to a panel of four researchers (RG, AP, SP, LOC) who reviewed the thematic maps to
88 ensure that they illustrated the coded data. We refined the thematic maps by making theoretical links between
89 child themes to generate parent superordinate themes representing theoretical perspectives within the data. We
90 collectively agreed the names of the themes to diminish personal contextualisation by any one researcher.

91 Sample comments were selected to represent each parent and child theme and are presented herein. We decided
92 *a priori* to examine the top five most liked and most disliked comments from each article. These comments were
93 extracted and summarised as a proxy of the level of agreement of the wider community and as a quality control
94 for representativeness of the comments. This was an *a priori* decision.

95 Headlines and comments were also classified as either a positive or a negative reaction to the strategy. Lastly,
96 identified themes in the headlines were compared with themes in the comments as a proxy of the impact of the
97 media on public reactionary comments.

98 RESULTS

99 Media coverage

100 The “Childhood obesity: a plan for action”, strategy was published on the 18th August 2016 by the UK
101 Department of Health. A Google alert 24 hours after the release of the strategy yielded 105 articles that
102 mentioned the strategy. After articles published prior to the publication of the strategy were removed, 87
103 remained. These 87 publications were from 66 distinct publishers. These were largely newspaper websites
104 (41%), food industry websites (19%) and scientific/medical websites (16%) (Supplementary table 1).

105 The most frequent theme identified from the headlines was *strategy insufficiency and ineffectiveness* (51
106 headlines). This was followed by *stakeholder lobbying* (27 headlines) and *strategy presented* (13 headlines).
107 Other less frequent themes included *soft drinks tax* (8 headlines), *political perspectives* (7 headlines), *Scotland’s*
108 *obesity strategy* (3 headlines), *miscommunication of scientific messages* (2 headlines), *perception of obesity*
109 *problem* (1 headlines), *belated strategy* (1 headlines) and *no consultation* (1 headlines) (Supplementary table 2).

110 User-generated comments

111 Using the inclusion criteria specified, a total of three articles were identified from which to collect comments:
112 Health chiefs’ fury as tougher rules on junk food are axed: Ministers accused of caving in after ditching plans to
113 reduce sugar and put adverts on after the watershed (the Daily Mail), Childhood obesity: UK’s ‘inexcusable’
114 strategy is wasted opportunity, say experts (the Guardian) and ‘FAR FROM ROBUST’ Jamie Oliver blasts
115 ‘disappointing’ obesity strategy as Government attacked by experts for ‘watering down’ plans (the Sun). There
116 were 567 comments associated with the Daily Mail article, 1136 with the Guardian article and one with the Sun
117 article. During cleaning, we redacted 119 comments for irrelevance and 19 comments for contentious,
118 inflammatory and hate content, this included the one comment from the Sun. This left 1566 comments from two
119 data sources for thematic analysis.

120 Three parent themes, paternalism or libertarianism, anecdotal solution and lobbyist influence, along with 13
121 child themes emerged from our summary of public comments to the publication of the strategy (Figure 1).

122 Table 1 details the themes and provides sample comments that are representative of the comments within the
123 theme. 22% of commenters thought the responsibility of childhood obesity lies with parents. Parents were
124 viewed as ultimately responsible, despite wide acknowledgement of government responsibility with 55% of
125 commenters commenting that the government also had a responsibility to step in. A *them not me* perception of
126 the obesity problem was evident irrespective of where the commenters thought the responsibility lay.
127 Commenters offered anecdotal solutions (32% of comments) largely around nutritional education and cost of
128 healthy food. Comments highlighted changing societal norms (15% of comments) including two working parent
129 households and the changed takeaway environment, as having an impact on obesity rates. The prohibitive cost
130 of healthy food (7% of comments) was also discussed.

