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

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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.
INTRODUCTION

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

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

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

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

The collation and analyses of user-generated comments in this way, is inspired by netnography, originally developed for marketing research. (12, 13) The value that online media can have for exploring public health issues is increasingly acknowledged. (9, 14-16) However, this is the first work to use this method and type of data to provide timely thematic analysis of public comments to a core public health strategy.
The aims of this study is to present a novel research design method, netnography, by utilising it to summarise in real-time, the public’s reactions to the publication of the childhood obesity strategy with the purpose of informing subsequent policy, practice and government action.
METHODOLOGY

Study design

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

Ethics, consent, copyright, and data anonymisation

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

Data collection

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

Data analysis

Headlines were grouped according to the type of publication they appeared in (e.g. news/medical/food industry publications).
Headlines and comments were imported into Excel where they were screened for personally identifiable content, profanities and calumny. Two researchers (RG and LOC) agreed all comments identified for censoring prior to redacting.

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

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

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

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

Media coverage

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

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

User-generated comments

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

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

Table 1 details the themes and provides sample comments that are representative of the comments within the theme. 22% of commenters thought the responsibility of childhood obesity lies with parents. Parents were viewed as ultimately responsible, despite wide acknowledgement of government responsibility with 55% of commenters commenting that the government also had a responsibility to step in. A them not me perception of the obesity problem was evident irrespective of where the commenters thought the responsibility lay. Commenters offered anecdotal solutions (32% of comments) largely around nutritional education and cost of healthy food. Comments highlighted changing societal norms (15% of comments) including two working parent households and the changed takeaway environment, as having an impact on obesity rates. The prohibitive cost of healthy food (7% of comments) was also discussed.
A prominent theme was the suspicion about the influence of the food industry; commenters felt that the government had been lobbied to make a decision that placed industry interests above public health interests (34%) and that supermarkets had an opportunity to have impact but are not engaging (18%). There was an undercurrent of distrust towards health campaigners and medics (6% of comments) and experts (2% of comments). 9% of comments were about sugar and the “sugar tax”. Mostly these were based on incorrect interpretation of scientific literature and misinterpretation of the soft drinks levy e.g. incorrectly stating the role of a certain nutrients in the body and the danger associated with them or had misunderstood the soft drinks levy to extend to confectionary.

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

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

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

Principal findings

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

Findings in context

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

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

As is the nature of qualitative research, we do not present these results as objective and cannot rule out researcher bias. However, we took steps to mitigate subjectivity and personal contextualisation of the themes and to increase reliability of the comment assignment to theme including, stepwise agreement and independent review of themes. We also used likes and dislikes to evaluate agreement of the other commenters and readers with the themes and comment representativeness of reactions to improve robustness of findings and representativeness of themes.

There is currently no official forum for the public to present their reactions to the strategy directly therefore, this analysis is an indirect assessment of public reaction mediated through online news stories. It is unclear how many people read the strategy itself or the news reports and biases arising from the media presentation of the strategy were evident in the public reaction. Although this is a limitation of summarising the public reactions to the strategy using this method, it highlights the influence the media has on public opinion and is presented and discussed herein as an implication of this research. We should note that we cannot infer the direction of this association from our work and there is the possibility that media headlines reflect long standing public views. Other limitations of indirect assessment included, inability to steer the conversation and no facility to ask follow up questions to improve clarity of meaning. We did not aim to summarise comments from a representative sample of the UK population but rather to capture the voices of individuals who are acknowledged stakeholders but do not usually contribute to the evolution of policy. As the comments were collected post hoc and the commenters post under assumed online identities, we cannot comment as to the representativeness of the commenters. The contributors to online news fora are a self-selecting group likely with varied socioeconomic status, political views, race and gender. Those without internet access or sufficient proficiency in English are inherently excluded. Also, those who dislike a policy are more likely to participate in forums that those who are indifferent or agree with it. (22) However, the newspaper titles were taken from the three national groups identified by the National Readership Survey (Quality, Mid-range and Popular) (18) in order to be representative of the newspaper market. We chose a cut-off of 24 hours for data collection. While it might be argued that the brief time frame was insufficient to collect a wide breadth of reactions, we felt that the spontaneity and contemporaneous nature of the comments was a distinct and important feature of the data. Furthermore, as we reached new theme saturation after coding 24% of the comments it is unlikely that extending our data collection period would not have generated further themes. Lastly, we limited our data collection to comments generated in response to online newspaper publications. It could be argued that expanding the data collection field to include social media would be beneficial in terms of identifying other demographics and reactions, however social media comments are not linked to information sources and identification of comments for inclusion is based on researcher search terms. Therefore, to ensure a systematic approach to data collection and to ensure we could interpret the collected data in light of the information source, we did not use social media comments. The main strengths of this research is that using user-generated online comments is a quick and cost effective method that facilitates timely summarisation and interpretation of a large number of reactions. Thus producing material that can inform further related policy, practice and public health actions as they are generated. The ethics of methods that make use of readily available online data are less developed than an ‘off line’ project which relies on the informed consent of its participants for its moral sufficiency. The participants in this study could not have anticipated that their contributions would be used for this research therefore; they have not
provided their consent in the usual sense. However, participants have contributed to public online fora with the intention of having their views heard and by doing so they have sought to influence the debate surrounding the government’s childhood obesity strategy. Notwithstanding that, the participants have not provided their express consent, in our view and as agreed by the ethics review board, it is reasonable to infer that by their actions they implied consent to the use of their contributions in subsequent debate. While data collection without prior notice raises ethical issues, it has the advantage of allowing a level of candour that may not be forthcoming where a researcher declares their presence and seeks explicit consent. Some of the comments were inappropriate but have the advantage that they were open and reflect the reality of citizens’ experience. It is conceivable that we may have taken steps to notify participants of our intention to use material for research. For example by seeking to amend the terms of the forum with the cooperation of the site owners, or simply by joining the discussions and announcing our presence and thereby imputing acquiescence from continued participation rather than express consent. On balance, we took the view that such action might influence discussions and undermine the authenticity of the debate and, was disproportionate to the risk of any harm.