131 A prominent theme was the suspicion about the influence of the food industry; commenters felt that the
132 government had been lobbied to make a decision that placed industry interests above public health interests
133 (34%) and that supermarkets had an opportunity to have impact but are not engaging (18%). There was an
134 undercurrent of distrust towards health campaigners and medics (6% of comments) and experts (2% of
135 comments). 9% of comments were about sugar and the “sugar tax”. Mostly these were based on incorrect
136 interpretation of scientific literature and misinterpretation of the soft drinks levy e.g. incorrectly stating the role
137 of a certain nutrients in the body and the danger associated with them or had misunderstood the soft drinks levy
138 to extend to confectionary.

139 The two most liked comments also were grouped under the theme paternalism or libertarianism and spoke about
140 parents’ responsibility to teach their children. The other three most liked comments were grouped under lobbyist
141 influence and spoke about the food industry’s influence on governmental decisions and the government
142 renegeing on previously planned commitments.

143 Three of the most disliked comments were grouped under the theme paternalism or libertarianism and spoke
144 about parents being at fault for failing to act. The other two most disliked comments were grouped under
145 lobbyist influence and spoke about conspiracy theories and the soft drinks levy not being about health but about
146 making money.

147 Comments reflected headline themes. 58% (n=51 headlines) of the headlines had a negative “spin” of
148 insufficiency and ineffectiveness. The public reaction was largely negative (94%, n=1472 comments). A
149 frequent theme in both headlines and comments was stakeholder lobbying/lobbyist influence.

150 **DISCUSSION**

151 **Principal findings**

152 Public reaction to the strategy was largely negative and reflected the media headlines. The comments were
153 fundamentally split between where the responsibility lies for the cause and prevention of childhood obesity.
154 Commenters took a simplistic view of the issue and parents were ultimately viewed as responsible, despite some
155 acknowledgement of wider society, cultural and environmental influences that were seen as government
156 responsibility. A prominent theme was the suspicion about the influence of the food industry; commenters felt
157 that the government had been lobbied to make a decision that placed industry interests above public health
158 interests. Finally, commenters were keen to offer solutions. Mostly these were anecdotal and not evidence based
159 however, they offered insight into how the public perceive the obesity problem, changing societal norms, drew
160 parallels with situations, and referred to practice in other countries.

161 **Findings in context**

162 The government has presented the strategy as “the start of a conversation”. Thus, the findings of this first
163 application of netnography to gauge public reactions to a core public health strategy can be used to inform
164 subsequent government action and policy and future strategies by ascertaining understanding, receptiveness and
165 alternative perspectives. This research also provides a means of genuine public engagement between citizens and
166 government in policymaking. One of our principal findings, that the respondents felt that the government had
167 been influenced by industry lobbying, demonstrates a degree of scepticism and disappointment among the public
168 about the potential impact of their participation. Engagement with online public fora may alleviate this. This is in
169 keeping with the growing acknowledgement that the internet can play a key role in capturing opinion towards
170 public health issues.(9) In that vein, we believe that netnography can present the range of opinion and that it may
171 de-marginalise the voices of respondents. Higher level of government trust has been previously associated with
172 acceptance of public health interventions.(20) Involvement of the public in the evolution of public health
173 strategies and transparency in the consultation process that underpins them could therefore help towards a feeling
174 of public ownership and may improve acceptability. Clinicians and public health professionals should take note of
175 themes that arose from this summary. Our analyses suggest the public are distrustful of “experts”, they are
176 confused about nutritional messages and they do not acknowledge how wide reaching the obesity problem is, in
177 particular thinking only other people’s children are overweight. Being aware of the presence of these attitudes
178 when having conversations with the public may improve communication of obesity messaging. Lastly, the
179 plurality in opinion identified in our analyses leaves any approach open to failure and thus acknowledges a
180 difficult position for government intervention.

181 The influence of the media on public reaction to the publication of the strategy was evident. Parity between the
182 themes identified in the headlines and those in the comments suggests that if the reporting had been different and
183 more focused on presenting the key points contained in the strategy then the comments and views may have been
184 different. Mass media has the potential to influence health related behaviours and perceptions.(21) The question
185 arises therefore, as to the responsibility of the media to report accurately and as to the need for active management
186 of the release of public health strategies and policies.

187 **Strengths and limitations**

188 As is the nature of qualitative research, we do not present these results as objective and cannot rule out researcher
189 bias. However, we took steps to mitigate subjectivity and personal contextualisation of the themes and to increase
190 reliability of the comment assignment to theme including, stepwise agreement and independent review of themes.
191 We also used likes and dislikes to evaluate agreement of the other commenters and readers with the themes and
192 comment representativeness of reactions to improve robustness of findings and representativeness of themes.
193 There is currently no official forum for the public to present their reactions to the strategy directly therefore, this
194 analysis is an indirect assessment of public reaction mediated through online news stories. It is unclear how many
195 people read the strategy itself or the news reports and biases arising from the media presentation of the strategy
196 were evident in the public reaction. Although this is a limitation of summarising the public reactions to the
197 strategy using this method, it highlights the influence the media has on public opinion and is presented and
198 discussed herein as an implication of this research. We should note that we cannot infer the direction of this
199 association from our work and there is the possibility that media headlines reflect long standing public views.
200 Other limitations of indirect assessment included, inability to steer the conversation and no facility to ask follow
201 up questions to improve clarity of meaning. We did not aim to summarise comments from a representative sample
202 of the UK population but rather to capture the voices of individuals who are acknowledged stakeholders but do
203 not usually contribute to the evolution of policy. As the comments were collected post hoc and the commenters
204 post under assumed online identities, we cannot comment as to the representativeness of the commenters. The
205 contributors to online news fora are a self-selecting group likely with varied socioeconomic status, political views,
206 race and gender. Those without internet access or sufficient proficiency in English are inherently excluded. Also,
207 those who dislike a policy are more likely to participate in forums than those who are indifferent or agree with it.
208 (22) However, the newspaper titles were taken from the three national groups identified by the National
209 Readership Survey (Quality, Mid-range and Popular) (18) in order to be representative of the newspaper market.
210 We chose a cut-off of 24 hours for data collection. While it might be argued that the brief time frame was
211 insufficient to collect a wide breadth of reactions, we felt that the spontaneity and contemporaneous nature of the
212 comments was a distinct and important feature of the data. Furthermore, as we reached new theme saturation
213 after coding 24% of the comments it is unlikely that extending our data collection period would not have
214 generated further themes. Lastly, we limited our data collection to comments generated in response to online
215 newspaper publications. It could be argued that expanding the data collection field to include social media would
216 be beneficial in terms of identifying other demographics and reactions, however social media comments are not
217 linked to information sources and identification of comments for inclusion is based on researcher search terms.
218 Therefore, to ensure a systematic approach to data collection and to ensure we could interpret the collected data in
219 light of the information source, we did not use social media comments. The main strengths of this research is that
220 using user-generated online comments is a quick and cost effective method that facilitates timely summarisation
221 and interpretation of a large number of reactions. Thus producing material that can inform further related policy,
222 practice and public health actions as they are generated.

223 The ethics of methods that make use of readily available online data are less developed than an 'off line' project
224 which relies on the informed consent of its participants for its moral sufficiency. The participants in this study
225 could not have anticipated that their contributions would be used for this research therefore; they have not

226 provided their consent in the usual sense. However, participants have contributed to public online fora with the
227 intention of having their views heard and by doing so they have sought to influence the debate surrounding the
228 government's childhood obesity strategy. Notwithstanding that, the participants have not provided their express
229 consent, in our view and as agreed by the ethics review board, it is reasonable to infer that by their actions they
230 implied consent to the use of their contributions in subsequent debate. While data collection without prior notice
231 raises ethical issues, it has the advantage of allowing a level of candour that may not be forthcoming where a
232 researcher declares their presence and seeks explicit consent. Some of the comments were inappropriate but have
233 the advantage that they were open and reflect the reality of citizens' experience. It is conceivable that we may
234 have taken steps to notify participants of our intention to use material for research. For example by seeking to
235 amend the terms of the forum with the cooperation of the site owners, or simply by joining the discussions and
236 announcing our presence and thereby imputing acquiescence from continued participation rather than express
237 consent. On balance, we took the view that such action might influence discussions and undermine the
238 authenticity of the debate and, was disproportionate to the risk of any harm.