CONCLUSION

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

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

<table>
<thead>
<tr>
<th>Paternalism or libertarianism</th>
<th>% of comments reflecting themes</th>
<th>Selected comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>96</td>
<td>…but you and the many other posters responding have adopted the most cynical of all views...a notion that we have no agency.</td>
</tr>
<tr>
<td>Paternal responsibility</td>
<td>21</td>
<td>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.</td>
</tr>
<tr>
<td>Personal responsibility</td>
<td>16</td>
<td>…If I want junk food I'll eat it. If people can't control themselves and become obese charge them for the treatment.</td>
</tr>
<tr>
<td>Government responsibility</td>
<td>55</td>
<td>If millions of parents are letting millions of kids get obese then what more reason does the government need to step in?</td>
</tr>
<tr>
<td>EU Brexit</td>
<td>3</td>
<td>Brexit step one of &quot;freedom&quot; - now do you know what it means? &quot;We want less interference from Brussels&quot; well - here you go - children and grandchildren with rotten teeth.</td>
</tr>
<tr>
<td>Communism</td>
<td>2</td>
<td>This is not a communist state, we should be advised not forced. 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!!</td>
</tr>
<tr>
<td>Inadequate government</td>
<td>17</td>
<td>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.</td>
</tr>
<tr>
<td>Inadequate/ineffective</td>
<td>7</td>
<td>The next time they moan about the cost to the NHS concerning obesity... I'll ignore their hand ringing moaning...and recognise their greed.</td>
</tr>
<tr>
<td>strategy</td>
<td></td>
<td>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.</td>
</tr>
<tr>
<td>Left vs right political</td>
<td>7</td>
<td>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.</td>
</tr>
<tr>
<td>perspectives</td>
<td></td>
<td>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.</td>
</tr>
<tr>
<td>Individualistic ideology</td>
<td>5</td>
<td>The only people who should be looking after their children’s food intake are the parents.</td>
</tr>
<tr>
<td>vs social responsibility</td>
<td></td>
<td>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.</td>
</tr>
<tr>
<td>Nanny state</td>
<td>9</td>
<td>This is <em>exactly</em> what happens in countries like Norway, Sweden and Germany. Because unfettered capitalism and a communist dictatorship are the only two choice.</td>
</tr>
<tr>
<td>Positives of the strategy</td>
<td>2</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>What we put in our mouths is our responsibility. As adults we are in control of ourselves and our children - Not Nanny.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Already too much regulation in people’s lives. For better or worse we make our own choices.</td>
</tr>
</tbody>
</table>
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
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.

Schools' responsibility
Proper education about nutrition is needed and children should be taught to cook in schools.

Anecdotal solutions
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.

People power
The consumer is powerful, if people really didn't want to consume sugary goods then the sugar industry would lose their power.

Misled nutritional messages
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.

Changing societal norms
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.

International reference
Same thing happened in America when they tried to reduce the amount of sugar in food. The food agency has a lot of power.

Lobbyist influence
Most people know that it's lobbyists that run the country, not the government.

Stakeholder influence
Too many politicians, doctors, charity chief executives and scientists with their noses in the boardroom troughs.

Jamie Oliver
We don't want sugar tax as per Jamie Oliver's proposal.

Supermarkets
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.

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.

...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.

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.

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.

Sugar is better for you than all the chemical sweeteners in food now.

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.

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.

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.

...the "health campaigners" are professional lobbyists backed by a great deal of money and influence

Supermarkets are getting away with murder literally but we have a choice.
<table>
<thead>
<tr>
<th>Topic</th>
<th>Score</th>
<th>Comment</th>
<th>Additional Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sick of experts</td>
<td>2</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>Private industry influence</td>
<td>35</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>Sugar and &quot;sugar tax&quot;</td>
<td>9</td>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

*% 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