239 **CONCLUSION**

240 The process applied herein may provide a time and cost effective means of informal public engagement with
241 citizens and mitigate the risks of disengagement. The summary of the public's real time reactions to the
242 publication of the obesity strategy might inform subsequent government policy should it choose to respond. The
243 process may thus be applied across many aspects of policymaking in England, the UK and, internationally.

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Table 1 Percentage of comments and selected comments reflecting context of the theme, n=1566 comments

	% of comments reflecting themes ^a	Selected comments	
Paternalism or libertarianism	96	...but you and the many other posters responding have adopted the most cynical of all views...a notion that we have no agency.	
Parental responsibility	21	I would welcome stronger measures to reduce sugar and other substances in food by taxation or any other means BUT the ultimate responsibility for having fat kids lies fairly and squarely with the parents.	The only people who should be looking after their children's food intake are the parents.
Personal responsibility	16	...If I want junk food I'll eat it. If people can't control themselves and become obese charge them for the treatment.	
Government responsibility	55	If millions of parents are letting millions of kids get obese then what more reason does the government need to step in?	As it's impossible to persuade many parents, you need control to avoid the cost to the NHS. That's why you need government regulation.
EU Brexit	3	Brexit step one of "freedom" - now do you know what it means? "We want less interference from Brussels" well - here you go - children and grandchildren with rotten teeth.	
Communism	2	This is not a communist state, we should be advised not forced.	
Inadequate government	17	Typical of MPs to turn their backs on good advice. Why is it that politicians always do the opposite to what is the right thing to do!!	This Administration were not going to upset their supporters and donors who manufacture this rubbish, for the sake of the health of the peasants who are too ill educated not to eat the junk. After all PROFITS above ALL is their policy.
Inadequate/ineffective strategy	7	The next time they moan about the cost to the NHS concerning obesity... I'll ignore their hand ringing moaning...and recognise their greed.	It was just tokenism at its worse and a typical Cameron trick to avoid really dealing with the problem by physical effort and proper dietary information.
Left vs right political perspectives	7	It is a shame that the government is doing anything at all. What shape we are is no business of theirs. They should tell these professional nanny campaigners to take a hike. This is supposed to be a free country, not a dictatorship.	This is *exactly* what happens in countries like Norway, Sweden and Germany. Because unfettered capitalism and a communist dictatorship are the only two choice.
Individualistic ideology vs social responsibility	5	The good thing is that through all this publicity, everyone is more aware of how many foods contain sugar, and if they wish to make some changes in what they buy, then they are free to do so. I would say though that supermarkets should take the decision not to put sweets at the checkout, to show they care about their customers by avoiding the parents having to seem like the bad guys, when they have to refuse to buy that rubbish for their kids.	If poor people die due to choosing a bad diet then yes it is their fault, if they die due to poor local health care then yes blame the government.
Nanny state	9	Part of me says shame on the government but do we really need a nanny state telling us what to feed our kids and taxing us as such? Surely adults are 'adult' enough to decide what is good or bad for their children.	What we put in our mouths is our responsibility. As adults we are in control of ourselves and our children - Not Nanny.
Positives of the strategy	2	While state interference might be somewhat effective, there are always repercussion and consequences, including: a good many of the supplementary taxes that hurt the poor most. So, I am glad	Already too much regulation in people's lives. For better or worse we make our own choices.

		about this report. This is an appropriate level of action, and perhaps even shows a level of wisdom not often seen in the corridors of Westminster.	
NHS burden	4	The NHS was intended to treat the genuinely sick and injured not people making a lifestyle choice to be unhealthy and kill themselves through gluttony.	By not reducing sugar content in products the Ministry of Health is storing up very expensive problems for the NHS in the future when so many children are already overweight.
Schools' responsibility	4	Proper education about nutrition is needed and children should be taught to cook in schools.	...have compulsory cookery lessons in secondary schools for all youngsters from year 9 on a weekly basis so that all youngsters leave school being able to budget and cook a range of at least 20 simple and nutritious meals.
Anecdotal solutions	32	As long as we make sure the unhealthier sugary food isn't cheaper than the 'proper' food and thus unobtainable for a large proportion of the population struggling under austerity nothing can go wrong.	It's about education and ensuring kids have enough exercise - running around outside instead of sat in front of screens. Parents should be educated on nutrition.
People power	2	The consumer is powerful, if people really didn't want to consume sugary goods then the sugar industry would lose their power.	The manufactures of all the salty and sugary foods might think twice if there was a big move to boycott their products but sadly this will not happen.
Misled nutritional messages	5	The exercise myth as peddled by the sugar industry.	Sugar is better for you than all the chemical sweeteners in food now.
Health inequalities	7	To cook good healthy food from scratch costs money, good butcher's meat is more expensive as are good fruits and veg, cheap processed foods are cheaper, that is the problem. I can afford to walk around a supermarket and not worry about cost, many can't.	People who are on a low wage and purchase cheaper supermarket meats like mince and sausages should not have to check a label to see if it contains sugar, which many processed meats do.
Changing societal norms	15	We live in a society where both parents have to work as standard. When I grew up my mother, like many others of that era stayed at home and cooked from scratch. These days parents, even those with the best intentions sometimes due to work pressures have to grab a jar of curry sauce or the like and make a quick meal.	Too many kids living off takeaways. Town centres full of fast food shops. Parents who never touch a cooker, just ring out for pizza or Indian, or nip to the chippie.
International reference	1	Same thing happened in America when they tried to reduce the amount of sugar in food. The food agency has a lot of power.	If you go to my local supermarkets in Germany you will see a whole section devoted to salty snacks, another to sweets and another to biscuits.
Lobbyist influence	52	Most people know that it's lobbyists that run the country, not the government.	
Stakeholder influence	6	Too many politicians, doctors, charity chief executives and scientists with their noses in the boardroom troughs.	...the "health campaigners" are professional lobbyists backed by a great deal of money and influence
Jamie Oliver	3	We don't want sugar tax as per Jamie Oliver's proposal.	
Supermarkets	18	I would say though that supermarkets should take the decision not to put sweets at the checkout, to show they care about their customers by avoiding the parents having to seem like the bad guys, when they have to refuse to buy that rubbish for their kids. Of course it won't happen.	Supermarkets are getting away with murder literally but we have a choice.

Sick of experts	2	I'm glad the government has at last reined back the nanny state from these sugar tax proposals put forward by the fascist dietary 'experts' recently.	These charlatans who have been handing out all the wrong advice for the last 40 years actually demand people take notice of their food fads. These people have caused the obesity epidemic in children with their seriously flawed advice and yet they expect us all to fall in line behind them once again.
Private industry influence	35	This outcome is the lowest of the low.... putting corporates and their profits before British children's health	The real question here is why are companies allowed to lobby our government -- this is an affront to our Democracy.
Sugar and "sugar tax"	9	There should at least be a level of taxation on sugar, to match the costs to the NHS, for the health issues that sugar is known to cause. The same for fatty junk food.	There is sugar in pizza, burger buns and pasta which are generally food items that you wouldn't expect to find it in. Sugar is additive and extremely powerful.

^a % should not add to 100% as comments can be counted under multiple themes or may be in a parent theme but not any of the child themes

Figure 1 Thematic map of user-generated comments in response to the publication of the childhood obesity strategy 2016, n=1566

